History Of Vaccination

“Without data, you’re just another person with an opinion.” —W. Edwards Deming, engineer, data scientist

Each book in the History of Vaccination series is accompanied by the same prologue. If you’ve already read the prologue, feel free to skip to the book original book. The 25 historical works I’ve restored and updated shed light on the nature of vaccination, as recorded by the most distinguished doctors and scientists of their time. Their statements are backed by historical statistics, which are presented throughout these books.

The first smallpox vaccine was conceptualized in 1796. Since that time, vaccination has been rife with controversy. Let’s review what writers, doctors, and scientists have observed about vaccines across three centuries—19th, 20th, and 21st.

19TH CENTURY (1800s)
“There does not exist one single fact, in all the experiments and improvements made in science, which can support the idea of vaccination. A vaccinated people will always be a sickly people, short lived and degenerate.” —Dr. Alexander Wilder, MD, “Vaccination: A Medical Fallacy”, editor of the New York Medical Tribune, 1879

“I have seen leprosy and syphilis communicated by vaccination. Leprosy is becoming very common in Trinidad; its increase being coincident with vaccination.” —Dr. Hall Bakewell, Vaccinator General of Trinidad, 1868

“Cancer is reported to be increasing not only in England and the Continent, but in all parts of the world where vaccination is practised.” —Dr. William S. Tebb, MA, MD, DPH, “The Increase of Cancer”, 1892

“Leprosy arose with vaccination.” —Sir Ronald Martin, MD, 1868

"Syphilis has undoubtedly been transmitted by vaccination." —Sir William Osler Bt., MD, FRS, FRCP
“To no medium of transmission is the widespread dissemination of this class of disease (syphilis) so largely indebted as to Vaccination.” —Dr. B.F. Cornell, MD, 1868

“Every intelligent person who takes the time to investigate vaccination, will find abundant evidence in the published writings and public records of the advocates of vaccination, to prove its utter worthlessness, without reading a line of anti-vaccination literature. And if we could add to this all the suppressed facts, we would have a mass of evidence before which no vaccinator would dare to hold up his head.” —Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 1882

“I have no faith in vaccination, nay, I look upon it with greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from smallpox.” —Dr. William Collins, MD, London, 1882

“Vaccination has made murder legal. Vaccination does not protect against smallpox, but is followed by blindness and scrofula. Jennerism is the most colossal humbug which the human race has been burdened with by FRAUD and DECEIT.” —Mr. Mitchell, member of the British House of Commons

“Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by it; while I know that many serious bodily evils and even deaths, have resulted from its employment. The whole theory is founded upon assumption, contrary to common sense and entirely opposed to all known principles of physiology. Every physician of experience, has met with numerous cases of cutaneous eruptions, erysipelas and syphilis, which were directly traceable to vaccination, and if these cases could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn of the horrors of smallpox.” —Dr. Robert A. Gunn, MD, Dean of the United States Medical College of New York

"Vaccination is a monstrosity, a misbegotten offspring of error and ignorance; and, being such, it should have no place in either hygiene or medicine...Believe not in vaccination, it is a worldwide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without
end.” —Dr. Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, 1896

“Vaccination is a grotesque superstition.” —Dr. Charles Creighton, MD, MA

“Vaccination is a gigantic delusion. It has never saved a single life. It has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot.” —Alfred R. Wallace, LLD DUBL., DCL OXON., FRS, etc., 1898

**20TH CENTURY (1900s)**

“The great epidemics of deadly diseases, in animals and mankind, are caused by vaccination.” —Charles M. Higgins, “The Horrors of Vaccination: Exposed and Illustrated”, 1920

“I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in FRAUD, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.” —Dr. R. K. Noyse, MD, Resident Surgeon of the Boston City Hospital, “Self Curability of Disease”

“The chief, if not the sole, cause of the monstrous increase in cancer has been vaccination.” —Dr. Robert Bell; Vice President, International Society for Cancer Research, British Cancer Hospital, 1922

“Vaccination is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. The stupid blunder of doctor-craft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out the whole blood poisoning business.” —Dr. J.M. Peebles, MD, MA, PhD, “Vaccination: A Curse and Menace to Personal Liberty”, 1900

“Cancer was practically unknown until the cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and never saw a case in an
unvaccinated person.” —Dr. W.B. Clark, MD, Indiana, New York Times article, 1909

“At present, intelligent people do not have their children vaccinated, nor does the law now compel them to. The result is not, as the Jennerians prophesied, the extermination of the human race by smallpox; on the contrary more people are now killed by vaccination than by smallpox.” —George Bernard Shaw, 1944

“The English Ministry of Health omits to state that in 1872, when 85% of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales. While in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“Vaccination causes miscarriage. A careful check showed that 47% of women who had been vaccinated in the second or third month of pregnancy, failed to give birth to a normal child." — "Vaccination at Work”, The Consulting Pediatrician of Lanarkshire County Council, The Lancet (London), p.47, December 6, 1952

"My honest opinion is that vaccine is the cause of more disease and suffering than anything I could name." —Dr. Harry R. Bybee

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception—this slayer of the innocent—this crippler of body and brain—the poisoned needle.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“The greatest LIE ever told is that vaccines are safe and effective.”—Dr. Leonard Horowitz, MPH (Master of Public Health), DMD, MA, Harvard University graduate

21ST CENTURY (2000s)

“The entire vaccine program is based on massive FRAUD.”—Dr. Russell L.
Blaylock, M.D., neurosurgeon, editorial staff of Journal of American Physicians and Surgeons

"Vaccinations do not work. They don’t work at all.” —Dr. Lorraine Day, MD

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD,
“Vaccination: A business based on FEAR”

“Don’t get your flu shot.” —Dr. Raymond Francis, D.Sc., M.Sc., RNC, chemist, MIT graduate

“My own personal view is that vaccines are unsafe and WORTHLESS. I will not allow myself to be vaccinated again. Vaccines may be profitable but in my view, they are neither safe nor effective.” –Dr. Vernon Coleman, MB, ChB, DSc (Hon)

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada

“The pediatrician indoctrinates your child from birth into a lifelong dependency on medical intervention. The first stage of indoctrination is the ‘well-baby’ visit. The well-baby visit is a cherished ritual of the pediatrician that enhances their income and does nothing constructive for your child. It’s a worthless visit.” —Dr. Robert Mendelsohn, MD, board certified pediatrician

“Vaccines are the backbone of the entire Pharmaceutical Industry. If they can make these children sick from a very early age, they become customers for life. The money isn’t really to be made in the vaccine industry. The money is made by Big Pharma with all of the drugs that are given to treat and address all of the illnesses that are subsequent to the side effects of vaccines.”—Dr. Sherri Tenpenny, D.O. (osteopathic medical doctor)

“Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like Multiple Sclerosis, Lupus, Juvenile Onset Diabetes, Fibromyalgia, and Cystic Fibrosis, as well as previously rare disorders like brain cancer, SIDS (Sudden Infant Death Syndrome), childhood leukemia, autism, and asthma.”—Dr. Zoltan
Rona, MD, “Natural Alternatives to Vaccination”

“The vaccine industry is itself a FRAUD. I spent my whole career studying vaccines.”—Dr. Shiv Chopra, B.V.S., A.H., M.Sc., Ph.D., Fellow of the World Health Organization, “Corrupt to the Core”

THE ONLY REASON FOR CONTINUED VACCINATION

“The greatest danger to your health is the doctor who practices modern medicine.”—Dr. Robert Mendelsohn, MD, board certified pediatrician

Follow the money. It will lead you to the truth. The primary reason for vaccination is the assumption that vaccines prevent diseases. However, if historical data demonstrates that vaccines do NOT prevent diseases, then what is the purpose of vaccination?

Moreover, you’ve probably heard stories of parents being coerced and bullied into vaccinating their children and themselves at the pediatrician and doctor’s offices. There are reasons behind the coercion and bullying.

“There is a vaccination ring in England, receiving millions of the public money. It is in their interest to favor the practice at all hazards and to falsify statistics in order to conceal its failure and its evils. There are also armies of public vaccinators in every large city all over Europe, who are supported from the public treasury, and every practitioner who does not oppose the practice, derives a considerable income from its continuance.”—Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 19th century

“Drug companies are not here to bring health to the population but to SCAM them on one level for vast amounts of money.”—Sir William Osler, MD, FRS, FRCP, widely considered as the Father of Modern Medicine (1849-1919), 20th century

“Disease is more rampant because of commercial greed. When the Rockefeller-Standard Oil crowd muscled into the drug and pharmaceutical business in such a big way, ‘scientific medicine’ (if there is such a thing) was turned into a racket
which shortened many American lives from ten to twenty years.” —Morris A. Beale, “The Drug Story”, 20th century

“Many doctors and some editors are making money by propagating the vaccination curse.” —Dr. Thomas Morgan, MD, “Medical Delusions”, 20th century

“Vaccination is not scientific. Many of the world’s greatest thinkers, scientists, statesmen and even doctors have condemned vaccination as being a crime against humanity, a FRAUD promoted for private gain, an insult to the race and a blot upon the name of civilization. Yet, this treacherous practice of blood pollution, which was cradled in the lap of ignorant savage tribes, has been adopted by, supposedly, enlightened government of the present day and forced on the protesting population—for profit.” —Dr. Eleanor McBean, PhD, ND, 1957

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD, "Vaccination: A Business Based on Fear", 21st century

“The vaccination myth is the most widespread superstition modern medicine has managed to impose, but, being by the same token the most profitable, it will prove to be also one of the most enduring, though there was never the slightest of scientific evidence upholding it.” —Hans Ruesch, "The Great Medical Fraud", 20th century

“Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don’t get a certain percentage of their patients to comply with the vaccination schedule. If 63% are non-compliant, they don’t receive any of their bonuses.” —Robert F. Kennedy, Jr.

“Medicine is no longer a calling. It is a downright cutthroat business.” —Professor Dr. Belle Monappa Hegde, MD, 21st century

"The current medical system is designed to create chronic disease. There is no money in being healthy.” —Dr. Irvin Sahni, MD, 21st century

“The bottom line is that the medical systems are controlled by financiers in order
to serve financiers. Since you cannot serve people unless they get sick, the whole medical system is designed to make people sicker and sicker.” —Dr. Guylaine Lanctot, MD, 21st century

"It is difficult to get a person to understand something, when their salary depends on them not understanding it." —Upton Sinclair, “The Jungle”

In 1986, US President Ronald Reagan passed the National Childhood Vaccine Injury Act (NCVIA). The act was drafted by the drug companies and shielded them from legal liability resulting from vaccine injuries and deaths. Basically, NCVIA prevented parents from directly suing the drug companies (vaccine makers). The parents have to file claims in the vaccine injury court that was established through the act. About $0.75 of every vaccine sold is used to fund the vaccine injury court. From 1986 to 2018, the court paid over $4 billion to parents with vaccine injured children. It is estimated that the court, due to budget constraints, dismisses about 66% of the cases, and some cases can take up to 8 years to settle.

Furthermore, in one report US and Human Services estimated that only about 1% of vaccine injuries are reported to VAERS (Vaccine Adverse Event Reporting System). Most parents are unaware that the most common side effects of vaccines are allergies, asthma, brain damage, autoimmune diseases, cancer, and death. In addition, from 1986 to 2017, the drug companies were fined nearly $25 billion—these fines were unrelated to vaccines and most were for fraud, bribery, and false advertising.

"International bribery and corruption, fraud in the testing of drugs, criminal negligence in the unsafe manufacture of drugs—the pharmaceutical industry has a worse record of lawbreaking than any other industry. Data fabrication is so widespread that it is called 'making' in the Japanese pharmaceutical industry, 'graphiting' or 'dry labelling' in the United States." —Dr. John Braithwaite, MD, "Corporate Crime in the Pharmaceutical Industry"

Knowing how they operate, could you trust your child’s health to the drug companies?

**BOOKS IN THE HISTORY OF VACCINATION**
SERIES

1) The Poisoned Needle: Suppressed Facts About Vaccination
Eleanor McBean, PhD, ND
1957

2) A Century of Vaccination and What It Teaches
William Scott Tebb, MA, MD, DPH
1898

3) Vaccination: Proved Useless and Dangerous
From 45 Years of Registration Statistics
Alfred R. Wallace, LLD DUBL., DCL OXON., FRS, etc.
1885

4) Vaccination: Its Fallacies and Evils
Robert A. Gunn, MD
1882

5) Compulsory Vaccination: The Crime Against the School Child
Chas. M. (Charles Michael) Higgins
1915

6) The Truth about Vaccination and Immunization
Lily Loat, secretary of the National Anti-Vaccination League of London
1951

7) Leicester: Sanitation versus Vaccination
Its Vital Statistics Compared with Those of Other Towns, the Army, Navy, Japan, and England and Wales
By J.T. Biggs, J.P.
1912

8) The Vaccination Question
Arthur Wollaston Hutton, MA
1895

9) Vaccination a Delusion: Its Penal Enforcement a Crime
Alfred Russel Wallace, LLD DUBL., DCL OXON., FRS, etc. 1898

10) *Vaccination a Curse and Menace to Personal Liberty*  
With Statistics Showing Its Dangers and Criminality  
James Martin Peebles, MD, MA, PhD  
Tenth Edition, 1913

11) *Dr. C.G.G. Nittinger’s Evils of Vaccination*  
C. Charles Schieferdecker, MD  
1856

12) *The Vaccination Question in the Light of Modern Experience*  
An Appeal for Reconsideration  
C. Killick Millard, M.D., D.Sc.  
1914

13) *Jenner and Vaccination: A Strange Chapter of Medical History*  
Charles Creighton, MD  
1889

14) *The Horrors of Vaccination: Exposed and Illustrated*  
Charles M. Higgins  
1919

15) *Vaccination: The Story of a Great Delusion*  
William White  
1885

16) *Vital Statistics in the United States, 1940-1960*  
Robert D. Grove, Alice M. Hetzel  
US Department of Health, Education, and Welfare  
1968

17) *The Mandatory Vaccination Plan*  
National Immunization Policy Council  
1977

18) *The Fraud of Vaccination*
Walter Hadwen, JP., MD, LRCP., MRCS, LSA
From "Truth," January 3, 1923

19) Vaccination a Curse
C.W. Amerige, MD
1895

20) Vaccination a Medical Fallacy
Alexander Wilder, MD
1879

21) The Dream & Lie of Louis Pasteur
Originally Pasteur: Plagiarist, Imposter
R.B. Pearson
1942

22) The Vaccination Problem
Joseph Swan
1936

23) The Fallacy of Vaccination
John Pitcairn, President of the Anti-Vaccination League of America
1911

24) The Case Against Vaccination
Walter Hadwen, JP, MD, LRCP, MRCS, LSA
1896

25) A Catalogue of Anti-Vaccination Literature
The London Society for the Abolition of Compulsory Vaccination
114 Victoria Street, Westminster
1882, 2018

Never Vaccinate Your Child
Lessons from Parents, Doctors, Scientists, Media, and HISTORY
Trung Nguyen
June 2018
Prologue

“Vaccination is a business based on fear.” —Dr. Gerhard Buchwald, MD

You’ve probably heard comedians, actors playing doctors and scientists, news anchors, and strangers online publicly proclaim,

–Vaccines are safe and effective.
–Vaccines prevented diseases and saved millions of lives
–Vaccines work. They’re a blessing and miracle to the human race.

Even your doctor or pediatrician might had proclaimed in private that “vaccines are safe and effective.” What some physicians state in private about vaccines, they’ll never do in public for fear of being sued for malpractice. This demonstrates that people can be brainwashed in three sentences, repeated over and over and over again by different groups, through different modes of media.

“A lie told often enough becomes the truth.” —Vladimir Lenin

Anyone who thinks vaccines are safe and effective has never read a book presenting the other side of vaccination. They believe vaccines are safe and effective through the carefully orchestrated advertising and marketing campaigns of the drug companies, who make tens of billions from vaccines each year.

If you’re busy, and don’t require a lecture on the history of vaccination, you only need to inspect the graphs and tables below. These tables and graphs, compiled from historical data, demonstrate that **there is no reason for anyone to get vaccinated.**

“Three things cannot be long hidden: the sun, the moon, and the truth.” — Buddha

**BEFORE VACCINATION**

People’s chances of dying from certain infectious diseases before vaccines were introduced were extremely rare. So rare that if it weren’t for the drug industry’s disease mongering, we wouldn’t be discussing this subject.
Before vaccination. As you can see, the chances of anyone being harmed by these “vaccine preventable diseases” are so small that it’s not even worth worrying about. In many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these “life threatening diseases”. Source: 1) CDC Reported Deaths from Vaccine Preventable Diseases, US, 1950-2011, 2) Vital Statistics in the United States 1940-1960, US Department of Health, Education, and Welfare.

**VACCINES DID NOT ERADICATE DISEASES**

The graphs below show the decline of infectious diseases in the US and England BEFORE vaccines were introduced. As evident as night and day, most diseases were nearly eradicated, then the drug companies introduced vaccines and took credit, when vaccines had no role in eradicating those diseases.
Before vaccines were introduced in the US. In the US, every “vaccine preventable disease” was nearly eradicated, then several years later the drug companies introduced vaccines and gave credit to them for what sanitation, hygiene, and nutrition achieved. Source: 1) Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare, 2) Historical Statistics of the United States—Colonial Times to 1970, Part 1.
Before vaccines were introduced in England and Wales. Similar to the US, every “vaccine preventable disease” was on a sharp decline before vaccines were introduced for those diseases. Source: Record of Mortality in England and Wales for 95 years as provided by the Office of National Statistics, published 1997; Report to the Honourable Sir George Cornewall Lewis, Bart, MP Her Majesty’s Principal Secretary of State for the Home Department, June 30, 1860, p. a4, 205; Essay on Vaccination by Dr. Charles T. Pearce, MD, Member of the Royal College of Surgeons of England, Parliamentary Papers, the 62nd Annual Return of the Registrar General 1899 (1891-1898).
Figure 14.—Death Rates for Tuberculosis, All Forms: Death-registration States, 1900–32, and United States, 1933–60

(Rates per 100,000 population)
Death rates for tuberculosis in the US, 1900-1960. The Calmette-Guérin (BCG) tuberculosis vaccine was first used in 1921 in some countries. However, it was not used in the US until the late 1940s, and only used on a small scale. In the US, from 1900-1940, tuberculosis had declined dramatically without vaccination. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare
Figure 19.—Death Rates for Measles: Death-registration States, 1900–32, and United States, 1933–60

(Rates per 100,000 population.)
Measles in the US, 1900-1960. Measles was mostly harmless and the death rate was extremely low in 1960, lower than being struck by lightning. In 1963, the drug companies introduced the measles vaccine and took credit for eradicating measles. It’s been shown that measles is beneficial to the immune system, particularly in fighting cancer later in life. Prior to 1963, measles was considered a benign illness (not a disease); parents would encourage their children to visit friends who had measles so their children could contract measles and get it over with. Measles, due to the drug industry’s disease mongering, is now a life threatening disease. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare

It wasn’t vaccination that saved humanity. The things that saved humanity were,

– clean-running water (sewer systems, indoor plumbing, toilets, sinks, showers)
– sanitation (garbage collection, modern building codes),
– hygiene (soap, paper towels),
– electricity (indoor heating, refrigeration),
– and nutrition (supermarkets) that saved humanity.

DISEASES that were eradicated by nutrition: scurvy, rickets, beriberi, goitre, hypoanatremia, anemia, kwashiorkor, marasmus, etc.

DISEASES that were eradicated without vaccines: scarlet fever, rheumatic fever, typhus, cholera, tuberculosis.

DISEASES that vaccines took credit for eradicating: smallpox, diphtheria, pertussis (whooping cough), polio, measles. As the data clearly shows, these diseases were never eradicated by vaccines.

NEW DISEASES that were unheard of by the public decades ago: cervical cancer, zika, ebola, swine flu, avian flu, bovine flu. Diseases, like wars, are manufactured for profit. For example, the Zika virus (small head birth syndrome) was caused by insecticides introduced into Brazil’s water system to kill mosquitos. This was widely reported by the Brazilian media and common knowledge in Brazil. However, according to the US media, Zika was caused by a virus of speculative origin. Nevertheless, the US drug companies were more than happy to provide the Zika vaccine to people around the world.

There are over 200 infectious diseases capable of causing death. However, only
the diseases with vaccines are presented to the public as life threatening and a public health risk. Moreover, in 2018, the drug companies use disease incident and mortality rates from developing and third world countries as part of their disease mongering campaigns. The more you study the history of vaccination, the more you’ll conclude that it is one of the biggest frauds in history. It’s certainly the biggest medical fraud in history—vaccines never saved a single life and never prevented a single disease.

**AFTER VACCINATION: VACCINATED vs. UNVACCINATED**

Let’s examine your chances of dying from certain infectious diseases AFTER vaccines were introduced.
After vaccines were introduced. Data gathered and tabulated from the CDC (Centers for Disease Control and Prevention), and VAERS (Vaccine Adverse Event Reporting System), 2014. When you vaccinate, you are 6.25x (625%) more likely to die from the toxins in the vaccines than the diseases those vaccines are supposed to prevent. Vaccination is all risk and no reward.

To put the tables and graphs into perspective: In the US, more people die from falling down the stairs (about 1 000 per year) than from “vaccine preventable diseases.” They are more than 100 000 times likely to die in an automobile accident. This was before the vaccines were introduced for those particular diseases (most of them are not even diseases but illnesses reclassified as
diseases). The deaths from these diseases are now caused by the vaccines themselves. For example, measles is a side effect of the measles vaccine. Polio is a side effect of the polio vaccine, and so forth. The side effects are the reason you are 625% more likely to die from the vaccines than the diseases they’re supposed to prevent.

“The further I looked into it, the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instance of these diseases, you will realise that this is not so.” —Dr. Archie Kalokerinos, MD, PhD, AMM, MBBS, FAPM, pediatrician for over 30 years

It is through revising history, fabricating data, fear, and greed that the blood poisoning practice of vaccination continues into the 21st century.

**Vaccination Is Based on Theories**

“There is no evidence whatsoever of the ability of vaccines to prevent any disease.” —Dr. Viera Scheibner, PhD

In the words of the scientist Alfred R. Wallace, vaccines are “useless and dangerous.” If something is useless, it doesn’t work and has no benefit. If something is dangerous, it shouldn’t be used. Vaccines are useless because they never prevented a single disease. Not one. They are dangerous because they cause diseases and deaths—often the very diseases they are supposed to prevent. Through statistics across three centuries, the conclusion is resoundingly clear:

Vaccines only work in *theory*. In practice, they cause diseases and deaths.

In order for an idea to be universally accepted as a science, it must pass two stages:

1) Theory.
2) Observation.

Theoretical science and observational science are two sides of the same coin.

**THE THEORETICAL SCIENCE OF VACCINES.** The theory of vaccines is to
inject antigens (toxins) such as poisons, viruses, and diseases into the body. In turn, these antigens (toxins) should create antibodies (disease fighting proteins) to fight pathogens (diseases) in the future. In other words, the poisons, viruses, and diseases injected into the body are meant to trigger and train the immune system. Or to prepare the immune system cells to fight diseases in the future. In theory, this is possible because the immune system cells have memory. That is the theoretical science side of vaccines. At first glance, the vaccine theory has validity.

THE OBSERVATIONAL SCIENCE. Observation on the effectiveness of a product, as reported by the end consumers, is based on statistics and real world data, not what happened in laboratories and under microscopes. Observation has clearly shown that when you inject poisons, viruses, and diseases into the body, those antigens (toxins) cause diseases and deaths, especially among infants and children.

**Antigen:** A toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies.

**Antibody:** A blood protein produced in response to and counteracting a specific antigen. Antibodies combine chemically with substances that the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood. (Source: Google Dictionary)
The **antigen-antibody theory** is similar the lock-and-key system. When antigens (something harmful to the body) is introduced into the body, it triggers the immune system to create antibodies to fight the antigens. The antibodies fit and bind with the antigens (toxins) like a lock and key.

The indirect end users of vaccines are parents, and millions of them have reported that their children have acquired diseases such as allergies, asthma, brain damage, autoimmune diseases, and cancer after being vaccinated. Thousands of parents have also reported that their children have died after vaccination. SIDS (Sudden Death Syndrome) is actually VIDS (Vaccine Induced Death Syndrome). Babies are not born to fall asleep and die in their sleep.

These diseases and deaths reported by parents are on the VAERS (Vaccine Adverse Event Reporting System) database. What is horrifying is that the diseases and deaths reported by parents are actually listed on the vaccine inserts provided by the drug manufacturers. These product inserts are usually 10 to 30 pages long, and not the one page printout the pharmacies and doctors provide when you ask.

Furthermore, every **independent** study (those not funded by the drug companies),
without exception, has shown that unvaccinated children are far healthier than vaccinated children. In addition, vaccinated people, through the *shedding* process, are disease carriers up to 60 days of being vaccinated. Thus, vaccinated people are a threat to themselves and others.

**INFANT VACCINATION.** It is known that infants and children succumb to more infectious diseases than other groups. The reason is that newborns only fully develop their immune system when they’re 3 to 5 years old. The antibodies infants require to ward off diseases are passed to them from the mother through the placenta. The amount and type of antibodies the infant receives from the mother depends on the health of the mother herself, and the antibodies in her own immune system. At roughly 6 months old, the infant is capable of producing its own antibodies. However, again, a child’s immune system is only fully developed when it is 3 to 5 years of age.

The theory of vaccination is to trigger and train the immune system. However, if the infant lacks a fully developed immune system until it’s 3 to 5 years old, then vaccination is useless. Yet, babies are being vaccinated immediately after birth. As of 2018, the US has the highest infant vaccination rate, and it also happens to have the highest infant mortality rate among developed countries.

"Vaccination at its core is neither a safe nor an effective method of disease prevention...If an infant needs one vaccine that is 100% safe and effective—that would be breast milk." —Dr. Tetyana Obukhanych, PhD, immunologist, Harvard graduate

If vaccines cause a long list of diseases, how is it possible that they can prevent disease? By virtue of their antigen-antibody theory, vaccines cannot prevent disease. They never have and never will. Nor can there be a “safe’ vaccine. It is only through clever advertising, marketing, and bribery that the drug companies have convinced the public that vaccines prevent diseases and save lives.

In 2017, the drug companies spent $200 million bribing politicians, $6.4 billion on advertising, and $10 billion indirectly bribing doctors. Since 1796, doctors and scientists have called vaccines useless, worthless, poisonous, dangerous; a fraud, racket, and scam. And for good reasons.

Medical students thoroughly study books on germ, bacteria, pathogen, microbe, and vaccination theories. Only to have their worldview shattered when they’re introduced to parents whose children have been injured and killed by vaccines. The lesson with vaccination science is that results observed in laboratories and under microscopes cannot be duplicated in the real world. The human body is indemonstrably complex due to individual biochemistry.

“In our scientific research we have now advanced one step. Vaccination is the infliction of disease…We conclude, then, that Vaccination is NOT scientific; that it cannot be accurately defined; that it is completely useless for its assumed purpose; that fortification of the body by disease is a mischievous myth, and that the sooner the practice is discontinued the better it will be for the health of the community.” —George S. Gibbs, Fellow of the Statistical Society London, “Is Vaccination Scientific?”, 1884
The practice of vaccination is to inject poisons, viruses, and diseases into the body. Although vaccines come in oral and other forms, injection is the primary delivery method. Throughout history, millions have been diseased and killed by this “grotesque superstition.” More people have been killed by vaccines than the diseases they’re supposed to prevent.

Vaccines Cause Diseases

The first smallpox vaccine was conceptualized in 1796 by Edward Jenner (1749-1823) of England. Since that time, the ingredients (antigens, toxins) used in vaccines have changed dramatically. As the vaccine ingredients changed over the centuries, the diseases caused by vaccines have also changed. In other words, as you inject different poisons into the body, the body acquires different diseases.

VACCINE INGREDIENTS IN THE 1800s. From roughly 1800 to the early 1900s, the vaccine ingredients were primarily from animal and human diseases. These diseases (vaccine ingredients) included animal and human pus, cowpox, ass-pus from rabbits, horsegrease, and sheep-pox.

**Pox:** Any of several viral diseases producing a rash of pimples that become pus-filled and leave pockmarks on healing.

**Pus:** A thick yellowish or greenish opaque liquid produced in infected tissue, consisting of dead white blood cells and bacteria with tissue debris and serum. (Source: Google Dictionary).
A pus on a hand.
Cowpox. From the early 1800s to the early 1900s, cowpox was the main vaccine ingredient in the smallpox vaccine. Cowpox, a cow disease, and smallpox, a human disease, had few physiological similarities. They were similar in that the words for both diseases ended with “pox”.
For centuries people believed that taking a disease from animals and inserting it into the human body prevented diseases. The vaccination theory was based on superstition.
Crude instruments. Human and animal diseases were inserted into the body by creating an incision in the body, usually the arm, with crude tools like the ones above.

When animal diseases such as pus and pox were used as vaccine ingredients, the diseases they caused were as many as they are now. The diseases caused by vaccines were recorded by J.T. Biggs, JP, sanitation engineer, in “Leicester: Vaccination versus Vaccination”, 1912, chap. 96:

“While not proposing to give a complete list, I append the principal of those vaccine-induced diseases which have already been published or come to my knowledge:
Furthermore,

"The most distinguished names in the profession have testified to vaccination being the certain vehicle for the dissemination of leprosy. These names include Sir Erasmus Wilson (sometimes called the father of dermatologists); Dr. John D. Hillis; Dr. Liveing; Sir Ranald Martin; Professor W. T. Gairdner; Dr. Tilbury Fox; Dr. Gavin Milroy; Dr. R. Hall Bakewell, formerly Physician to the Leper Asylum, Trinidad; Dr. A.S. Black, of Trinidad; Dr. Edward Arning; Dr. Walter M. Gibson, late President of the Honolulu Board of Health; Professor H. G. Piffard, New York; Dr. A. M. Brown, London; Dr. Frances Hoggan; Dr. Blanc,
Professor of Dermatology, University of New Orleans; Dr. Bechtinger, of Rio; Professor Montgomery, of California; Dr. Sidney Bourne Swift, late Medical Director, Leper Settlement, Molokai, Hawaii; Dr. P. Hellat, St. Petersburg; Professor Henri Leloir, Lille; Dr. Mouritz; Surgeon Brunt; Dr. John Freeland, Government Medical Officer, Antigua; Dr. S. P. Impey, Superintendent Leper Asylum, Robben Island, Cape Colony; and many others. On the subject of leprosy there are no higher authorities.” —Dr. William Tebb, MD, MA, DPH, “A Century of Vaccination and What It Teaches”, 1898
Eczema from vaccination.

“When Jenner died in 1823, three kinds of smallpox vaccines were in use: 1) cowpox promoted as ‘pure lymph from the calf,’ 2) horsegrease promoted as ‘the true and genuine life-preserving fluid,’ and 3) horsegrease cowpox...Following Jenner’s death the vaccine establishment used one excuse after another to
explain the failure of vaccination: the number of punctures was incorrect, or that revaccination was necessary or that the lymph was impure. The smallpox deaths of vaccinated patients in hospital were recorded as ‘pustular eczema.’” —Dr. Jennifer Craig, BSN, MA, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

In the 1800s, vaccination was associated with “blood poisoning.”

Edward Jenner, credited with inventing vaccination, borrowed the idea from dairymaids. Therefore, vaccination was founded upon superstition. This subject is discussed in detail in the books of the “History of Vaccination” series. One of the most prominent physicians at the time did not have nice things to say about Edward Jenner.

“Now this man Jenner had never passed a medical examination in his life. He belonged to the good old times when George III was King, when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he communicated with a Scotch university and obtained the degree of Doctor of Medicine for the sum of £15 and nothing more...What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% of the fools in the world, the vast majority, into buying vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great discovery worth thousands of millions. That is why this kind of blackmail is still kept going.” —Dr. Walter Hadwen, JP, MD, LRCP, MRCS, LSA

**Louis Pasteur and Attenuated Vaccines**

Louis Pasteur (1822-1895) co-developed the anthrax vaccine in 1881. The vaccine supposedly worked in cows, goats, and sheeps, but was not successfully tested in humans at the time. In 1885, Pasteur created the first human vaccine. This vaccine used attenuated (weakened) viruses as the primary ingredient.

**Virus:** An infective agent that typically consists of a nucleic acid molecule in a protein coat, is too small to be seen by light microscopy, and is able to multiply only within the living cells of a host.
**Anthrax:** A notifiable bacterial disease of sheep and cattle, typically affecting the skin and lungs. It can be transmitted to humans, causing severe skin ulceration or a form of pneumonia (also called wool-sorter's disease).

**Attenuate:** Reduce the virulence of (a pathogenic organism or vaccine).
(Source: Google Dictionary).

*Louis Pasteur (1822-1895) of France.* He created the first attenuated (weakened) live virus vaccine. A few decades after his invention, cowpox, a disease from cows, would no longer be used as the main ingredient in the smallpox vaccine. Instead, weakened live viruses from animals would be used instead.

Louis Pasteur originally took a live virus from a rabbit’s spinal cord and attenuated the virus in a lab. This was the first rabies vaccine. This attenuated virus was supposedly maintained with preservatives and stabilizers such as formaldehyde and mercury, which are two of the most poisonous substances to the human body. Then the preserved attenuated live virus was later injected into
the human body to “prevent” disease—inject disease into the body to prevent disease. This defies common sense and logic.

Louis Pasteur’s theory of attenuated viruses opened the floodgates for the drug companies to create a multitude of other vaccines. Thus, began the modern era of vaccines for the drug companies. In 2018, Sanofi Pasteur was one of the largest vaccine manufacturers in the world.

**MODERN VACCINE INGREDIENTS.** Modern vaccines ingredients are very similar to each other. The few differences in vaccine ingredients depend on the type of vaccine. There are four main types of vaccines:

1) Live, attenuated vaccine.
2) Inactivated/killed vaccine.
3) Toxoid (inactivated toxin).
4) Subunit/conjugate.

**Live, Attenuated vaccine:** An attenuated vaccine is a vaccine created by reducing the virulence of a pathogen, but still keeping it viable (or "live"). Attenuation takes an infectious agent and alters it so that it becomes harmless or less virulent. These vaccines contrast to those produced by "killing" the virus (inactivated vaccine).

**Inactivated vaccine:** An inactivated vaccine is a vaccine consisting of virus particles, bacteria, or other pathogens that have been grown in culture and then killed using a method such as heat or formaldehyde.

**Subunit/conjugate vaccine:** A conjugate vaccine is created by covalently attaching a poor antigen to a strong antigen thereby eliciting a stronger immunological response to the poor antigen. Most commonly, the poor antigen is a polysaccharide that is attached to strong protein antigen. (Source: wikipedia.org)
Modern vaccine ingredients contain some of the most poisonous substances to the human body. Many of these toxins are summarized below.

**MODERN VACCINE INGREDIENTS AND THEIR EFFECTS ON THE BODY**

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live, attenuated</td>
<td>MMR (measles, mumps, rubella), Varicella (chickenpox), Influenza (nasal spray), Rotavirus, Zoster (shingles), Yellow fever</td>
</tr>
<tr>
<td>Inactivated/Killed</td>
<td>Polio (IPV), Hepatitis A, Rabies</td>
</tr>
<tr>
<td>Toxoid (inactivated toxin)</td>
<td>Diphtheria, tetanus (part of DTaP combined immunization)</td>
</tr>
<tr>
<td>Subunit/conjugate</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>Influenza (injection)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenza type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>Pertussis (part of DTaP combined immunization)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
</tr>
<tr>
<td></td>
<td>Meningococcal</td>
</tr>
<tr>
<td></td>
<td>Human papillomavirus (HPV)</td>
</tr>
</tbody>
</table>

ALUMINUM. Known to cause brain damage at all doses, linked to ALZHEIMER’S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more damage with each dose.

BETA-PROPIOLACTONE. Known to cause CANCER. Suspected gastroin-testinal, liver, nerve and respiratory, skin and sense organ POISON.

GENTAMICIN SULPHATE & POLYMYXIN B [ANTIBIOTICS]. Allergic reactions can range from mild to life-threatening.

GENETICALLY MODIFIED YEAST, ANIMAL, BACTERIAL AND VIRAL DNA. Can be incorporated into the recipient’s DNA and cause unknown GENETIC MUTATIONS.

GLUTARALDEHYDE. Poisonous if ingested. Causes BIRTH DEFECTS in animals.
FORMALDEHYDE [FORMALINE]. Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

LATEX RUBBER. Can cause life-threatening allergic reactions.

HUMAN AND ANIMAL CELLS. Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

MERCURY [THIMEROSAL]. One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

MONOSODIUM GLUTAMATE [MSG]. A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

NEOMYCIN SULPHATE [ANTIBIOTIC]. Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life-threatening.

PHENOL/PHENOXYETHANOL [2-PE]. Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

POLYSORBATE 80 & 20. Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

TRI(N) BUTYLPHOSPHATE. Potentially toxic to the kidney and nervous system.

Source: www.LearnTheRisk.org
DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY

Aluminum
Known to cause brain damage at all doses, linked to ALZHEIMER’S DISEASE, dementia, seizures, autoimmune issues, SIDS and cancer. This toxin accumulates in the brain and causes more damage with each dose.

Human and Animal Cells
Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

Beta-Propiolactone
Known to cause CANCER. Suspected gastrointestinal, liver, nerve and respiratory, skin and sense organ POISON.

Mercury [thimerosal]
One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

Gentamicin Sulphate & Polymyxin B [antibiotics]
ALLERGIC reactions can range from mild to life-threatening.

Monosodium Glutamate [MSG]
A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

Genetically Modified Yeast, Animal, Bacterial and Viral DNA
Can be incorporated into the recipient’s DNA and cause unknown GENETIC MUTATIONS.

Neomycin Sulphate [antibiotic]
Interferes with vitamin B8 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life-threatening.

Glutaraldehyde
Poisonous if ingested. Causes BIRTH DEFECTS in animals.

Phenol/Phenoxyethanol [2-PE]
Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

Formaldehyde [formalin]
Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

Polysorbate 80 & 20
Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

Latex Rubber
Can cause life-threatening allergic reactions.

Tri(n) Butylphosphate
Potentially toxic to the kidney and nervous system.

www.LearnTheRisk.org
DISEASES CAUSED BY MODERN VACCINE INGREDIENTS

We’ve seen the diseases caused by vaccines when their ingredients were diseases from animals—mainly pus and pox. The diseases caused by modern vaccine ingredients are also extensive. These diseases are the side effects of many vaccines, and are listed on the product inserts provided by the drug companies. These product inserts are usually 10 to 30 pages long, and not the one page printout pharmacies and doctors provide when you ask. Furthermore, these diseases, even death, are corroborated by millions of parents who’ve reported their experiences with vaccines. They’re listed on the VAERS (Vaccine Adverse Event Reporting System) database.

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada
The MMR (measles, mumps, rubella) combo vaccine product insert listing all the known side effects (adverse reactions) of the vaccine. Used under the Fair Use Clause.

The Dtap (diphtheria, tetanus, and whooping cough (pertussis)) vaccine insert listing all the known side effects.

Due to their similar ingredients, most modern vaccines have similar side effects.
Let’s look at the adverse reactions (side effects) of the MMR combo vaccine.

**ADVERSE REACTIONS (SIDE EFFECTS) ON DIFFERENT BODY PARTS**

**BODY AS A WHOLE.** Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

**CARDIOVASCULAR SYSTEM.** Vasculitis.

**DIGESTIVE SYSTEM.** Digestive system.

**ENDOCRINE SYSTEM.** Diabetes mellitus.

**HEMATIC AND LYMPHATIC SYSTEM.** Thrombocytopenia (see WARNINGS, leukocytosis).

**IMMUNE SYSTEM.** Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

**MUSCULOSKELETAL SYSTEM.** Arthritis; arthralgia; myalgia.

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. This type of involvement as well as myalgia and paresthesia, have also been reported following administration of MERUVAX II.

Chronic arthritis has been associated with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms.

Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%),\(^{17,56,57}\) and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities.

**NERVOUS SYSTEM.** Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-MR II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines.
The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases).{58,59}

In severely immunocompromised individuals who have been inadvertently vaccinated with measles-containing vaccine; measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported (see CONTRAINDICATIONS). In this population, disseminated mumps and rubella vaccine virus infection have also been reported.

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centers for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE.{60}

Cases of aseptic meningitis have been reported to VAERS following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl LynnTM mumps vaccine to aseptic meningitis.

RESPIRATORY SYSTEM. Pneumonia; pneumonitis (see CONTRAINDICATIONS); sore throat; cough; rhinitis.

SKIN. Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis.

Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site; Henoch-Schönlein purpura; acute hemorrhagic edema of infancy.

SPECIAL SENSES—EAR. Nerve deafness; otitis media.

SPECIAL SENSES—EYE. Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.

UROGENITAL SYSTEM. Epididymitis; orchitis.

OTHER. Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see CONTRAINDICATIONS). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993.{61}

Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS) which will accept all reports of suspected events.{49}
A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967.

2018 MMR vaccine insert, Merck & Co—used under the Fair Use Clause. Vaccine adverse reactions affect every part of the body. It is estimated that only a fraction of adverse reactions are reported since pediatricians and doctors advise parents that side effects are a coincidence or are “normal”.

In their 8 to 12 years of medical education, medical doctors (MDs) and pediatricians receive only a few hours of vaccine training. They are not educated on vaccine ingredients or vaccine side effects. Those few hours are spent “educating” them on how to get parents to adhere to the CDC childhood vaccine schedule, which as of 2018, recommends that a child receive 74 vaccines (some are combos) by the time they’re 18 years old.

<table>
<thead>
<tr>
<th>Year</th>
<th>CDC recommended vaccine doses</th>
<th>Autism rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>5</td>
<td>1 in 5,000</td>
</tr>
<tr>
<td>1983</td>
<td>24</td>
<td>1 in 2,500</td>
</tr>
<tr>
<td>2016</td>
<td>72</td>
<td>1 in 40</td>
</tr>
<tr>
<td>2018</td>
<td>74</td>
<td>1 in 36</td>
</tr>
</tbody>
</table>

That’s a lot of poison in a child. As vaccine doses increased, so did the autism rate (brain damage). The heavy metals in vaccines have been implicated in causing the autism epidemic.

“I am no longer ‘trying to dig up evidence to prove’ vaccines cause autism. There is already abundant evidence. This debate is not scientific but is political.”—Dr. David Ayoub, MD, radiologist

“The CDC is not an independent agency. It is a vaccine company. The CDC owns over 20 vaccine patents. It sells about $4.6 billion of vaccines every year...Four scathing federal studies, including two by Congress, one by the U.S.
Senate, and one by the HHS Inspector General, paint the CDC as a cesspool of corruption, mismanagement and dysfunction with alarming conflicts of interest suborning its research, regulatory and policymaking functions...Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don’t get a certain percentage of their patients to comply with the vaccination schedule. If 63% are non-compliant, they don’t receive any of their bonuses.” — Robert F. Kennedy, Jr.

Furthermore, medical doctors receive roughly 8 hours of nutrition training. Medical doctors and pediatricians have been indoctrinated into the medical industry. They are no longer independent healers, but merely clerks and salespeople for the drug companies.

**DO VACCINES CAUSE AUTISM?**

Demanding "scientific studies" to question vaccination is a method of sophistry (the use of fallacious arguments, especially with the intention of deceiving), particularly whether vaccines cause autism. Heavy metals cause brain damage. Heavy metals (aluminum, mercury derivatives) are in vaccines. Once injected into the muscles, the heavy metals are absorbed into the bloodstream and reach the brain. Children are injected with heavy metals. Children have a high rate of autism. Do vaccines cause autism? No. The heavy metals in vaccines cause autism.

Autism is a form of brain damage. Whether the drug companies reclassify or rename autism, at its root autism is still brain damage. Like polio, the drug companies may decide to reclassify or rename autism in the future. The drug industry often play a game of semantics:

1) Reclassify a disease by adding or removing symptoms. This gives the appearance that the disease was eradicated. Also, reclassify an illness as a disease to make it more menacing (eg, reclassify measles as a disease).

2) Rename a disease. This also gives the appearance that the disease was eradicated.

The most common adverse reactions of most vaccines are allergies, asthma, brain damage, cancer, autoimmune diseases, and even death. However, there are more than 100 autoimmune diseases. Some of the more common autoimmune
diseases are:

Immune system disorders, Rheumatoid arthritis, lupus, Inflammatory bowel disease (IBD), Multiple sclerosis (MS), Type 1 diabetes mellitus, Guillain-Barre syndrome (paralysis), Chronic inflammatory demyelinating polyneuropathy, Psoriasis, Graves' disease, Hashimoto's thyroiditis, Myasthenia gravis, Vasculitis.

“Vaccines are unavoidably unsafe.” —US Supreme Court, March 2011

From 1986-2017, the vaccine injury court has paid over $3.7 billion dollars to vaccine injured parents, proving vaccines are not safe. The historical data shows vaccines were ineffective at preventing diseases. Therefore, the only rational conclusion is that vaccines are unsafe and ineffective.

HOW VACCINES CAUSE DISEASES IN DIFFERENT PARTS OF THE BODY

Vaccine ingredients are not injected directly into the bloodstream—they are injected indirectly into the bloodstream. The ingredients are injected into the muscles (intramuscular injection/intramuscularly). Then the ingredients are absorbed into the bloodstream. Through the muscular system and bloodstream (circulatory system), the toxins in vaccines reach every part of the body.
The bloodstream is part of the circulatory system. When vaccine ingredients are injected into the muscles and absorbed into the bloodstream, the toxins are capable of reaching every part of the body through the muscular and circulatory systems.

– Through the bloodstream (part of the circulatory system), the toxins can pollute the blood cells (blood poisoning), causing cancer and autoimmune diseases.

– Through the muscular system, the toxins can cause paralysis (Guillain-Barré syndrome, GBS) and other muscular abnormalities.

– Through the bloodstream, the toxins can travel to the brain and cross the blood-brain-barrier, causing brain damage.

These are the mechanics in which vaccines cause various diseases throughout the body. Vaccine ingredients have constantly changed since 1796. The only constant is the theory of vaccination: inject poisons, viruses, and diseases into the body to prevent disease.

As bizarre and unbelievable as it sounds, the theory of vaccination is to inject poisons, viruses, diseases into the body in order to prevent disease. How can something that causes a long list of diseases be used to prevent disease? Something intended to prevent disease shouldn’t cause more diseases than it’s supposed to prevent. It defies common sense and logic.

SMALLPOX, INOCULATION, VACCINATION

To understand why vaccination came about, we need to examine the most horrific and feared disease in history: smallpox.

The first vaccine was conceptualized in 1796 by Edward Jenner of England to prevent smallpox. Prior to vaccination, inoculation (very similar to vaccination) was used to prevent smallpox. Thus, smallpox, inoculation, and vaccination are intertwined.
Smallpox was the most feared disease in history because of the distinct bodily marks (pox) it left on victims. Photo: www.wikipedia.org

SMALLPOX

1) “An acute, highly contagious, febrile disease, caused by the variola virus, and characterized by a pustular eruption that often leaves permanent pits or scars: *eradicated worldwide by vaccination programs.*” —www.dictionary.com

2) An acute contagious viral disease, with fever and pustules usually leaving permanent scars. It was effectively *eradicated through vaccination by 1979.*” —Google Dictionary

3) “Thousands of years ago, variola virus (smallpox virus) emerged and began causing illness and deaths in human populations, with smallpox outbreaks occurring from time to time. *Thanks to the success of vaccination,* the last natural outbreak of smallpox in the United States occurred in 1949. In 1980, the World Health Assembly declared smallpox eradicated (eliminated), and no cases of naturally occurring smallpox have happened since...Smallpox research in the United States continues and focuses on the development of vaccines, drugs, and diagnostic tests to protect people against smallpox in the event that it is used as an agent of bioterrorism.” —www.cdc.gov

Consider this: There were roughly 200 nations on Earth when smallpox was supposedly ravaging the planet. Of those, only about 30 nations were ever vaccinated for smallpox. But it was declared eradicated by vaccination when about 170 countries never used the smallpox vaccine. If they did, it was only in the vast minority of their populations. Furthermore, smallpox was foreign to the North American Indians. The Natives lived in open spaces and managed to avoid the dreaded smallpox. Only when the Europeans arrived in the 16th century was smallpox introduced to the Americas. In the next three centuries, the Europeans used smallpox as a biological weapon to nearly wipe out the North American Indians.

As you’ll soon discover, every historical data has shown that vaccination never eradicated smallpox. In fact, vaccination increased the incidence of smallpox wherever it was practiced.

INOCULATION
Inoculation is the practice of creating a cut in the body, usually the arm, to insert animal pus, human smallpox, or another disease into the cut. This was done in hopes of preventing disease, particularly smallpox. The ancient Hindus purportedly practiced inoculation several hundred years prior to the introduction of vaccination in 1796. Inoculation was the predecessor to vaccination, both are based on the theory of homeopathy: In small doses, like cures like. For example, rubbing small doses of smallpox into a person to prevent smallpox.

"Dhanwantari, the Vedic Father of Medicine, and the earliest known Hindu physician, who lived about 1,500 B.C., is supposed to have been the first to practice inoculation for smallpox. It is even stated that the ancient Hindus employed a vaccine, which they prepared by the transmission of the smallpox virus through a cow." —“History of Inoculation and Vaccination”, p. 6-13
introducing it into another person through a cut in the arm.

“The practice of inoculation spread like a noxious weed, from the savage tribes of the forgotten past into the civilizations of Africa, Arabia, Tibet, India and finally into Europe and America.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

**VACCINATION**
The practice of introducing, often through injection, poisons, viruses, and diseases into the body to prevent disease. The first vaccine (smallpox vaccine) was conceptualized by Edward Jenner of England in 1796 and later used on the English in the early 1800s. The first smallpox vaccine primarily used cowpox, a cow disease, to vaccinate against smallpox, a human disease.
Vaccination against smallpox. A painting of Edward Jenner applying the smallpox vaccine (cowpox in a needle) to a child.

When Louis Pasteur created the attenuated (weakened) live virus vaccine in 1885, it opened the floodgates for drug companies to manufacture all sorts of vaccines: flu (influenza), measles, chickenpox, polio, etc.

The question is, “Did vaccination prevent or eradicate smallpox?” According to official statistics, the answer is NO. Vaccination did not prevent or eradicate smallpox.

“It is clear that the mortality from both causes fell very remarkably, and that in the case of smallpox as well as in the case of ‘other zymotics’ the decline had set
in before the end of the eighteenth century—in other words before the beginning of the vaccination era.” — Dr. C. Killick Millard, M.D., D.Sc., “The Vaccination Question in the Light of Modern Experience”, 1914, chap. 2

Mortality from smallpox and other zymotic (infectious, contagious) diseases in London, 1760 to 1910. Official statistics from the Registrar General, England 1760-1910. From this historical data we know that vaccines had no role in preventing zymotic (infectious, contagious) diseases. Vaccines did not eradicate smallpox.

“Vaccination is utterly useless as a preventive against smallpox, that millions of vaccinated persons have died of smallpox.” —Dr. J.W. Hodge, MD, New York

“I know of one epidemic of smallpox comprising nine hundred and some cases in which 95% of the infected had been vaccinated, and most of them recently. I have had in my own experience on very small epidemic comprising 33 cases, of which 29 had vaccination histories a ‘good’ scar, and some of them vaccinated within the last year. There was no protection there.” —Dr. William Howard Hay, 1937
“Vaccination has not protected us; it could not do it, because the smallpox had already left us and the non-vaccinated world, before its introduction...Vaccination proves itself, in the history of humanity, to be the greatest crime committed in this last century!” —Dr. C. Charles Schieferdecker, MD, “The Evils of Vaccination”, 1856

“Smallpox attained its maximum mortality after vaccination was introduced. The mean annual mortality for 10,000 population from 1850 to 1869 was at the rate of 2.04, whereas after compulsory vaccination, in 1871 the death rate was 10.24. In 1872 the death rate was 8.33 and this after the most laudable efforts to extend vaccination by legislative enactments.” —Dr. William Farr (1807-1883), Compiler of Statistics of the Registrar General of London

A BRIEF HISTORY OF SMALLPOX

One of the medical profession’s greatest boasts is that it eradicated smallpox through the use of the smallpox vaccine. I myself believed this claim for many years. But it simply isn’t true.” —Dr. Vernon Coleman, MB, ChB, DSc, FRSA, GP, Anyone Who Tells You Vaccines Are Safe And Effective Is Lying. Here's The Proof, 2011

Smallpox had been mentioned in different civilizations, from the ancient Egyptians, Aztecs, and Chinese. However, there were no smallpox epidemics recorded in ancient times that could be verified. Smallpox epidemic numbers were only accurately recorded in England from the 1700s to the 1900s. Therefore, because of the lack of official smallpox records and statistics in the English-speaking world, only the records from England are considered reliable. Anything else is, without official data, is pure speculation.

“It is a matter of pure speculation as to when the condition first appeared, but it is unlikely to have done so prior to man’s establishment of large townships coupled with poor nutrition, overcrowding, lack of sanitation and inadequate hygiene. Keeping people, such as slaves and prisoners, in disgusting and sub-human conditions may have been the necessary ingredient for the establishment of the virus but there is virtually no doubt that the aforementioned adverse conditions were responsible for the epidemics of smallpox as well as for its endemic nature in certain areas until its recent demise. It was recorded in Chinese history and was certainly prevalent in the west by the sixteenth century.” —Dr. Michael Nightingale, Traditional Chinese Medicine
The deaths caused by smallpox were greatly exaggerated (disease mongering), even fabricated, in medical textbooks and in general. For example,

“Queen Mary II of England died of smallpox in 1694. In the century following her death 60 million persons in Europe died of smallpox.” —Howard Haggard, “Devils, Drugs, and Doctors”, 1929

However, Mr. Haggard’s assertion is refuted by Dr. Jennifer Craig (BSN, MA, PhD), “The population of Europe was 130 million in 1762 and 175 million in 1800. The death rate from smallpox in that period was 18.5%. If 60 million deaths occurred with an 18.5% death rate then it would require 319,148,936 cases of smallpox in Europe and that would be 144,148,936 more cases of smallpox than there were people living in Europe at the close of the 18th century.”

Again, vaccination is a fraud based on fear, greed, and revisionist history.

The Eradication of Diseases

In the 21st century, there should be no need for anyone in developed countries to fear catching diseases that people contracted in the 1700, 1800, and early 1900s. Back then, the living and working condition of the masses were breeding grounds for diseases. They lacked clean-running water, electricity, garbage collection, and modern buildings. They defecated and urinated in their backyards. It wasn’t vaccines that eradicated diseases but sanitation, hygiene, especially the modern amenities that we take for granted today. As examples, soap, toilet paper, paper towel, toothbrush, shampoo, washing machine, shower, and supermarket. In developed countries, all these conveniences were available to the masses in the 1960s. These modern amenities significantly contributed to the increased standard of living and especially to the eradication of diseases.

You do not live like people used to, therefore you should not worry about contracting diseases that people used to contract.
Infectious diseases spread predominantly in overcrowded, unsanitary conditions. People used to defecate and urinate in their backyards. They fetched dirty water from rivers for drinking and washing. They buried potatoes in the ground in winter to preserve them. Animal manure was common in the streets. They burnt wood and coal for heating and breathed in the fumes. These were the perfect breeding grounds for diseases. Disease rates in children were high because they worked in fields and unsafe factories.
Working and living conditions were inhumane and breeding grounds for diseases in the 18th and 19th centuries. Workers were known as peasants and
serfs. Debtor prison and indentured servitude were common. The conditions were so horrific and unjust that communism was invented to create workers’ rights.

The eradication of diseases was primary due to sanitation and hygiene. For those who think otherwise, ask them to live without clean-running water, electricity, and garbage collection. They will not do it because they cannot imagine life without them—because it was those amenities that eradicated infectious diseases.

“Sanitation did for Prussia what 35 years of compulsory vaccination was unable to accomplish. At the present time in Prussia, smallpox is almost extinct. It is not that people are being vaccinated more; they are vaccinated less.” —Dr. Walter R. Hadwen, MD, 1896, “The Case Against Vaccination”

“There is no question that perfect sanitation has almost obliterated this disease (smallpox), and sooner or later will dispose of it entirely. Of course, when that time comes, in all probability the credit will be given to vaccination.” —Dr. John Tilden (1851-1940), MD
Sewer systems, plumbers, electricity, garbage men, architects, engineers, and advances in manufacturing technology extended lives and eradicated diseases. Graph compiled from: Australian Institute of Health and Welfare (AIHW) 2010. GRIM (General Board of Incidence of Mortality) Books; Original author Dr. Paul Jelfs, updated by Karen Bishop.

“The most widespread and lethal diseases in the last 200 years were reduced due cleaner drinking water, improved sanitation, nutrition, less overcrowded areas, and better living conditions. Vaccines were introduced at the point were every single disease was already declining. To give vaccines credit for global reductions in disease is like giving a band-aid credit for healing a wound that was already closing.” —Dr. Dave Mihalovic, ND

“The largest historical decrease in morbidity and mortality caused by infectious disease was experienced not with the modern antibiotic and vaccine era, but after the introduction of clean water and effective sewer systems.” —The Journal of Pediatrics, December 1999, Vol. 135, No. 6, p. 663

The modern amenities (mainly clean-running water, electricity, gargabe collection, modern buildings) that eradicated diseases also extended our life expectancy. Modern medicine, despite what the drug companies claim, had no role in eradicating diseases or prolonging life. If anything, synthetic drugs and vaccines have shortened the lives of millions. Doctors and hospitals are the 3rd leading cause of death in the USA. Some have claimed that the medical system is actually the 1st leading cause of death because the vast majority of those who have died of heart attacks, cancer, and diabetes were on medication or chemotherapy—they were involved in the medical system. The reason is that the ingredients in drugs, vaccines, and chemotherapy are toxins and poisons to the body.

THE DEADLIEST DISEASES WERE ERADICATED WITHOUT VACCINES

The deadliest disease epidemic in history, the Black Death (Plague), was eradicated without vaccines. The second deadliest disease epidemic in history, the Spanish Flu, was believed to be caused by vaccines. Many diseases disappeared on their own, without the need for vaccines. The
deadliest infectious diseases in history were eradicated through prevention, quarantine and isolation, and removing the causes. As examples, the Black Death (Plague) and Spanish Flu.

“The Black Death was one of the most devastating pandemics in human history, resulting in the deaths of an estimated 75 to 200 million people in Eurasia and peaking in Europe in the years 1346–1353...In the Late Middle Ages (1340–1400) Europe experienced the most deadly disease outbreak in history when the Black Death, the infamous pandemic of bubonic plague, hit in 1347, killing a third of the human population.” —www.wikipedia.org

THE BUBONIC PLAGUE was believed to be caused by rodents, particularly rats, transferring their diseases to humans. These rodents were moved freely between countries during wars, trades, and travels. The rodents, unknown to humans, contaminated the food and water supplies. Today, we have rodent control programs administered by public health departments and the movement of animals are strictly controlled when travelling between countries. In summary, one of the worst pandemics in history was eradicated without vaccines. Diseases are eradicated when their causes are removed.

THE 1918 INFLUENZA PANDEMIC (Spanish Influenza). There are many speculations as to what caused the 1918 flu pandemic.

“The 1918 flu pandemic (January 1918–December 1920) was an unusually deadly influenza pandemic, the first of the two pandemics involving H1N1 influenza virus. It infected 500 million people around the world, including remote Pacific islands and the Arctic, and resulted in the deaths of 50 to 100 million (three to five percent of the world's population), making it one of the deadliest natural disasters in human history.” —www.wikipedia.org

The Spanish blamed it on the French and called it the French Flu. Some say it originated in China, some say in German as a biological weapon. However, the most credible theory was that the 1918 flu pandemic was caused by vaccines, most likely the experimental typhoid or flu vaccine.

“It was a common expression during the war that ‘more soldiers were killed by vaccine shots’ than by shots from enemy guns.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”
“In 1918, the US Army forced the vaccination of 3,285,376 natives in the Philippines when no epidemic was brewing, only the sporadic cases of the usual mild nature. Of the vaccinated persons, 47,369 came down with smallpox, and of these 16,477 died. In 1919 the experiment was doubled. 7,670,252 natives were vaccinated. Of these 65,180 victims came down with smallpox, and 44,408 died. In the first experiment, one-third died, and in the second, two-thirds of the infected ones died.” —Dr. William F. Koch, MD, PhD, “The Survival Factor in Neoplastic and Viral Diseases”

“The 1918 ‘Spanish Flu’ started in American military Camp Funston, Fort Riley, USA, amongst troops making ready for WWI—taking on board vaccinations, recruit training and all. It eventually killed about 40,000,000 people worldwide. That flu strain only appeared briefly once again, according to the US Atlanta CDC. This was in 1976 and again it struck at the US army camp Fort Dix, USA, amongst recently vaccinated troops (and no one else EVER); Fort Dix is known to have been a vaccine trial centre. Was the world’s greatest ‘influenza’ scourge another well-hidden vaccine disaster?” —John P. Heptonstall, Director of Morley Acupuncture Clinic and Complementary Therapy Centre, West Yorkshire
Influenza and Pneumonia death rates spiked between 1918-1920. World War I was the first war in which US service men were required to vaccinate. The high vaccination rate before the flu pandemic of 1918-1920 was the most likely cause of the flu pandemic.

“Typhoid vaccines were available by World War I, and the U.S. Army made getting those shots mandatory for all its enlisted soldiers.” —Susan Perry, “Medical lessons from World War I underscore need to keep developing antimicrobial drugs”, 2014
Typhoid fever began its sharp decline after World War I, when US soldiers were no longer vaccinated.

Despite all the evidence, one infectious-disease epidemiologist, Dr. G. Dennis Shanks, stated that typhoid vaccination “was thought to be a genuine medical success story.” Add his opinion to the Vaccination Nuttery pile.

The Spanish Flu should have been called The USA Flu. The Americans probably called it the Spanish Flu to scorn Spain for the Spanish-American War of 1898. In any case, the flu pandemic disappeared on its own without the need for vaccination (or more vaccination). Again, history has shown that when the causes are removed, diseases are eradicated. In the 21st century, people living in developed countries should have no fear of polio, smallpox, measles, whooping cough, and other infectious diseases. Vaccines are not the natural causes of infectious diseases; therefore, they cannot prevent them. Prevention and eradication can only be attained by removing the causes.
DEATH BY MEDICINE. Healthcare (deathcare) is a business. Drug companies, hospitals, medical doctors, and pediatricians are all part of the "sick care" system. As Bill Maher commented, "There's no money in healthy people, and there's no money in dead people. The money is in the middle: people who are alive, sort of, but with one or more chronic conditions." The poisons in vaccines are remarkably efficient at creating chronic illnesses and diseases.

"Of recent years, many men and women in prime of life, have dropped dead suddenly. I am convinced that some 80% of these deaths are caused by the inoculations or vaccinations they have earlier undergone. These are well known to cause grave and permanent disease of the heart. The coroner always hushes it up as ‘natural causes’. I have been trying to get these cases referred to an Independent Commission of inquiry, but so far, in vain." —Dr. Herbert Snow, MD, 25 year staff surgeon of the London Cancer Hospital, 1954

“What miserable fellows our descendants are; each of them requires more of medical attendance in one year, than I had in my whole life!” —Dr. C.G.G. Nittinger, “The Evils of Vaccination”, 1856

"Medical science has made such tremendous progress that there is hardly a healthy human left." —Aldous Huxley, 1894–1963

WHAT ABOUT POLIO?

"Polio is NOT even contagious or infectious (never proven to be). There is NO proof Polio is caused by a virus. There is NO evidence that anyone caught polio from another person in the family. There is NO evidence that any nurse or doctor caught polio from a patient." —Sheri Nakken, RN, MA

Polio is disease used to describe the effects of poisoning from manmade chemicals, especially those found in pesticides and vaccine ingredients. Therefore, polio is a manmade disease caused by pesticides and vaccines. This is how the vaccination nuttery works: the polio vaccine causes polio and the drug companies insist everyone get vaccinated with the polio vaccine to prevent polio. But they don’t tell you that the polio vaccine causes polio. Furthermore, they credit the polio vaccine for eradicating polio, when the vaccine actually caused polio.
A distinct symptom of polio is paralysis. In all of history, there has never been a case of an infant born severely paralyzed that can be verified. If you read drug company literature, it points to ancient Egyptian and Aztec paintings depicting paralyzed individuals. This is not proof that polio has been around since ancient times. There are many causes of paralysis: accidents, injuries in war, surgery, mutilation, neurotoxic chemicals, and so forth. Polio was not an infectious disease but a manmade disease.

Three polio facts:

1) Nearly all recorded polio cases between 1940 and 1970 were caused by the Salk polio vaccine, the pesticide DDT, and other pesticides. Wild polio was and is extremely rare. Polio was not an infectious disease but a manmade disease.

2) The Salk polio vaccine was discontinued in the early 1970s because it was causing polio, cancer, and death in children. Today, the drug companies insist that the Salk polio vaccine saved humanity from polio. In 1972, before a Senate Committee hearing, polio vaccine inventor Jonas Salk testified that nearly all polio outbreaks since 1961 resulted from or were caused by the oral polio vaccine.

3) There is no such thing as a polio vaccine that can prevent polio. And no such thing as a vaccine that can prevent disease. There are over 150 years of data that proves vaccines are useless and poisonous.

Nearly all recorded polio cases in history were caused by manmade chemicals and the polio vaccine. From 1940 to 1972, the surest way to contract polio was to be exposed to the pesticide DDT or get vaccinated with the polio vaccine—the Salk polio vaccine caused polio, one reason it was discontinued. DDT was made by Monsanto, the same company responsible for Agent Orange, Aspartame, RoundUp, PCBs, Saccharin, and recently GMOs.
It could be said that the drug and chemical companies (specifically Monsanto) colluded to conceal the deaths caused by DDT by using polio as a cover.

For over 150 years, common words that independent doctors and scientists have used to describe vaccination are: useless, dangerous, scam, fraud, racket.
A glaring example is polio. Polio (or the symptoms associated with polio) was not an infectious disease in the traditional sense as the vast majority are miseducated to believe. Many recorded polio cases between 1940 and 1970 were manmade, caused by the pesticide DDT (Dichloro Diphenyl Trichlorethane) and other pesticides. The remaining polio cases were caused by the polio vaccine. Wild polio was and is still rare.

Before the large scale use of DDT in the early 1940s, the word "polio" appeared 0 (zero) times in epidemiological (large population disease) studies between the 1700s to late 1800s. In other words, polio was rare in the USA until DDT's predecessor was used after 1874, then when DDT was widely used in the 1940s. After which, the polio epidemics started.

As the use of DDT significantly increased after 1940, the polio rate also increased proportionally. The largest polio epidemics in history occurred in the 1940s and 1950s. This timeline coincides with the DDT's wide scale use and the introduction of the Salk polio vaccine. DDT is a poison and a neurotoxin. It causes paralysis and brain/spinal cord disease—both are distinct symptoms of polio.

As the use of DDT decreased, the polio rate also decreased proportionally. DDT was banned in the USA in 1972 by the EPA (Environmental Protection Agency). After which, polio was reclassified—polio is magically a new disease now. Medical students are taught that the polio people had contracted in the 1940s to 1970s was an infectious disease. It wasn't.

Polio: "1789, British physician Michael Underwood provides first clinical description of the disease. 1840, Jacob Heine describes the clinical features of the disease as well as its involvement of the spinal cord."

There are many secondary causes of polio (the primary cause is the poliovirus). One secondary cause of the poliovirus was DDT and other pesticides. Another is unsanitary conditions, "Polio is usually spread via the fecal-oral route (i.e., the virus is transmitted from the stool of an infected person to the mouth of another person from contaminated hands or such objects as eating utensils). Some cases may be spread directly via an oral to oral route." Contaminated water was also cited as a secondary cause of the poliovirus. However, up until chemical pesticides were commonly used and the introduction of he Salk polio vaccine, wild polio was extremely rare.
The predecessor to DDT was first synthesized in 1874 and was used as a pesticide. Its successor, DDT, was commercialized in 1939 when the invention was credited to Paul Muller.

The first polio outbreak in the U.S. was in 1894 in Vermont, with 132 cases. Another in New York in 1916. The polio outbreaks of 1894, 1916, 1940s, and 1950s have an eerie commonality: they occurred in the summer, when DDT and other pesticides were being sprayed, especially in apple orchards. In addition, of the nearly 200 countries in the world, only countries that used DDT had polio outbreaks. And the higher the DDT usage, the higher the polio rate.
“So as DDT peaked, six months later, polio peaked. DDT comes down, six months later polio comes down. DDT flatlines, polio flatlines. It follows the contour. It’s like taking the same graph and just displacing it by six months.” — Dr. Rashid Buttar, DO
Texas, USA, 1950s. DDT was used as an insecticide, mostly to kill mosquitos. The big difference in body mass between insects and humans explains the different effects of DDT on both species. DDT kills insects, which have significantly less body mass than humans. In equal doses, DDT isn’t potent enough to kill humans but causes paralysis, which is a distinct symptom assigned to polio.

1953: Dr. Morton S. Biskind writes: “It was known by 1945 that DDT was stored in the body fat of mammals and appears in their milk...yet far from admitting a causal relationship between DDT and polio that is so obvious, which in any other field of biology would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite this overwhelming evidence. Libel, slander, and economic boycott have not been overlooked in this campaign.”

DDT was banned in 1972. Coincidentally, the Salk polio vaccine was discontinued in the same period because it was causing polio, cancer, and death in children.
The Cutter Incident, 1955. Polio vaccine manufacturer Cutter Laboratories caused 40,000 cases of polio.

“In April 1955 more than 200,000 children in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and within a month the first mass vaccination programme against polio had to be abandoned. Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of Cutter Laboratories, had caused 40,000 cases of polio.”

From these timelines and events, it could be concluded that polio (or the symptoms associated with polio) was a manmade disease and not an infectious disease that medical students are taught. In other words, nearly all cases of polio were caused by pesticides, specifically DDT, and the Salk polio vaccine.

The polio vaccine might have caused cancer in millions of Americans. “SV40 is a virus found in some species of monkey...SV40 was discovered in 1960. Soon afterward, the virus was found in polio vaccine...More than 98 million Americans received one or more doses of polio vaccine from 1955 to 1963 when a proportion of vaccine was contaminated with SV40; it has been estimated that 10-30 million Americans could have received an SV40 contaminated dose of vaccine...SV40 has been found in certain types of cancer in humans...” —CDC (Centers for Disease Control and Prevention), “Simian Virus 40 (SV40), and Polio Vaccine Fact Sheet”, 2013

RE-NAMING AND RE-CLASSIFYING DISEASES TO ERADICATE THEM

If DDT and the Salk polio vaccine caused nearly all cases of polio, and they were banned in the early 1970s, why is there still polio after DDT and the Salk polio vaccine were discontinued? Polio has been given new symptoms (polio has been redefined and reclassified). It’s an entirely new disease with new symptoms. Some of these symptoms include fever or severe fatigue. Drug companies often reclassify or rename diseases to give the appearance that they’ve been eradicated, or they’re still a menace—depending which one meets their financial interest.

“The idea of re-naming a disease to suit the records is not new. Hadwen also said in his address, that in 1886, although there were 275 cases of smallpox, only one vaccinated child died. In addition, 93 children died of chicken pox. Given the mild nature of chickenpox and the fact that few deaths from it had previously been recorded, this diagnosis is highly unlikely...Re-naming the disease did the trick. They didn’t die of smallpox, they died of the re-named disease: spurious
cowpox...The re-naming practice continues today.” —Dr. Jennifer Craig, BSN, Ma, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

Re-naming and re-classifying diseases is a scheme the drug companies often use to suit their needs.

–You can remove major symptoms of a disease and it’s magically eradicated.

–Or you can call it a different name and it’s magically eradicated.

In 2017, autism affects 1 in 36 children. Don’t be surprised if the drug companies re-name or re-classify autism so it’s no longer a problem to parents. At its root, autism is a form of brain damage, regardless of its name or assigned symptoms.

In the 21st century, nearly all infant and childhood illnesses and diseases can be traced back to vaccines. However, the drug companies are blaming those illnesses and diseases on genetic/congenital factors. This is an attempt to absolve the drug and chemical companies of legal and financial liabilities. Another way the drug and chemical companies attempt to absolve themselves of wrongdoing is to revise history (outright lies). These are not the people you want to trust with your children's health.

The chemical companies create diseases and the drug companies sell products that supposedly prevent those diseases. In reality, those drugs and vaccines (ingredients from chemical companies) actually cause more diseases—the left hand and right hand work together.

The Anti-Vaccination Movements

The anti-vaccination movement started when parents noticed that their children became diseased and dead after vaccination. Thus began the anti-vaccination movement in 1853 in England—1853 was also the first year of compulsory vaccination in England (also in 1867 and 1871). Each compulsory vaccination year was followed by an outbreak of the diseases the vaccines were supposed to prevent.

Formally, The Anti-Compulsory Vaccination League was launched in England in
1867. Then The London Society for the Abolition of Compulsory Vaccination. As vaccination moved to the US and Canada, the anti-vaccination movement also followed.

“The anti-vaccinists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries or fatalities in their own families or in those of their neighbours. Whatever their motive, they have scrutinized the evidence to some purpose, they have mastered nearly the whole case; they have knocked the bottom out of a grotesque superstition. The public at large cannot believe that a great profession should have been so perseveringly in the wrong.” —Dr. Charles Creighton, MA, MD, “Jenner and Vaccination: A Strange Chapter of Medical History”, 1889
England, 1853. An anti-vaccination poster from the 1850s. The anti-vaccination movement began in England in 1853 and continues into the 21st century. Vaccines exist to serve the drug companies, doctors, pediatricians, and hospitals.

“The vaccination practice, pushed to the front on all occasions by the medical profession, and through political connivance made compulsory by the state, has not only become the chief menace and gravest danger to the health of the rising generation, but likewise the crowning outrage upon the personal liberty of the American citizen.” —Dr. James Martin Peebles, MD, MA, PhD, “Vaccination a Curse and a Menace to Personal Liberty”, 1913
The USA, 1902. As vaccination spread across the Atlantic, the anti-vaccination movement also followed. In the US, it was headed by The Anti-Vaccination Society of America. In Canada, it was The Anti-Vaccination League. Prussia (part of modern day Germany) also had compulsory vaccination, and so did Austria, Japan, Philippines, and Switzerland. These countries (except for the Philippines) were among the first to undergo the Industrial Revolution, in which people congregated into cities and overcrowding was the norm. Children worked long hours in factories and fields. Factories had no ventilation and workers had to re-breathe dirty air.

The disease rates exploded for each successive year of compulsory vaccination. In other words, disease epidemics followed compulsory vaccination. Thus, every country eventually abandoned compulsory vaccination.
England, 1907. “About fifty Croydon fathers have gone to prison rather than have their children vaccinated or pay monetary penalties imposed.”

As Dr. Jennifer Craig, BSN, MA, PhD, summarized in her article, “Smallpox Vaccine, Origins of Vaccine Madness”:

“One of the worst smallpox epidemics took place in England between 1870 and 1872, nearly two decades after compulsory vaccination was introduced. Leicester, with nearly 200,000 inhabitants, boasted a 95% vaccination record but it suffered more deaths than less-vaccinated London. Faced with this obvious
evidence of the uselessness of vaccination, Leicester’s citizens rejected the program in favour of cleaning up the city. Under the leadership of James Briggs, Town Councillor and Sanitary Inspector, clean streets, clean markets and dairies, efficient garbage removal, sanitary housing and pure water supply replaced vaccination scars. In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population; similar-sized Warrington, with 99.2% vaccinated, had 123.3 cases.

“In Japan, in 1885, 13 years after compulsory vaccination, a law was passed requiring revaccination every seven years. From 1886-1892, a total of 25,474,370 revaccinations were recorded. Yet during this same period, Japan had 156,175 cases of smallpox with 38,979 deaths, a case mortality of nearly 25%. Slow learners, the government passed another act requiring every resident to be vaccinated and revaccinated every 5 years. Between 1889-1908, the case mortality was 30%. Prior to vaccination the case mortality was about 10%.

“During a ruthless campaign by the US in the Philippines in 1905, the native population were forcibly vaccinated several times. In 1918-1919, with over 95% of the population vaccinated, the worst epidemic the Philippines had ever known occurred. In the Congressional Record of December 21, 1937, William Howard Hay, MD, said, ‘The Philippines suffered the worst attack of smallpox, the worst epidemic three times over, that had ever occurred in the history of the islands and it was almost three times as fatal. The death rate ran as high as 60% in certain areas where formerly it had been 10-15%’.”
Canada, 1919. STOP THE SLAUGHTER OF INNOCENTS. The anti-vaccination movement in 1919 (20th century), Toronto, Canada. In Canada, the main group was the Anti-Vaccination League. The Anti-Vaccination Society of America was the main group opposing mandatory (compulsory) vaccination in the USA. The society was founded in 1879.
The USA, early 2000s (21st century). Outspoken vaccination critics such as Jenny McCarthy, Dr. Andrew Wakefield, and other doctors and celebrities were blamed by the media for starting the anti-vaccination movement. As noted above, the movement has been around since 1853. Drug companies are one of the largest advertisers on TV, Internet, newspapers, and magazines. According to Robert F. Kennedy, Jr., the drug industry contributes up to 70% of advertising revenue to media companies. In 2017, the collective stock market capitalization of the drug companies (vaccine manufacturers) exceed $1 trillion. As actor Jim Carrey noted, “A trillion dollars buys a lot of expert opinions. Will it buy you?”

Mainly because of these movements, the public became aware of the dangers of vaccines. The lunatic idea of transferring animal diseases to humans to prevent diseases didn’t work. Compulsory vaccination was later repealed in every country because vaccines were found to be useless and poisonous. Several decades later, the drug companies began their mass advertising and marketing campaigns to “educate” the next generation on the benefits of vaccination.
Vaccination has been a menace to each generation since 1796.

**Disease Theories**
Most medical students are taught Louis Pasteur’s *Germ Theory of Disease*, which is partly true. We have little understanding of what germs are healthy or unhealthy for the body. We know that some germs do cause disease, in excessive amounts. However, it’s the unsanitary conditions of the environment and the unhygienic terrain of the body that create those germs—like rats are attracted to filthy places.
Germs do cause diseases, but more importantly it's the unsanitary environment and the unhygienic condition of the body that cause those germs. For example, if you don't want to get lung cancer, 1) Smoke and find a way to kill the cancer cells caused by smoking, 2) Don't smoke.

THE CELLULAR THEORY OF DISEASE (TREAT THE PERSON, NOT THE INFECTION).

“In 19th century France, while Pasteur was advocating the notion of germs as the cause of disease, another French scientist named Antoine Bechamp advocated a conflicting theory known as the ‘cellular theory’ of disease.

“Bechamp’s cellular theory is almost completely opposite to that of Pasteur’s. Bechamp noted that these germs that Pasteur was so terrified of were opportunistic in nature. They were everywhere and even existed inside of us in a symbiotic relationship. Bechamp noticed in his research that it was only when the tissue of the host became damaged or compromised that these germs began to manifest as a prevailing symptom (not cause) of disease.

“To prevent illness, Bechamp advocated not the killing of germs but the cultivation of health through diet, hygiene, and healthy lifestyle practices such as fresh air and exercise. The idea is that if the person has a strong immune system and good tissue quality (or “terrain” as Bechamp called it), the germs will not manifest in the person, and they will have good health. It is only when their health starts to decline (due to personal neglect and poor lifestyle choices) that they become victim to infections.” —www.MaroneWellness.com

Again, THE ONLY WAY TO PREVENT DISEASE IS TO REMOVE THE CAUSES. For example, smallpox was caused mostly by overcrowding, contaminated water, closeness to feces and urine, and food spoilage. Overcrowding has been solved by modern buildings and urban planning. Contaminated water was solved with sewer systems, plumbing, and water filtering systems. People no longer defecate or urinate in their backyards or buckets, thanks to toilets and indoor plumbing. Food spoilage was solved with electricity (refrigeration). Because of sanitation and hygiene, smallpox was eradicated in developed countries.
Louis Pasteur (1822-1895) was wrong, Antoine Bechamp (1816-1908) was right. Pasteur even admitted this in his dying days.

"Bernard was right, the germ is nothing—the milieu (the environment within) is everything." —Louis Pasteur

**VACCINATION IS NOT IMMUNIZATION**

Despite what the drug companies’ marketing machines claim, vaccination is NOT immunization. Immunization can only be attained when the immune system has encountered a natural infection and successfully fought it off. For example, those who had the natural measles are immune from it for life. Vaccine induced infections are vastly different than the wild infections. In infants, the antibodies required for immunization are passed from the mother’s breast milk. Vaccination destroys immunization.

There is a significant difference between theoretical science and observational science. With vaccines, observation contradicts theory. Vaccines work in controlled, sterile laboratory settings but not in the biological human body. The immune system exists for a reason. Nature is smarter than man. In vaccination, the most reliable source of observational science (data) is through the millions of parents who have vaccine injured children.

**THE GREAT HOMO SAPIENS**

The human body is the result of nearly 4 billion years of evolution, starting with the first prokaryotic cells (single-celled organism without a nucleus). Modern humans, Homo sapiens, as a distinct species have been around since 200,000 BCE. For the vast majority of that time, our ancestors had to struggle daily to obtain their physical needs: water, food, and shelter. They risked drinking contaminated water from streams, rivers, and lakes. They had to hunt and grow their own foods. Their nutritional profile was limited to what they were able to hunt and grow locally. They risked dying from exposure to the harsh weather.
For millions of years, humans and their common ancestors, struggled daily to obtain their physical needs: water, food, shelter. Since 1960 CE, those needs are effortlessly provided for us. The amount of energy expended to obtain our physical needs is minimal, allowing us with unprecedented leisure time.

In 1960 CE, those living in developed countries risk none of the dangers of obtaining their physical needs that their ancestors did. We simply walk to the sink and turn on the faucet to get drinking water. We drive to the supermarket, or even order online, to get a variety of foods around the world. We live in heated buildings with sanitation and hygiene safeguards as part of the building code.

In other words, as a distinct species, humans have had to struggle more than 99.999999% of their existence to obtain their physical needs: water, food, and shelter. In the 21st century, due to advances in technology, the energy required to acquire our physical needs has reduced dramatically, to the point that some are dying from sedentary lifestyles and not from securing their physical needs.

The great failure of vaccination is that it fails to addresses the underlying causes of diseases. It has been unequivocally demonstrated that when the causes of diseases are known and removed, those diseases can be prevented and eventually eradicated. Diseases have always thrived when our physical needs are unmet, or met in a way unnatural to the body. The body does not need the toxins in vaccines.

"As a retired physician, I can honestly say that unless you are in a serious
accident, your best chance of living to a ripe old age is to avoid doctors and hospitals and learn nutrition, herbal medicine and other forms of natural medicine unless you are fortunate enough to have a naturopathic physician available.

"Almost all drugs are toxic and are designed only to treat symptoms and not to cure anyone.

"Vaccines are highly dangerous, have never been adequately studied or proven to be effective, and have a poor risk/reward ratio.

"Most surgery is unnecessary and most textbooks of medicine are inaccurate and deceptive.

"Almost every disease is said to be idiopathic (without known cause) or genetic —although this is untrue.

"In short, our main stream medical system is hopelessly inept and/or corrupt. The treatment of cancer and degenerative diseases is a national scandal. The sooner you learn this, the better off you will be." –Dr. Allan Greenberg, MD, Dec. 24, 2002

Trung Nguyen
Edmonton, Alberta, Canada
January 2018
THE TRUTH ABOUT VACCINATION AND IMMUNIZATION

Lily Loat, secretary of the National Anti-Vaccination League of London
1951

Restored and updated by
Trung Nguyen
Edmonton, Alberta, Canada
2018

THE NATURE CURE VIEW OF SMALLPOX

ALL acute disease is a healing effort of Nature, an attempt to rid the system of its inherited and acquired impurities.

The Nature Cure practitioner regards colds, fevers, skin eruptions and inflammatory processes as Nature’s attempts to eliminate disease conditions from the system. This has been admitted in the case of smallpox, even by some eminent orthodox doctors. Though that disease, in its worst forms, may seem a desperate remedy, it is only so because the condition of the sufferer has been so reduced by desperately insanitary conditions of living, either environmental or personal or both. Anyone who cares to look into the matter will find that many of those who have recovered from the purifying effects of smallpox have enjoyed better health after the attack than before it. Smallpox has, in fact, been known to eradicate consumption.

The Registrar General’s death statistics show also that in former times, when
smallpox epidemics carried off some thousands of people, they did not increase the general death rate from all diseases. This shows that those who died from smallpox were suffering from a concurrent condition of ill-health which would have produced a fatal result in any case. Dr. Farr, the statistician of the General Register Office, pointed out that the general death rate per 1,000 of the population was not raised by the great smallpox epidemic of 1871-72. Here are the general death rates (per 1,000 living) for England and Wales from 1870 to 1875:

1870.....22.9
1871.....22.6
1872.....21.3
1873.....21.0
1874.....22.2
1875.....22.7

Dr. Robert Watt, lecturer on the theory and practice of medicine at Glasgow, discovered from the figures in the Glasgow burial registers over a space of thirty years (from 1783-1812), divided into five periods of six years each, that while smallpox had diminished, measles and—to a lesser extent—whooping cough had increased, so that a child had no better chance of reaching its tenth year in the last period of the thirty years than in the first.

Dr. Farr, in the 35th Annual Report of the Registrar General, p.224, wrote:

The zymotic (infectious, contagious) diseases replace each other; and when one is rooted out it is apt to be replaced by others, which ravage the human race indifferently wherever the conditions of healthy life are wanting.

Smallpox occurs for the most part in people whose vitality is low, the composition of whose blood is abnormal and in whom there is an accumulation of morbid matter. In the nineties of the last century it was found in London and other great towns that smallpox occurred chiefly amongst the inhabitants of common lodging houses, tramp wards, and Salvation Army shelters. Formerly it was the scourge of dwellers in insanitary slums, where there was no provision of pure water, where the overcrowding was intense, and where dirt and filth were everywhere.

In 1853 Lord Shaftesbury, speaking in support of the Vaccination Bill, said:
It is perfectly sure that smallpox is chiefly confined to the lowest classes of the population, and I believe that, with improved lodging houses, the disease might be all but exterminated.

It is true that people living in less insanitary conditions have contracted smallpox, and such cases have been attributed to infection or contagion. Just as a match applied to a train of gunpowder starts an explosion, so the poison emitted from a smallpox patient may set light to the accumulation of waste matter in an apparently healthy and clean individual.

Smallpox is found today chiefly in India, North and West Africa, China and Japan. It was prevalent in the large cities of Great Britain in the seventeenth and eighteenth centuries, but for nearly fifty years there has been little real smallpox here.

In Europe it was prevalent in Russia, Spain, Portugal, Italy, Turkey and Austria during the nineteenth century, and there were serious epidemics in the countries that afterwards formed the German Reich and in Sweden. During the last twenty years it has almost disappeared from Europe.

The Conditions that Produce Smallpox

Mr. Swan in The Vaccination Problem, p.152, writes:

Smallpox does not drop from the skies, it is the product of very earthly conditions. Anyone who cares to make even a cursory study of the sanitary and economic conditions which prevailed in this country, especially in large cities, in the seventeenth and eighteenth centuries will marvel, not at the excessive prevalence of smallpox in those days, but at the extraordinary perversity of those who deny that these conditions were responsible for the breeding of the constant epidemics of smallpox which then prevailed.

One has but to try to imagine the conditions which prevailed in former times—no sewers, no water closets, but instead, festering privies; excessive overcrowding, both of houses per acre and people per house; small, ill-ventilated and ill-built houses crammed into narrow courts and tortuous alleys, without
adequate water supply and devoid of sanitary conveniences; lack of cleanliness owing to scarcity of water; absence of baths and laundry facilities; unpaved and ill-paved streets, which were made the receptacle for all kinds of slops and other filth—to have some faint idea of the reason why smallpox flourished under such conditions...

In addition to constantly breathing in the horrible effluvia from the stinking heaps of rotting refuse and filth from vaults containing sewage heaps and from their own unwashed clothes and bedclothes, the poor suffered badly in periods of scarcity and want.

Severe winter weather followed by summer drought was followed by terrible epidemics of fever and smallpox. When, owing to bad crops of cereals, the price of wheat rose excessively, this increase was frequently followed by a great increase in deaths from smallpox. Dr. W. Scott Tebb in A Century of Vaccination and What it Teaches shows that in the seventeenth and eighteenth centuries bad harvests were almost always followed by a large increase in the number of deaths from smallpox and fevers.

Smallpox was confined almost exclusively to the lower strata of society. In Austria it was called the "beggars’ disease." In England it was spread largely by tramps and inhabitants of common lodging houses, people who not only lived in unhealthy circumstances but were frequently deprived of the common necessaries of life.

Dr. Scott Tebb shows that in epidemics in England in 1819, 1837-38, 1848, 1871-72 and 1877-93 an overwhelming majority of the sufferers came from the poorest classes, living in the most thickly populated and most badly drained districts. A spot map of the Gloucester epidemic of 1895-96 shows that the great majority of the cases were in the area where the drainage system was bad.

On the other hand, in industrial dwellings where the poor lived under strict sanitary supervision there was marked immunity from smallpox. While in the years 1880-82 there were 3,268 smallpox deaths in London out of a population of 3,800,000, there were only two such deaths among more than 15,000 tenants of the Improved Industrial Dwellings Company.

In the Fifth Annual Report of the Registrar General, dated 1843, will be found replies from Metropolitan Registrars which testify to the occurrence of smallpox
and other zymotic diseases in the poorest and most filthy parts of their districts. Dr. Tebb has extracted a number of these and has shown from a large number of other reports how closely smallpox epidemics were related to overcrowding and defective water supply, an entire lack of cleanliness, and the accumulation of filth.

The great sanitarian Sir Edwin Chadwick maintained:

That cases of smallpox, of typhus, and of others of the ordinary epidemics, occur in the greatest proportion, in common conditions of foul air from stagnant putrefaction, from bad house drainage from sewers of deposit, from excrement sodden sites, from filthy street surfaces, from impure water, and from overcrowding in private houses and in public institutions. That the entire removal of such conditions by complete sanitation and by improved dwellings is the effectual preventive of disease of these species, and of ordinary as well as extraordinary epidemic visitations (From an address on "Prevention of Epidemics" delivered by Mr Chadwick at the Brighton Health Congress, 14th Dec. 1881.).

One of the most noted epidemiologists, Dr. August Hirsch, maintained that:

Smallpox, as well as typhus, takes up its abode most readily in those places where the noxious influences due to neglected hygiene make themselves most felt (Handbook of Geographical and Historical Pathology, Vol. 1 p.481, translated by Dr. Charles Creighton).

Sanitary and Economic Improvements Banish Smallpox

Ridiculous claims are still being made in regard to the effect of vaccination on smallpox. There was a considerable decline in smallpox deaths in London before vaccination was introduced, and for a very few years after 1798 this decline continued. But smallpox flared up again, and as vaccination was more and more practiced so the epidemics of smallpox became more and more serious. There was a shocking epidemic in 1838 about which Sir Henry Holland in his Medical Notes and Reflections (1839) wrote:

Not only in Great Britain but throughout every part of the globe from which we have records, we find that smallpox has been gradually increasing again in
frequency as an epidemic, affecting a larger proportion of the vaccinated, and inflicting greater mortality in its results...

It is no longer expedient in any sense to argue for the present practice of vaccination as a certain or permanent preventive of smallpox. The truth must be told, as it is, that the earlier anticipations on this point have not been realised.

There were other severe epidemics, the worst being that of 1871-72, when more than 42,000 people died.

The long fight of Chadwick, Southwood Smith, and other sanitarians resulted in the passing of the great Public Health Act of 1875. There was also a gradual improvement in the economic position of some of the poorest classes of the community. The operation of the 1875 Public Health Act resulted in the reduction of slums, the introduction of main drainage schemes and supplies of pure water in place of the old contaminated surface wells, and lessening of overcrowding. This act, with the extension of railways, enabling larger supplies of fruit and fresh vegetables to the towns, and the economic improvement which enabled people to buy more, and more suitable food, were factors in bringing about the decline and eventual extinction of smallpox from England and Wales.

**How to Avoid Smallpox**

Nature Cure teaches that smallpox can be avoided by right living and right thinking. "Cleanliness is health," says a writer; not only external but internal cleanliness.

Exercise, water and diet play their parts, and disease is brought about chiefly by wrong eating. In India extreme poverty, resulting in starvation or in eating unsuitable food, is one of the causes of smallpox.

Food must be either transformed into living tissues or eliminated. If left to decompose in the intestines it sets up a condition of toxemia or self-poisoning. It is the sufferer from constipation who is more likely to contract smallpox or any of the other acute diseases than those who are clean physically.

**Smallpox Inoculation**
Smallpox was always dreaded mainly because so often sufferers from it were disfigured by it. In the hope of preventing it the practice of inoculation was resorted to.

Bass states in his History of Medicine (1889) that "the communication of the natural smallpox to the healthy, in order to protect them from the natural disease, reaches back into hoary antiquity." It was practiced very extensively in India and China. It was first introduced to the general notice of the British people in 1714 by a Greek physician—Dr. Timoni of Constantinople. Lady Mary Wortley Montagu, wife of the British Ambassador in Turkey, allowed her little son to be inoculated at the British Embassy in Constantinople in March 1717, and on her return to England she had her daughter inoculated in London in 1721.

After being taken up by Royalty the operation fell into disfavour, but it was revived about 1740-48, and in 1754 the Royal College of Physicians declared their sentiments on the subject in the following:

That the arguments which at the commencement of this practice were urged against it have been refuted by experience, that it is now held by the English in greater esteem, and practiced among them more extensively than ever it was before and that the College thinks it to be highly salutary to the human race.

But the Royal College of Physicians changed its opinion, and in 1807 condemned the practice in the following terms:

However beneficial the inoculation of the smallpox may have been to individuals, it appears to have kept up a constant source of contagion which has been the means of increasing the number of deaths by what is called the natural disease.

What statistics there are show that there was a great increase in smallpox deaths during the period when inoculation was most practiced.

At last, through pressure from the advocates of vaccination, in 1840 the practice of smallpox inoculation was prohibited.

**Ridiculous Adulation of Jenner**
In every pro-vaccinist publication Jenner’s great labours are extolled. There is no truth whatever in these tributes to his long study and experiment. Sir Benjamin Ward Richardson, although a believer in vaccination, well summed up the position as follows:

It is truly painful to say that the common opinion about the great labour of experiment to which Jenner submitted himself, before he announced what is wrongly called his discovery, is mere childish adulation. His experiments are enumerated by himself, and may be put with observations without experiment, at 23; so that compared with the intense labour by which researches of a physiological kind are ordinarily carried out, they really rank as nothing in respect of labour (Disciples of Aesculapius—Jenner, 1900, pp 397-398).

Professor Major Greenwood in his Epidemics and Crowd Diseases derided Sir John Simon’s characterisation of Jenner’s Inquiry as a "masterpiece of medical induction." He called it:

A rambling discursive essay, containing acute observations mixed up with mere conjecture, which an unsystematic field naturalist might be expected to produce.

Some years later Greenwood went further than this. At a meeting of the Royal Society of Medicine in London (Lancet, 2nd Feb. 1928, p.233) he said that "there was a good deal of evidence that Jenner had been a rogue."

The famous epidemiologist Dr. Chas. Creighton wrote in Jenner and Vaccination in very severe terms on Jenner’s character, calling him vain, petulant and crafty.

"Smallpox of the Cow": A Complete Deception

Jenner introduced vaccination in 1798 in his first publication entitled An Inquiry into the Causes and Effects of the Variolae Vaccinae (smallpox of the cow)..

Many attempts have been made since Jenner’s day to establish the common origin of smallpox and cowpox, but scientific proof is still lacking.

The tradition of the dairymaids as to the protection afforded by cowpox against smallpox was rejected by many of Jenner’s own medical acquaintances because they knew of numerous cases where those who had had cowpox subsequently developed smallpox.
JENNER’S HORSE GREASE
Jenner insisted that the true protective variety was derived only from a disease known as "the grease"—the matter being transferred from the horse to the teats of the cow by men milkers after they had been attending to diseased horses.

Dr. Pearson, one of Jenner’s most influential contemporary supporters, criticised Jenner’s "grease-cowpox" theory and declared that "the very name of horsegrease was likely to have wrecked the whole concern."

For a time Jenner abandoned "horsegrease" and resorted to the natural or spontaneous cowpox. Still later he reverted to the "grease," and finally (1818) adopted it as "the true and genuine life-preserving fluid." He also employed equine matter (1815-17) direct without passing it through the constitution of a cow.

The Arm-to-Arm System

For one hundred years the aim-to-arm system was the one in general use in the United Kingdom. A baby was vaccinated, and when the sores resulting were at a certain stage, matter from one of them was inoculated into, say, thirty other babies. One or perhaps two of these were used a week or so later as vaccinifers, and so it went on. The matter was also dried and put on ivory points and circulated to doctors for use.

Glycerinated Calf Lymph Introduced in 1897

In 1898 glycerinated calf lymph was ordered to be used. The Royal Commission on Vaccination (1889-96) had recommended the use of "calf lymph," and two Government Medical Inspectors had been sent on a tour of inspection of the methods adopted in certain continental cities in the preparation of "glycerinated calf lymph." In July 1897 they reported, but five months earlier the Local Government Board had instructed public vaccinators to use "calf lymph." which they had formerly banned. The evidence given before the Royal Commission had made the continuation of arm-to-arm vaccination impossible.

The Manufacture of Lymph
If the manufacture of lymph in the skin of an animal were carried on by a coster or any other person not called "scientific" it would promptly be stopped on account of the cruelty involved.

The process generally adopted for the production of vaccine "lymph" at Continental vaccine establishments was described in a report on the "Preparation and Storage of Glycerinated Calf Lymph to the Local Government Board," issued in 1897 (Cd.8587). That report furnished the English authorities with a model for their own vaccine establishment when calf lymph became the officially recognised brand of lymph in this country.

Here is a description of the system carried on for forty years at our Government Lymph Factory.

The calf was strapped to a tilting table which was then raised to a horizontal position. About thirty cuts were made, horizontally, each about an inch long and about a couple of inches apart. Over each incision a drop of glycerinated lymph was allowed to fall from a glass tube, and the drop was rubbed in with the flat portion of the blade of the lancet. The process was carried out by one of the laboratory servants, and was a somewhat lengthy one.

In order to collect the lymph, the calf, after five days, was again strapped to the table. Each vesicle was clamped separately, and the crust first removed with a lancet. The vesicle was then thoroughly scraped with the edge of a somewhat blunt lancet, and the resulting mixture of lymph, epithelial tissue and blood was transferred to a small nickel crucible. The collection of all the vesicular matter obtainable from one calf appeared to take about three-quarters of an hour.

Mr. Thomas Groves and a number of other Members of Parliament saw the whole process at the Government Calf Lymph Establishment at Hendon on 3 March 1928, and it was not until 1 July 1936, that the calves at that Establishment were killed before the extraction of the lymph. It was not until 1944 that under the Therapeutic Substances Regulations all private lymph manufacturing establishments had to see that the animal furnishing the lymph was killed before the lymph was extracted.

Describing publicly what he saw at the Hendon Establishment, Mr. Groves said: These calves are held in, they are bolted and barred so that they cannot move a
fraction of an inch; they are muzzled with straps round their mouths so that they may not make an undue noise.

These nine M.P’s also saw rabbits in boxes whose backs were a mass of festering sores, these rabbits being used to re-vivify the lymph.

After July 1, 1936, the calves at the Government Lymph Establishment were killed before the extraction of lymph, but the cutting of the skin of the living animal, the rubbing into thirty or more cuts of a drop of lymph, and the festering of the resulting sores, must have caused these little animals acute misery.

After 1946 the Government Lymph Establishment was closed for the manufacture of lymph, and the Lister Institute of Preventive Medicine became the manufacturing centre of Government distributed lymph. Sheep are used there instead of calves, but in every other respect the process is the same.

**What is the "Lymph"**

No one can say. There was Jenner’s horsegrease cowpox, Woodville and Pearson’s cowpox-smallpox, Jenner’s "equine virus," lymph recruited from matter from a cow or from cowpox vesicles on the hands and arms of a dairymaid, matter from animals inoculated with human smallpox, matter from the vaccination sores of children, lymph from spontaneous cowpox, lymph from other calves, human smallpox passed through calves and young bull. Crookshank examined about 2,000 samples of vaccine virus and failed to find anything specific about any of them.

An inquiry by the Lancet in the year 1900 into the "lymph" issued by thirteen establishments disclosed the fact that there was not one brand that was bacteriologically pure. In some there were hundreds of colonies of extraneous germs.

The Lancet of May 13, 1922, wrote:

Abroad, in place of the rabbit, the ass or the mule is employed, and the resulting ass-pox or mule-pox is used as the exalted seed stock for the vaccination of calves. Such lymph is freely admitted to the United Kingdom for the purpose of sale, and no practitioner knows whether the lymph he employs is derived from
smallpox, rabbit-pox, ass-pox or mule-pox.

Since Government lymph has been treated with glycerine, much of the official lymph must contain a certain amount of glycerine. What the remainder consists of no one can say. No microscopical examination can indicate which is the special germ (if there is one) of vaccine. One sample of lymph may be teeming with dangerous poisons; another may be almost innocuous. Dr. Kelsch, in a communication to the French Academy of Medicine (5 July 1909), told of his amazement to find typical vaccinal pustules on heifers inoculated with glycerine only.

No attempt at standardisation of vaccine lymph has ever been made or could ever be made. How much impurity a sample has gathered up on its way from a human being through a calf or a donkey or a mule or a rabbit, perhaps then through a child and back to a calf again (or nowadays through a sheep), no one pretends to know. No vaccinator can state with certainty the composition of a tube of "pure glycerinated lymph." He is experimenting with a mixture that may be so dangerous as to cause death, but he knows nothing about it. The Therapeutic Substances Regulations make no attempt to define vaccine lymph. They say, in effect, that vaccine lymph is "vaccine lymph."

Dangers of Vaccination

Ever since Jenner introduced vaccination the operation has had bad results. Jenner himself, in a letter to Dr. Pearson (27 September 1798), described the cowpox inflammation as being "always of the erysipetalous kind." He also recommended certain ointments as a means of allaying the erysipetalous irritation after the pustule had duly exerted its influence on the constitution, and identified spurious cowpox pustules by the circumstance that "no erysipelas attends them."

Even the Royal College of Physicians admitted in 1806 that there were "bad consequences."

One of the matters the Royal Commission on Vaccination (1889-96) was asked to deal with was "as to the objections made to vaccination on the ground of the injurious effects alleged to result therefrom, and the nature of any injurious effects which do in fact so result."
In spite of cases of death and injury from vaccination brought to the notice of the Commission which required 450 pages of Appendix IX for their details, one of the most terrible revelations imaginable, the Commissioners affirmed that "although some of the dangers said to attend vaccination are undoubtedly real and not inconsiderable in gross amount, yet when considered in relation to the extent of vaccination work done they are insignificant." But under their next heading they recommend seven precautions which they suggest, if adopted, would make "untoward incidents of vaccination," which they said were already rare; much rarer.

During the twenty-two years 1859-80 the Registrar General had recorded 390 deaths from erysipelas after vaccination, and on the classification being changed to "Deaths from Cowpox and Other Effects of Vaccination" in 1881, there was a considerable increase in the number of deaths recorded, there being 889 during the period of eighteen years from 1881 to 1898. That many deaths occurred which were not recorded was confirmed by enquiries made from time to time by officials of the Local Government Board. For instance, in 1876 six deaths occurred at Gainsborough, all from vaccinal erysipelas, but vaccination was not mentioned on one of the certificates of death. At Norwich, in 1882, out of four similar deaths in only one was vaccination mentioned on the death certificate. In some villages in Norfolk in 1890 a series of injuries from vaccination were investigated by Dr. Barlow. Three of the children died, but vaccination was not mentioned on any of the death certificates.

Perusal of reports of some hundreds of inquests right down to the present time reveals the reluctance of coroners and investigating doctors to attribute death to the results of vaccination. Long ago a famous specialist admitted that:

There is now a sort of common consent among medical writers to gloss over the evils that may be attendant upon vaccination for the sake of its great and manifold benefits (R. Brudenell Carter, FRCS in the Lancet, 13 June 1868).

Nearly thirty years later Dr Bridges, formerly an Inspector of the Local Government Board, writing in Positivist Review (November, 1896), said:

A doctor vaccinating a child will obviously be unwilling to say that vaccination did harm unless he is a man above the ordinary standard of courage and conscientiousness.
Dropping the Arm-to-Arm Method Did Not Stop Vaccination Fatalities

In 1898 a new Vaccination Act came into force in England and Wales. One section of this Act required public vaccinators to use glycerinated calf lymph. Although some of the older vaccinators had warned against "animal vaccines and had called the adulteration of "lymph" with glycerine "preposterous," the Local Government Board thought that by changing the "lymph" used they would advert further bad results.

It was a vain hope. The Registrar General went on recording deaths from cowpox and (after 1910) from vaccinia—a change being made in that year to stop the inclusion in this category of all deaths where vaccination had been mentioned on the death certificate, as had hitherto been the rule, ‘While the actual number of such deaths declined, 251 were recorded officially in the period 1899-1910 and 208 in 1911-33.

From the year 1922 cases of inflammation of the brain amid spinal cord following and apparently due to vaccination came to light. The technical name for this was post-vaccinal encephalitis, or encephalo-myelitis. The Ministry of Health realised that it was a serious complication of vaccination, and two Committees—the Andrewes and the Rolleston Committees—were set up to investigate it. Reports of the two Committees were published in 1928, and a further report was made in 1930.

The prime object of these Committees was, if possible, to exonerate vaccination from all responsibility for this new danger, but they did not succeed in doing so. While a majority of the Rolleston Committee rejected the idea that this encephalitis was due solely to vaccination, Professor McIntosh and Dr. Turnbull maintained that vaccination was a causal factor and not a mere coincidence.

While the Rolleston Committee would not blame the operation of vaccination for this condition, they recommended (inter alia) that, "it is expedient now to make a trial of vaccination in one insertion in a manner calculated to produce as little discomfort as possible." A trial of vaccination in one insertion was accordingly made, but cases of and deaths from post-vaccinal encephalitis continued to be reported. In the years 1940-46, 14 babies died from it in this
country, but not one baby died with smallpox. The supposed protection was much more deadly than the disease.

In the report on the State of Public Health During Six Years of War, issued by the Ministry of Health, it is stated, that only 21 cases of smallpox with 3 deaths were recorded in England and Wales in those six years, but 60 cases of post-vaccinal encephalitis, 31 of them fatal, were recorded. The report adds:

A figure of 50% may be taken as the fatality rate of this grave complication. It is essentially a complication of vaccinia no matter what lymph is used.

During a smallpox outbreak at Edinburgh in 1942, 10 people died from the effects of vaccination and only 8 from smallpox; 6 of the 8 had been vaccinated. In Scotland in the years 1942 and 1943 there were 25 deaths from smallpox and 23 from vaccination. In England and Wales in 1942 there was not a single death from smallpox, but vaccination killed 12 people.

Infants Die of Vaccination as well as Older People

The Ministry of Health are pushing infant vaccination on two grounds. In a statement on "Vaccination against Smallpox "issued by the Ministry in September 1947, they declared that infant vaccination ensures that any subsequent vaccination will be less likely to cause a severe local reaction or to be followed by encephalomyelitis. Dr. Melville Mackenzie, the Ministry’s representative, declared on 4 September 1947, at a meeting of the interim commission of the World Health Organisation at Geneva, that experience in his country indicated that there was little risk of complications from vaccination when it was initially given to children before their second birthday. Neither of these claims can be established.

Re-Vaccination Has More Severe Results

With regard to the first point there is no evidence to show that re-vaccination causes a less severe local reaction than primary vaccination. On the contrary, in Appendix III of the first Report of the Rolleston Committee on Vaccination there is a table showing (amongst other things) the kind of reaction to vaccination or re-vaccination of 353 children or adults. Of 298 primary vaccinations the reactions of 18 were "severe" (6%), but of 57 re-vaccinations the reactions in 8
were "severe" (14%). The term "severe" meant that there was considerable inflammation of the arm and enlargement of the axillary glands with or without suppuration (p.235 of the Rolleston Report).

As for encephalomyelitis not occurring after re-vaccination, of 25 cases of that disease considered by the Andrewes’ Committee on Vaccination, 4 were re-vaccinated persons.

The Bulletin of the World Health Organization (Vol. 1, No. 1) recorded 26 cases after re-vaccination in the Netherlands in 1929, 3 in Edinburgh in 1942, 5 in 1927-29 and 5 in 1933 (2 fatal) in Germany, one in 1928 and 8 in 1930-37 in Austria, and 11 (with 2 deaths) in 1924-36 in Sweden.

**Vaccination Kills Infants**

As for the assertion that infants vaccinated before their second birthday run very little risk of complications, the following table, based on the returns of the Registrar General, replies to Questions in Parliament, and letters from the Ministry of Health to Members of Parliament shows how false it is.

**ENGLAND AND WALES: DEATHS FROM VACCINATION**
In 1947 vaccination was mentioned on 13 certificates, 9 of them babies less than a year old. In 1948 it was mentioned on 7 certificates, 6 of them babies.

Even if the Ministry restricted their "complications of vaccination to post-vaccinal encephalitis, they would have to admit that of a total of such 157 deaths recorded in England and Wales, 1922-46, 32, or 20%, occurred amongst infants.

**Failure of Vaccination to Protect from Smallpox**

When England was most vaccinated, it not only had the greatest amount of smallpox, but most of its smallpox cases in those days occurred amongst the vaccinated.

The statistics of the Highgate Smallpox Hospital show that in 1871, 91.5% of their cases had been vaccinated, and in 1881, out of a total of 491 cases, 470, or nearly 96%, had been vaccinated. The Lancet for 23 February 1884, gives the facts about an outbreak in Sunderland, where there were just 100 cases, and 96 of them had been vaccinated. On 27 August 1881, that journal published an
account of an outbreak at Bromley, where 43 cases occurred, every one of them vaccinated.

Mr. Alexander Wheeler submitted figures to the Royal Commission on Vaccination (p.204 of the Commission’s Third Report) which show that from 1870-86 the Metropolitan Asylums Board treated 53,579 smallpox cases, of which 41,061 were admittedly vaccinated, and 2,858 were put in the class they called doubtfully vaccinated.

Sheffield, an insanitary town, had a bad smallpox epidemic in 1887-88.

-Of 7,066 cases classed as vaccinated or unvaccinated, 5,891 or 83.4% were put in the vaccinated class.

-Of 647 cases at Warrington, in 1892-93, 601, or 89.2%, had been vaccinated.

-Of 2,945 cases at Birmingham in 1892-93, 2,616, or 88.8%, had been vaccinated;

-and of 828 cases at Willenhall in 1894, 739, or 89.3%, had been vaccinated.

The last big outbreak of genuine smallpox was in London in 1901-2, when, out of almost 10,000 cases, some 7,000 had been vaccinated.

The Vaccinated Die of Smallpox

Having to admit that vaccination did not protect from an attack of smallpox, the vaccinators contended that at least the vaccinated did not die of it.

There is, however, any amount of evidence in official reports that vaccinated people do die of smallpox. Since the year 1881 the English Registrar General has classified smallpox deaths as "vaccinated," "not vaccinated" and "doubtful." Although from one-half to two-thirds of the deaths were put into the "doubtful" class, during the sixty 1881 to 1940, 4,045 smallpox deaths were recorded as vaccinated, the great majority of them occurring between 1881 and 1910. Down to the year 1913 British soldiers were as vaccinated and re-vaccinated as strict attention to the matter could make any body of men, yet the records down to that year show nearly 5,000 smallpox cases in the British Army, with a fatality rate of
10% (See Reports on the Health of the Army).

**Vaccinated Children Take Smallpox and Die of It**

When confronted with proof that vaccination protects neither from an attack of smallpox nor from death from that disease, the vaccinators declare that vaccinated children are safe at least for the first ten years of their life. But again there is plenty of evidence to show that they are not.

The Reports of the London Smallpox Hospitals of the Metropolitan Asylums Board reveal that in 1870-72, in vaccinated children under five years of age there were 195 cases with 38 deaths, and at ages five to ten years there were 786 cases with 60 deaths. For Berlin the reports show that in 1871-72 in vaccinated children aged up to one year there were 259 cases with 136 deaths, in those from two to five years there were 1,244 cases with 437 deaths, and if those from six to ten years there were 737 cases with 163 deaths, making a total for vaccinated children up to ten years of age of 2,240 cases with 736 deaths.

Dr. Barry, in his report on the Sheffield epidemic, gave particulars of smallpox in seven vaccinated infants under twelve months of age. They contracted smallpox from a fortnight up to seven or eight months after vaccination of the most correct type. Altogether there were 444 vaccinated cases under ten years of age, with 6 deaths in that outbreak.

In the London outbreak of, 1892-93 there were 39 vaccinated cases in children under ten years of age, and 134 cases with 2 deaths in children under ten in the outbreak of 1901-2. At Warrington in 1892-3 there were 33 vaccinated cases with 2 deaths under ten, and at Dewsbury, in 1891-92, 44 vaccinated cases with one death under ten.

More recent figures in Germany show that in the period 1896 to 1910 the vaccinated class showed seven smallpox cases under one year with one death, 37 from one to two years, with five deaths and 393 from three to ten years, with eleven deaths.

Nowadays the vaccinators ring the changes on "recently vaccinated and re-vaccinated persons don’t take smallpox," and "only the unvaccinated die of smallpox." Both statements are false. It has been seen that thousands of vaccinated people have died of smallpox.
Re-Vaccinated Smallpox

At Glasgow, in 1900-2, 126 smallpox cases occurred in re-vaccinated persons. One case showed itself thirteen days after re-vaccination, one twelve days after, one ten days after, four cases nine days after and thirteen cases eight days after.

Dr. Bruce-Low’s report on "The Incidence of smallpox Throughout the World," published in 1918, showed in Germany two re-vaccinated cases from three to ten years of age, and 122 re-vaccinated cases with five deaths from eleven to twenty years of age.

In the London outbreak of 1901-2 there were 276 successfully re-vaccinated cases with 27 deaths, and 86 unsuccessfully revaccinated cases with 14 deaths. The period elapsing between revaccination and attack by smallpox was: five weeks, four months, five months, three of two years, two and a half years, two of three years, four years, three of five years, and so on. A fatal case occurred two and a half years after re-vaccination, another three years after, another eight years after, another ten years after and one eleven years after. Of these cases 33 were admitted to have been re-vaccinated less than ten years before attack, and ten of these had evidence of previous successful re-vaccination.

In that outbreak twelve children of seven years of age or less, with four good marks of vaccination, took smallpox.

Dr. Coupland’s report on the Gloucester outbreak of 1895-96 shows 190 re-vaccinated cases; six of them were after recent successful vaccination, five of them from nineteen days to three months after.

It the Official History of the War of 1914-18 all British soldiers vaccinated or re-vaccinated prior to 1913, and all "unsuccessfully" vaccinated after 1913, were put into the unprotected "class. (The compiler of the report dispensed with "vaccinated" and "unvaccinated" and preferred to use the labels "protected" and "unprotected." He could hardly label a man unvaccinated "when he had been done repeatedly, but more than three years previously, so he called him "unprotected.") Nevertheless, he had to admit that 287 men who had been successfully vaccinated or re-vaccinated within the three preceding years took smallpox in 1917 and 1918 in Mesopotamia, and that 29 of them died. These 287
cases with 29 deaths appear in a table in the History under the heading "Protected."

No official history of the war of 1939-45 gives records of disease in the British Army such as are given in the History of the previous war, but amongst contributions to medical papers some information about smallpox in the war may be found.

The most damning "proof that vaccination does not protect, not even for two months, is found in a report by two Army doctors in The Lancet, 25 November 1944, concerning 100 consecutive cases of smallpox in Army personnel in Egypt in 1943-44. All but four had been vaccinated, 70 of them within two years of attack ‘by smallpox and 16 of them within two months. Of 14 fatal cases 13 had been vaccinated, one of them only two months before he died of haemorrhagic smallpox.

An Army Order issued at that time directed that every man who might come into contact with smallpox and had not been done within two weeks was to be done again.

**No Protection from Recent Vaccination**

That the authorities realise that recent vaccination has not protected from smallpox is evident from a reply to "Any Questions?" in the British Medical Journal (July 19, 1947) to a questioner who asked: What should be the frequency of vaccination in areas where smallpox is endemic?" Answer:

Re-vaccination every ten to twelve months should be carried out in areas where smallpox is endemic." In a "Memorandum on Smallpox and Vaccination" issued by the Ministry of Health in September 1947 it is recommended that doctors and others who might run the risk of smallpox infection should be re-vaccinated every year. The Medical Press is not content with yearly vaccinations. It declared in its issue for 4 May 1949, that "for real security in persons who have run the risk of actual contact in lands where the disease is endemic, six months would be a more reliable limit to set for purposes of international quarantine."

A six months’ limit was evidently considered too risky by the Bilston M.O.H. during the outbreak in the Bilston area in 1947. He had his sanitary staff likely to
come into contact with smallpox vaccinated every six weeks.

During the Glasgow smallpox outbreak in 1942 the M.O.H. was surprised to find smallpox developing seventeen days after successful vaccination. He could make excuses for those cases that developed nine, ten or eleven days after, but seventeen days—that was most surprising!

The records show that there is no period from fourteen days onwards but what smallpox cases can be found in the official records as having developed after successful vaccination.

The So-called "Unsuccessful" Vaccinations

As long as vaccination has been practiced excuses have been made for its failure to protect from smallpox or to prevent death from that disease.

Jenner declared that there was a spurious kind of cowpox, and that those who got smallpox after vaccination had been done with the spurious sort. Marson and others maintained that not enough marks had been made. Some said it had been done too long ago or too recently. But the favourite excuse was that it had teen "unsuccessful," and that excuse is constantly used today. Oddly enough, every vaccination is regarded as "successful" when performed, and is paid for as such in honest coin of the realm. It is only dubbed "unsuccessful" when the deluded victims take smallpox.

The vaccination laws and regulations required vaccinators who had vaccinated three times without external result to give a certificate of insusceptibility. Insusceptibility to vaccination was pronounced to be equivalent to insusceptibility to smallpox. But when some years later these insusceptible people got smallpox, they were classed as unvaccinated. A seventeen year old nurse who died of smallpox in the Glasgow outbreak of March 1950 had actually been vaccinated seven times in her life—three times in infancy, twice in 1949, and’ twice in 1950, but she was recorded as an unvaccinated smallpox death. It was alleged that all these vaccinations had been "unsuccessful." The poor girl’s parents could hardly have tried harder to get her vaccinated.

In a bad case of smallpox, usually called a confluent case, the marks of vaccination are hidden. The scars being invisible, the case goes down as
unvaccinated. They do not die because they are unvaccinated; they are unvaccinated because they die. If they recover they are restored to the vaccinated class. Dr. Russell, M.O.H., said in his Report for the city of Glasgow, 1871-72:

"Sometimes persons were said to be vaccinated, but no marks could be seen, very frequently because of the abundance of the eruption. In some cases of those which recovered an inspection before dis-mission discovered vaccine marks, sometimes very good."

In his Report for the year 1904 Dr. Chalmers, Glasgow M.O.H., stated that inquiries had been made of Registrars of Births in connection with smallpox cases entered as "unvaccinated" or "doubtful"; and 10 of the "unvaccinated" and 20 of the doubtful were found to have been certified as having been successfully vaccinated in infancy.

**Smallpox in Vaccinated and Unvaccinated Communities**

One of the most definitely false statements found in pro-vaccination articles and speeches refers to the communities in which smallpox is found. Even a cursory examination of the official records would show these vaccine devotees that it is not in unvaccinated communities that smallpox is found, but in populations that could hardly be more thoroughly vaccinated than they are. For more than fifty years the populations of Australia and New Zealand (with the exception of the armed forces in time of war) have been practically unvaccinated, and they have been more free from smallpox than any other community. Since 1907 the unvaccinated portion of the population of England and Wales has increased to such and extent that fully half of the community today is unvaccinated. Is there a community anywhere as free from smallpox as in England today?

The most thoroughly vaccinated countries are Italy, the Philippine Islands, Mexico and what was formerly called British India. And all of these have been scourged with smallpox epidemics.

The World Health Organisation published a "Report of Smallpox Throughout the World" in 1948. It had been drafted by a Frenchman, a fanatical supporter of vaccination, but he had to admit that in spite of repeated vaccination of practically the whole of the population of the Belgian Congo, smallpox outbreaks had persisted. Egypt has probably the most re-vaccinated population
in the world, and Egypt has been plagued with smallpox. During the war of 1939-45 she had many severe outbreaks. Of European countries Portugal had a thoroughly, vaccinated population, and when smallpox occurred in Europe Portugal had the highest amount of that disease.

Smallpox and Vaccination in Germany

Prussia had vaccination laws ever since 1834 for the Army and 1835 for the whole population. Yet in the two great epidemic years, 1871-72, she lost no less than 124,948 of her citizens. It may be objected that these may all of them have been persons who had escaped vaccination. But that objection is met by looking into the returns for Berlin and other cities where the vaccinal condition of the patients is given. Thence we learn that in that epidemic in the City of Berlin alone no less than 17,038 persons of all ages took smallpox after vaccination, and 2,884 of them died. Of these Berlin cases 2,240 were under ten years of age, and no less than 736 of these children died. In the period 1865 to 1874 there were 23,642 vaccinated cases of smallpox in the city, 3,368 of them being fatal. In the district of Krefeld, in the same 1871 epidemic, the record gives 118 cases, of which 117 had been vaccinated; and the unvaccinated one was a baby under a year old, and therefore younger than the German law could reach, seeing that the law left it until the children were twelve months old.

There are similar records for Wesel, Cologne, Mulheim on the Rhine, and perhaps the most striking was that for Neuss, a town with a population of a little under 10,000. Their smallpox cases from 1865 to 1873 totalled 248, without one unvaccinated man, woman or child to be found amongst the lot.

When the great epidemic struck Bavaria in 1871, out of 30,742 cases the vaccinal condition of which is stated, 29,429 had been vaccinated.

When England was Most Vaccinated she had Most Smallpox

The following table of smallpox deaths (extracted from the Reports of the Registrar General) and of infant vaccinations performed (as recorded in the returns of the Local Government Board and Ministry of Health) gives the lie to
the assertion still repeated over and over again in magazine and newspaper articles that vaccination has stamped out smallpox.

<table>
<thead>
<tr>
<th>Period</th>
<th>Average Mortality Smallpox per Million living</th>
<th>Annual Average% of infants born vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1856-60</td>
<td>180</td>
<td>?</td>
</tr>
<tr>
<td>1801-65</td>
<td>205</td>
<td>?</td>
</tr>
<tr>
<td>1866-70</td>
<td>97</td>
<td>?</td>
</tr>
<tr>
<td>1871-76</td>
<td>392</td>
<td>85.0</td>
</tr>
<tr>
<td>1876-80</td>
<td>76</td>
<td>85.8</td>
</tr>
<tr>
<td>1881-85</td>
<td>78</td>
<td>85.4</td>
</tr>
<tr>
<td>1886-90</td>
<td>13</td>
<td>81.1</td>
</tr>
<tr>
<td>1891-95</td>
<td>20</td>
<td>72.1</td>
</tr>
<tr>
<td>1896-1900</td>
<td>7</td>
<td>65.0</td>
</tr>
<tr>
<td>1901-05</td>
<td>25</td>
<td>74.5</td>
</tr>
<tr>
<td>1906-10</td>
<td>0</td>
<td>4.4</td>
</tr>
<tr>
<td>1911-16</td>
<td>0</td>
<td>47.7</td>
</tr>
<tr>
<td>1916-20</td>
<td>0</td>
<td>41.9</td>
</tr>
<tr>
<td>1921-25</td>
<td>0</td>
<td>43.6</td>
</tr>
<tr>
<td>1926-30</td>
<td>1</td>
<td>42.5</td>
</tr>
<tr>
<td>1931-35</td>
<td>0</td>
<td>37.1</td>
</tr>
<tr>
<td>1936-40</td>
<td>0</td>
<td>33.3</td>
</tr>
<tr>
<td>1941-45</td>
<td>0</td>
<td>40.0</td>
</tr>
</tbody>
</table>

The Ministry of Health, in its pamphlet Cmd. 3738 (1931), pp.99-100, compares the English smallpox records for 1929 with those of other countries, thus:

<table>
<thead>
<tr>
<th>Years</th>
<th>Smallpox Cases</th>
<th>Smallpox Deaths</th>
<th>Smallpox death rate%</th>
</tr>
</thead>
<tbody>
<tr>
<td>England &amp; Wales</td>
<td>1929</td>
<td>10,940</td>
<td>29</td>
</tr>
<tr>
<td>United States</td>
<td>1927</td>
<td>34,327</td>
<td>163</td>
</tr>
<tr>
<td>Canada</td>
<td>1929</td>
<td>1,952</td>
<td>5</td>
</tr>
<tr>
<td>Bombay</td>
<td>1929</td>
<td>2,013</td>
<td>1,068</td>
</tr>
<tr>
<td>British India</td>
<td>1929</td>
<td>148,106</td>
<td>34,383</td>
</tr>
</tbody>
</table>

The first three countries, with good sanitary conditions, had a smallpox fatality rate which classes the disease as "variola minor." India, with its terrible poverty and shockingly insanitary conditions, has thousands of deaths from "variola major."

The town of Leicester rejected vaccination in favour of sanitation. Her experience during the past fifty
years makes nonsense of the claims of the pro-vaccinists. When her population was thoroughly vaccinated she suffered severely from smallpox. As vaccination declined to one% of the infants born, smallpox disappeared altogether.

The Vaccinated and Unvaccinated Fatality Rates

Defenders of vaccination produce fantastic fatality rates for the "unvaccinated" in smallpox outbreaks. Seeing that there is general agreement that 18% was the average smallpox fatality rate before vaccination was introduced, those who tell of rates of 35, 50, 60 and even 100% should be asked what treatment the "unvaccinated" received at the hands of modern doctors that they died at these extraordinary rates.

It may be, of course, that there were other factors that affected the position. The "unvaccinated" may have been the very young (even babies just born of mothers suffering from smallpox) or the weakly and delicate whom no doctor would vaccinate, or the intemperate who decline vaccination because they fear its effects; or they may have been vaccinated repeatedly but "unsuccessfully," as in cases at Glasgow in March 1950.

When the two classes are more nearly comparable, as at Leicester in 1903-4, no such tremendous differences in fatality rates are seen. The unvaccinated rate was only 5% whereas the London vaccinated fatality rate in 1901-2 was 10%. If, as at Gloucester, you have a practically unvaccinated child population and shocking conditions at the Smallpox Hospital—ghastly overcrowding, lack of proper nursing, etc.—you are likely to get a high fatality rate, but this was not due to lack of vaccination.

Mr. Pickering, who treated cases at Gloucester by the "water cure" method, declared that his fatality rate was as low as 2%.

Why is the Vaccination Superstition Maintained?
It may be asked why, in face of all these proofs that vaccination is a useless and injurious superstition, it should still be maintained in nearly every country.

So far as England is concerned the voting by Parliament of £30,000 to Jenner (in 1802 and 1807) and the State endowment of vaccination in 1808-40—prompted by representatives of the medical profession—made it almost impossible for the defenders of vaccination to go back on all they had claimed for the operation. The imposition of compulsion in 1853, again on the instigation of representatives of the doctors, fastened the practice on the community. That this proceeding aroused opposition was shown by the receipt of two hundred petitions against a Bill introduced in 1856 for the compulsory vaccination of all persons resident in England and Wales and the establishment of an independent organisation with a Medical Chief and staff drawing their salaries from the Treasury for the diffusion of vaccination, and only one in favour, but Members of Parliament then as now did not trouble to question medical assertions, and an unscrupulous clique were in control.

An illustration of the amazing inability of our legislators to draw the obvious conclusions from facts will be found in the Report of the House of Commons Committee that inquired into the Vaccination Act of 1867. The great smallpox epidemic of 1871-72 was at its zenith during their sittings, and at the end, before the report of the Committee was framed, one of the members of the Committee, Dr. William Brewer, obtained some statistics in regard to cases of smallpox which had been treated in the smallpox hospitals of the Metropolitan Asylums Board. These statistics showed the following total cases and deaths between 1 December 1870, and 10 May 1871:

<table>
<thead>
<tr>
<th></th>
<th>Vaccinated</th>
<th></th>
<th>Unvaccinated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>Children</td>
<td>471</td>
<td>25</td>
<td>743</td>
<td>296</td>
</tr>
<tr>
<td>Adults</td>
<td>3,631</td>
<td>277</td>
<td>833</td>
<td>273</td>
</tr>
<tr>
<td>Total</td>
<td>4,102</td>
<td>302</td>
<td>1,576</td>
<td>569</td>
</tr>
</tbody>
</table>

With these figures before them the Committee actually reported that vaccination was "an almost absolute protection against death from smallpox and that it was as protective against smallpox as smallpox itself."

“When the epidemic was over and complete statistics had been gathered up, it
was found that it had been marked by an intensity and malignancy unequalled by any previous epidemic of the disease within living memory.” —Dr. Seaton in the L.G.B. Annual Report for 1872, p.51

And this notwithstanding that the proportion of vaccinated people in the population was greater than it had ever been before, or than it has ever been since. In the course of his evidence before the Committee, Mr. John Simon said that 97.5% of the population over two years of age and under fifty had either been vaccinated or had the smallpox.

Although students of the matter found that it was entirely empirical and devoid of scientific certitude: that there had never been any legal definition of it, that its upholders had shuffled from one untenable position to another; that every one of the promises made when the practice was introduced, and again when it was made compulsory, had been falsified by experience; that the operation proved powerless to prevent epidemics, and smallpox cases and deaths were recorded at all intervals after vaccination and re-vaccination of all degrees of efficacy; and that the risk of injury from vaccination was by no means insignificant; yet Governments all over the world still maintain the practice and in many areas force it on their people.

Dr. Garth Wilkinson’s view of the Anti-Compulsory Vaccination movement in 1872 is apposite in today’s conditions. He wrote:

“Your cause is a presently important part of a mighty cause, which is the beating down of medical despotism and the holding of all medicine whatever at arm’s length, for the people of this country to use, or not to use, as they in their private good sense see fit.

“This despotism is ruining medicine itself, and converting it from the divine mission of healing into a game of power for pelf; in short, into a terrible instrument of cruelty.”
CHAPTER 2

DIPHTHERIA AND DIPHTHERIA IMMUNIZATION

Nature Cure claims that all acute diseases, from a common cold in the head to diphtheria, are nothing else than an effort of nature to eliminate the impurities from the system.

In the days when in many areas the water supply was contaminated, when many schools were insanitary, and when children (not only of the poorer classes) were fed on an excess of heating and self-poisoning foods, diphtheria was more prevalent, than it is today.

It was never the universal disease the advocates of immunization pretend it was. Judging from the deaths registered, less than one child in 10 living ever developed it. Last century the hospital death rate was on the average about 10% of the cases, and in this century it dropped to 5% or less, before immunization was introduced. This decline in the fatality rate was not due to treatment with anti-toxin. In the early days of that treatment the fatality of cases not treated with anti-toxin was considerably lower than of cases treated with it.

Less than 5 out of every 1,000 children living died of diphtheria in the early years of this century, before immunization was introduced.

No one would fail to sympathise with the parents of the children who died, but the advertisements of the Ministry of Health completely misrepresent the position. Millions of children in pre-inoculation days escaped diphtheria, and of those who did get it a large number had mild attacks.

Sanitation and Healthier Living Conquer Diphtheria

As with smallpox, so with diphtheria, some of the advocates of injection treatments maintain that diphtheria has nothing to do with sanitation. But one of the original defenders of immunization, Dr. Graham Forbes, writing on
diphtheria in Coalville in 1927 and 1928 admitted:

Possibly chronic insanitary conditions have played & predisposing role in lowering resistance to infection, but added to this there had been the free opportunity for contact with cases or carriers (Diphtheria; its Distribution and Prevention).

Before the germ theory of disease causation got a firm hold on orthodox medicine, most medical and other students of diphtheria believed it was very closely connected with the sanitary condition of the area. Forbes quotes the following:

In 1878, in papers published in the Lancet W. R. Thursfield emphasised diphtheria as a rural rather than urban disease and attached considerable importance to the effect of certain states of the subsoil causing dampness of site, together with structurally defective and insanitary conditions of habitation, and especially of a sewage polluted water supply.

While discrediting any possible spread by mysterious atmospheric agency or association with the influence of rainfall, he clung tenaciously to the view that sewage became directly contaminated with diphtheria infection and that thus sewer air and the drinking of polluted water were prominent distributing agencies; on these grounds be was convinced that typhoid fever and diphtheria were very closely allied and ever interchangeable as forms of the same disease.

It was apparently the absence of the alleged diphtheria bacillus that caused certain investigators to challenge the view that diphtheria was caused by exposure to sewer gas. But in his Introduction to Diphtheria: Its Aetiology and Prevention Forbes says:

It was conceded that the only relationship likely to exist pointed to the influence of such insanitary conditions as being indirect rather than directly causative, by predisposing to a lowered state of health and resistance, therefore liability to attack in the presence of diphtheria infection of which the most common channel was direct contact with a case or carrier...

Graham Smith, in 1908, wrote that many of the illnesses apparently resulting from inhalation of foul gases were mistaken for diphtheria but were not associated with diphtheria bacilli which had never been found in drains or sewer gas, or in refuse heaps, and that there was no bacteriological evidence to show
that emanations from those nuisances could originate true diphtheria.

Dykes regarded it as conceivable that morbid conditions of the nasopharyngeal passages, perhaps attributable to defective drainage and exposure to sewer air, might increase the risk of diphtheria attack when such individuals were exposed to contact with true diphtheria cases or carriers, the only way, in his opinion, in which defective drainage could possibly promote the spread of diphtheria if it was a factor at all...

An article on "Drains’ in the Lancet of 15 August 1930, reviews the popular belief in their association with diphtheria quoting Stevenson’s and Murphy’s views in 1892 on the supposed connection, and the present interpretation of Jameson and Parkinson—as possibly producing a lowered vitality, and so susceptibility to bacterial infection... (p.7)

Dr. Rudder, investigating diphtheria and social environment in Berlin, noted the effect of overcrowding to increase the incidence of the disease among the younger children. (p.395)

The importance of social conditions in relation to the distribution of diphtheria has been emphasised in the League of Nations Review of 15 June 1929, p.192... (p.395)

Hilda Woods, in the course of her statistical study, found from her calculations a consistent correlation of highest incidence with greatest overcrowding and poorest status.

Replying to a question by Sir. C. Edwards on 29 July 1943, regarding the incidence of diphtheria during school life, the then Minister of Health (Mr. Ernest Brown) said:
I am advised that defective school premises might be indirectly conducive to childhood infections in general.

Dr. Aubrey Priestman, M.O.H. for Folkestone, found that diphtheria incidence in Folkstone was closely connected with the sanitary condition of the schools, the greatest amount of diphtheria being found in the most insanitary schools.

In many outbreaks of diphtheria in recent years it has been pointed out by members of Health Committees that there were contaminated water supplies in the area, or pools of stagnant water, or defective drains. When the Canadian diphtheria statistics are analysed, it is found that in spite of a great deal of
"immunisation" of children, there was no striking decline of diphtheria in insanitary towns such as Quebec City. Wherever a big decline in diphtheria occurred, that town had undertaken big schemes of house drainage and had purified the water supplies. There had also been removal of stagnant water.

**Campaign for Diphtheria Immunization**

About the year 1922 the Ministry of Health started to assist the advocates of diphtheria immunisation. For a few years they did not urge it, but they looked favourably on the efforts of Medical Officers, e.g., those for Manchester, Birmingham, Bristol, Sheffield and other large towns, to get children inoculated against diphtheria. On the other hand, a Medical Officer of the Ministry advised the MOH for Guildford not to press it so as to avoid responsibility for any untoward results that might happen from the inoculations.

But on Sir Wilson Jameson’s appointment in 1940 as Chief Medical Officer of the Ministry of Health, a change came over the scene. At the end of 1940 the Ministry circularised all local health authorities urging them to push diphtheria immunisation to the utmost. Since then some millions of children have been inoculated.

After a very considerable increase in diphtheria deaths in 1941 and the first half of 1942 a decline set in.

**What Proportion of the child Population has been "Immunized"?**

It is not easy to discover what proportion of the child population has been inoculated. Until 1945 no allowance was made (except in Scotland) for the children leaving the under fifteen age class each year. If there were on an average 600,000 births each year, and during the fourteen years 10% of them died, each year 500,000 would, in fifteen years, reach the age of fifteen, and at the other end of the scale 600,000 children would each year enter the under fifteen age class. During the first four years of immunization campaign the Ministry of Health refused to publish the immunization figures for the various areas of the country, insisting that they were only estimates. In a statement of the Ministry that 75% of the children had been inoculated it
was remarked that this did not mean that 75% of the children now under fifteen had been done. Another statement of the Ministry put the percentage under fifteen inoculated at 60. For the years 1945, 1946, 1947 and 1948 the respective percentage was given as 59.9, 62.2, 61.9, 63.5.

It will be accepted that since 1945 an average of about four million children every year remained un-inoculated in England and Wales (3,403,260 in 1948).

The diphtheria deaths not included with those of children who had had a full course of immunization, i.e. with the so-called "immunized," numbered:

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1945</td>
<td>551</td>
</tr>
<tr>
<td>1946</td>
<td>336</td>
</tr>
<tr>
<td>1947</td>
<td>193</td>
</tr>
<tr>
<td>1948</td>
<td>128</td>
</tr>
<tr>
<td>1949</td>
<td>63</td>
</tr>
</tbody>
</table>

What brought diphtheria deaths in the un-inoculated down from 551 in 1945 to 63 in 1949, or we might even ask what brought them down from 3,000 in 1940 to 63 in 1949? It could not have been inoculation, as they were not inoculated. And why out of 3,400,000 un-inoculated children did only 1,638 develop diphtheria in 1949, or less than one out of every thousand? Three and a half million un-inoculated children were as free from diphtheria as five and a half million inoculated children.

**Other Diseases Have Declined Even More than Diphtheria**

In the five years 1941-45 the Ministry of Health claims to have succeeded in getting about five and a quarter million children inoculated out of a population of from eight to nine millions under fifteen years of age.

The fall in the diphtheria death rate in the under fifteen age class from 266 and 280 per million in 1940 and 1941 to 67 in 1945, 40 in 1946, 23 in 1947 and 14 in 1948 is claimed to be the result of this immunization.
But there has been an even greater proportional decrease in deaths from measles, scarlet fever and whooping cough. The following table, compiled by Mr. Jos. P.Swan, is based on figures given in Table XXVIII in the Statistical Review (Text Vol.1) issued by the Registrar General for the six years 1940-45.

ENGLAND AND WALES

Average death rates of children aged 0-5 per million living from:

<table>
<thead>
<tr>
<th>YEARS</th>
<th>MEASLES</th>
<th>SCARLET FEVER</th>
<th>WHOOPING COUGH</th>
<th>DIPHTHERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1911-20</td>
<td>838</td>
<td>123</td>
<td>554</td>
<td>437</td>
</tr>
<tr>
<td>1941-45</td>
<td>75</td>
<td>10</td>
<td>140</td>
<td>153</td>
</tr>
<tr>
<td>Decrease %</td>
<td>92</td>
<td>92</td>
<td>74.7</td>
<td>66.6</td>
</tr>
</tbody>
</table>

Diphtheria, as will be seen from the table, has the lowest percentage decrease, and its relative position as a fatal disease of children has changed from second in 1911-20 to highest of the four diseases in 1941-45.

The following table, also compiled by Mr. Swan, based upon the experience of the eighty-eight years 1861-1948, most of the data being taken from Table 9 of the Registrar General’s Statistical Review for the year 1945, shows a greater decline of measles and scarlet fever mortality:

ENGLAND AND WALES

1) Death Rates of children 0-15 per million living.

2) Percentage of Decrease during each period of 20 years since 1861.
This table shows that during the last of the twenty-year periods the death rates of measles, whooping cough and diphtheria (297, 294 and 293) were practically the same—about 300 per million living. If there had been any justification for the contention that mass immunization—introduced at the end of 1940—had influenced the death rate of diphtheria there would have been a very marked decline in the 1941-48 period, as compared with the other diseases. The figures show, however, that although diphtheria (64.0%) had a slightly increased percentage decline as compared with whooping cough (59.0%), it was a long way behind the decreases shown by scarlet fever (86.0%) and measles (79.0%).

In 1861-80 diphtheria was the least fatal of the four diseases; in the years 1941-48 whooping cough (121 per million) killed most children, diphtheria (105 per million) came next and scarlet fever (69 per million) and measles (62 per million) were very close together.

The Chief Medical Officer of the Ministry of Health attributed the decline in the death rates of scarlet fever and measles, in part, to improvements in nutrition. It could only be determination not to look at the facts fairly that prevented him from attributing the diminution of all these diseases to improvement in sanitary, housing, economic, educational and social conditions, rather than to any "prophylactics" which may have been used. It can be asserted with justification that without any "immunization" whatsoever, the diphtheria position would have been just as good today as it is, and it might have been even better.

**Increase in Diphtheria in Germany and France**

There appears to be a conspiracy by the medical authorities of many countries to make a case for immunization, even at the expense of the truth.
In one of the Reports of the Interim Commission of the World Health Organization (Vol. 1, No. 4, of Epidemiological and Vital Statistics) is an article on the recession of the diphtheria pandemic in Europe, written by Dr. Knud Stowman.

Bearing in mind that for fifteen years before the outbreak of the recent war there were strenuous immunization campaigns wherever diphtheria outbreaks occurred in Germany, while immunization was not practised in Norway or Sweden before the recent war, and that in April 1940 immunization was made compulsory in the German Reich (the notorious "Lord Haw Haw "at the time deriding the English for their lack of the directing spirit possessed by the Germans), what are we to think of this misrepresentation of the facts regarding Germany, Sweden and Norway in the second paragraph of Dr. Stowman’s article?

When the war broke out the diphtheria incidence in Germany had, unlike in neighbouring countries, been increasing for nearly fifteen years. Vaccination (the word “vaccination" is used abroad for any kind of so-called "immunisation" was not compulsory for children in general, nor was it practised on a scale adequate to protect them against the increased risks of contamination created by the development of community life among children, adolescents and young adults. Suffice it is to say that, in 1939, there were nearly 150,000 diphtheria cases in Altreich, (i.e. in pro-war Germany), while there were less than 200 cases in Sweden and about 50 in Norway. These figures alone should have carried a sufficient warning.

If Dr. Stowman knew the facts, he knew that the favourable position re diphtheria in Sweden and Norway in 1939 was not due to immunization, as it had not been practised in those countries.

It was not only the announcement on the German radio and a statement in the London Evening Standard on April 11,. 1940 (from their correspondent in Switzerland) that established the fact that immunization had been made compulsory throughout the German Reich; the Medical Branch of the United States Strategic Bombing Survey reported (The Medical Officer, February 25, 1946) that by 1941 compulsory immunization for children and voluntary immunization for adults had been instituted by national decree.
This fact knocked the bottom out of Dr. Stowman’s case for diphtheria immunization. Germany had made the process compulsory for children, and Germany’s record for diphtheria for at least five years afterwards was so high as to constitute a menacing reservoir for diphtheria infection."

Moreover, the facts show that this compulsory ordinance had been obeyed. In the Bulletin of Hygiene, November 1947, Dr. R. E. C. Williams summarised an article in Oeffentliche Gesundheits-Dienst (Leipzig, June 1944, Nos. 11, 12) and showed that in 1942 of 300,000 children in Berlin aged six to thirteen, 254,000, or 85%, were inoculated against diphtheria, and out of 153,000 aged three to five, 108,000 were similarly inoculated. The next year about half of the total child population of Berlin had had two injections—a much higher figure than that for London the same year.

Every shred of evidence proves that immunization was thoroughly carried out in Germany between 1940 and 1946. The shocking increase in diphtheria in that country accompanied the imposition of immunization upon the children.

However, in a more recent report on the evolution of diphtheria mortality in Europe during the Twentieth Century by Dr. M. Pascua, M.D., Director, Division of Health Statistics of the World Health Organization (E.V.S. 45-46, February-March 1951), it was stated that a great proportion of the diminution in diphtheria mortality during the five decades under review could NOT be attributed to preventive immunization, since in several of the European countries included in the analysis, where significant mortality declines were registered, relatively few artificial immunizations were carried out.

**France**

Although there was any amount of statistical, evidence to show that immunization in France had completely failed to stop the increase in diphtheria, the practice was made obligatory by law in 1938. In 1941 a law was passed making it compulsory for infants under 18 months to be inoculated with a mixture of diphtheria and tetanus toxoid. The start of the war in 1939 lessened immunization to some extent in France, but after the German occupation of the country it was enforced and after 1941 most French children were inoculated. The diphtheria cases increased from 13,795 in 1940 to 46,750 in 1943, and they were still as many as 45,541 in 1945.
Scotland’s Diphtheria Deaths down by Four-Fifths before "immunization"

While the Department of Health for Scotland boosts inoculation in every report, the Scottish Registrar General sticks to the bare facts regarding diphtheria deaths.

In his report for 1947 he said:

Deaths from diphtheria were at their peak 1855 to 1860 when the rate was 85 per 100,000. By the quinquennium 1886-90 it had halved itself, and by 1901-5 was only one-fifth of the former. Since then the reduction has been slower. The rate had fallen to 8 per 100,000 in 1939, rose to 14 in 1940 and has since come steadily down to its present level.

The actual deaths from diphtheria reported in Scotland in 1939 and since are given in the following table:

**DIPHTHERIA DEATHS**

(Figures from 1941 taken from Appendix No. 9 of the Report of the Department of Health for Scotland, 1949)

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1939</td>
<td>395</td>
</tr>
<tr>
<td>1940</td>
<td>675</td>
</tr>
<tr>
<td>1941</td>
<td>618</td>
</tr>
<tr>
<td>1942</td>
<td>290</td>
</tr>
<tr>
<td>1943</td>
<td>231</td>
</tr>
<tr>
<td>1944</td>
<td>181</td>
</tr>
<tr>
<td>1945</td>
<td>124</td>
</tr>
<tr>
<td>1946</td>
<td>91</td>
</tr>
<tr>
<td>1947</td>
<td>44</td>
</tr>
<tr>
<td>1948</td>
<td>31</td>
</tr>
<tr>
<td>1949</td>
<td>14 (provisional)</td>
</tr>
</tbody>
</table>

**ESTIMATED PERCENTAGES OF SCOTTISH CHILDREN INOCULATED**

On p.27 of the Report of the Department of Health for Scotland for 1949 the following figures are given for immunization in Scotland 1946-49:
It will be seen that in 1946 and 1947 less than two-fifths of the pre-school children had been inoculated. Even in 1949 the proportion was only one-half. And during the four years of the table nearly three-tenths of the school children had not been inoculated.
There were 783,828 children on the registers of the school dental service, so during those four years from 162,000 to 265,000 school children remained un-inoculated.
Of some 460,000 pre-school children, some 276,000 remained un-inoculated in 1946 and 1947 and some 230,000 in 1948 and 1949.

So nearly half a million Scottish children under fifteen remained un-inoculated in four years in which the diphtheria deaths were, respectively, only 91, 44, 31 and 14.

DIPHTHERIA IN THE IMMUNIZED
By means of questions in Parliament some information has been obtained in regard to cases of diphtheria in immunized children and fatal cases in the immunized. While the Reports of the Department of Health for Scotland give information on this point, those of the English Ministry of Health are less satisfactory in this respect.

CASES IN THE IMMUNIZED
ENGLAND AND WALES

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 January 1940, to 30 June 1943</td>
<td>9,500</td>
</tr>
<tr>
<td>Latter half of 1943</td>
<td>2,676</td>
</tr>
<tr>
<td>For the year 1944</td>
<td>4,633</td>
</tr>
<tr>
<td>1945 (Letter to Mr. S. P.Viant, M.P.)</td>
<td>4,410</td>
</tr>
<tr>
<td>1946</td>
<td>2,723</td>
</tr>
<tr>
<td>1947</td>
<td>1,287</td>
</tr>
<tr>
<td>1948</td>
<td>788</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26,017</td>
</tr>
</tbody>
</table>

1946 | 37% | 75%
1947 | 39  | 69
1948 | 51  | 78
1949 | 50  | 70 (provisional)
SCOTLAND

(From Appendix No. 9 of Report
of Department of Health for
Scotland, 1949)

1941  1,036
1942  1,799
1943  1,750
1944  1,774
1945  1,511
1946  1,024
1947  864
1948  202

9,468
35,477

Another calculation gives the total to December 31, 1948, as 35,799
Diphtheria Deaths in the Immunized

ENGLAND AND WALES

1942 and 1943  86
1944  35
1945  38
1946  15
1947  16
1948  6

194

SCOTLAND

(Report of Department of Health for
Scotland for the year 1949.
Appendix No. 9, p.87.)

1941  3
1942  11
1943  11
1944  4
1945  6
1946  6
1947  3
ENGLAND and WALES before 1940
(Letter from Minister of Health to Mr. William Leach, M.P.)

There is good reason to doubt the accuracy of the Ministry of Health’s figures regarding "immunized" and "un-immunized." All who had had only one injection are shut out of the "immunized" class, as are also those whose injections were made less than three months or six months before the development of diphtheria. (For a long time at Birmingham it was maintained that immunity did not develop until six months after the last injection, and the general practice all over the country now is to insist on a limit of three months, and exclude from the "immunized" class all who were injected less than three months before attack.)

There is also the question of re-diagnosis. Since 1943 some thousands of cases originally recorded as diphtheria have been re-diagnosed. There is evidence to show that large numbers of these were in the immunized class.

Finally, the Ministry of Health admit that no valid returns were sent in in 1946 and 1947 in respect of areas in which some two million children resided.

But in spite of all this “cooking” of the figures, the authorities have had to admit some 36,000 immunized cases of diphtheria in Great Britain in the eight years 1941-48, and 239 deaths in the "immunized."

The occurrence of a large number of cases of diphtheria in fully inoculated children on Tyneside and in Dundee in 1941 and 1942 led nine investigators to the conclusion (in their Report published in 1950) that "active immunization is the best protection against diphtheria," although from 30 to 50% of the cases had occurred amongst inoculated members of the community. Despite this demonstration of the complete failure of inoculation to protect against diphtheria, these doctors went on chanting their witch charm, regardless of what
they had themselves discovered. And the only newspaper that ventured a word of the truth in respect of these outbreaks was the Lancet which admitted that the report would "provide material for the use of opponents of immunization."

The latest contention put forward by pro-inoculationists is that while immunization does not protect it makes diphtheria less severe. But an examination of doctors’ records reveals a considerable number of severe cases in the "immunized" and also a considerable number of mild cases in the "un-immunized." It is not a matter of immunization or non-immunization; it is a question of the bodily condition of the child who develops diphtheria whether he has it badly or not. A child with a clean, healthy body will not develop diphtheria at all.

**Immunization Disasters**

The late Dr. C. C. Okell, M.C., M.A., Sc.D., late bacteriologist to University College Hospital, writing under the caption "Grains and Scruples" in the Lancet (1 January 1938), said:

On the whole diphtheria immunization has proved a fairly safe affair, but suppose we included in our propaganda a candid account of the various untoward accidents which have accompanied the procedure. If we baldly told the whole truth it is doubtful whether the public would submit to immunization. Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take notice of the immunization accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service.

It is doubtful whether the "immunization" disasters reported represent anything like the real number of accidents that have occurred all over the world in connection with the practice.

The system was first used on a large scale in the United States of America, and the worst tragedy that occurred was at Dallas, Texas, where, in 1919, 10 children were killed and sixty others made seriously ill by toxin-antitoxin which had been passed as satisfactory by the New York Board of Health.
Damages were paid by the Mulford Company of Philadelphia in every case.

Five years later, in 1924, there was a disaster in the States of Connecticut and Massachusetts, U.S.A.; 25 children in Bridgewater and 20 in Concord were poisoned by toxin-antitoxin. Many had high fevers, and their arms turned black and swelled to two or three times their normal size. The Boston American for 8 February 1924, gave a photograph of one of the child victims, who was evidently in a terrible state, and with regard to another it said that "he was in such pain he ran from room to room screaming."

It was suggested that the trouble was due to the freezing of the mixture, but Hewlett in his Serum and Vaccine Therapy says that the toxin must be kept in the dark in a cool place, preferably upon ice.

A few months later (September 1924) out of 40 children immunized with toxin-antitoxin in a home for infants at Baden, near Vienna, 6 died and a number suffered from skin necroses of various sizes at the site of the injection. The mixture had been tested on guinea pigs and declared non-toxic. As the result of an investigation Professor von Pirquet advised the Austrian Ministry of Health to stop the inoculation, and for a long time the practice was forbidden in Austria.

In 1927 there were 5 deaths in immunized children in China, and 37 others were made seriously ill.

In 1928 the Lancet (February 4) referred to a recent Russian disaster (quoting from Bulletin of Hygiene, August 1927, p.667) in which 14 children received toxin in place of anatoxin (the French name for toxoid); 8 of them died within two weeks, 4 of polyneuritis within a month, and 2 recovered after symptoms of general intoxication.

The same year (1928) there was a terrible disaster at Bundaberg, Australia, where 12 children out of 17 who were inoculated with toxin-antitoxin died, the other 5 being critically ill for some time. The material had been issued and declared safe by the Public Health Department of Queensland. The Daily Telegraph (1 February 1928) said: "The only explanation that an authoritative medical expert could offer to Reuter’s representative was that latent properties in the serum suddenly became active, and took the form of a virulent poison."
One family lost all three children, another lost two, and has two still dangerously ill," said the Morning Post’s Queensland correspondent. "The tiny victims spent a night of intense suffering," said the Exchange Telegraph Company’s representative.

These disasters were caused by the injection of toxin or toxin-antitoxin. Toxin-antitoxin was the mixture originally used in England, and with regard to the production of potent toxin the Medical Research Council said in Diphtheria its Bacteriology and Immunology (1923), p.101:

It must be confessed that even now the conditions are very imperfectly understood. This arises from the fact that toxin as a substance has not been isolated, and that we are completely in the dark regarding its chemical composition and the mechanism of its elaboration, and on p.113:

The practical details of the preparation of diphtheria toxin are summarised in the following paragraph. While it is concluded that many of the conditions are better understood and, therefore, more under control than they have hitherto been, it must be admitted that there are still chances of mishap, the reason for which the most experienced worker in this field is at a loss to give.

In 1930 at Medellin, Columbia, South America, 48 children were inoculated, with the result that many were taken ill during the same night, one died the following afternoon, 14 within sixty hours, and 2 more within six weeks—a total of 17 deaths.
The Lancet (October 24, 1931, p.923) reported that this disaster was due to toxin being given at the third Injection instead of toxoid. The symptoms recorded were:

"Extreme restlessness, convulsions, fever, diarrhea, vomiting and severe pains at the site of the injection...Nearly all the 48 children were ill for three or four weeks, fever and convulsions being common."

It was von Behring who in 1913 introduced toxin-antitoxin, and Park and his co-workers in New York first used a similar mixture in 1913.

But after a few years Park reduced the amount of toxin in the mixture to one-thirtieth of the original dose. It was at the time of the Bridgewater and Concord injuries that Schick and Park made changes in the mixture, "so as to ensure its
freedom in the future from any possible harmful alteration."

At the same time experiments were going on to find out how the toxin could be treated to deprive it of most or all its original toxicity. In an article in the Lancet for 20 March 1926, Dr. R. A. O’Brien, of the Wellcome Physiological Research Laboratories, said that these "toxoids," as they were called, were tried cautiously in America, England and France and that it was possible they would entirely replace the other prophylactic preparations. But he admitted that toxoid "is rather liable to cause reactions when injected."

In his report for 1926 Sir George Newman said that toxoid alone had been tried at first, and that a mixture of toxoid and anti-toxin was then the most commonly used in England and Wales.

However, in France and in Italy the use of toxoid (called anatoxin) did not stop the occurrence of serious results. In 1932 at Charolles, in France, 172 children were immunized with anatoxin. All were taken ill soon afterwards, developing local abscesses with abundant suppuration, necessitating surgical intervention in several cases. In one case the child died. The parents of the children demanded an official inquiry, but no explanation of the tragedy was ever made.

The following year (April 1933), after a single injection of an antitoxin mixture, in the province of Chiavari, in Italy over 30 inoculated children were gravely affected, some being paralysed in arms and legs, and others having their sight impaired. One child died. In Venice and Revigo severe symptoms, including paralysis, supervened, and death occurred in 10 cases.

The Italian Government stopped all diphtheria immunization, and it was reported in the Press that the Director and Assistant of the National Serotherapeutic Institute at Naples, which had supplied and tested the material, had been arrested and that the Institute had been closed.

In 1936 there was another disaster in France. At Branges, Châlon-sur-Sâone, after inoculation on 20 May, some of the 124 children who had had their third anti-diphtheria injection developed intense fever, in some cases with vomiting, eruptions and blotches. One, aged twenty-three months, died the next day, and on the following day at least 75 of the children developed abscesses at the point of injection, more or less large, some of which did not heal for more than two months. An information was laid against an official by the Public Prosecutor at
So far in the British Isles there had been no reports of disasters such as came from abroad. The Wellcome Laboratories had introduced toxoid-antitoxin flocules which they claimed had "a very low tendency to cause reaction." But after 38 children at Ring Irish College, County Waterford, had been inoculated, in November 1936, with this mixture, 24 of them developed tuberculosis, and one died the following April.

At the inquest the jury maintained that the tuberculous condition of the girl that resulted in her death from toxemia and purpuric hemorrhage was originated by the inoculation of the contents of a .25 c.c. bottle of prophylactic labelled "T.A.T. Burroughs Wellcome" which contained tubercle bacilli. They expressed the view that Dr. David McCarthy, who carried out the inoculation, and those who assisted him had taken every precaution to guard against infection arising from contaminated appliances.

The father brought an action in the Dublin High court in February 1939 against Dr. McCarthy and the Wellcome Foundation, Ltd., the chemists who manufactured and supplied the material, and claimed damages in respect of the death of his child and the illness of her two brothers.

After Dr. McCarthy had been freed from all blame, the jury came to the conclusion that the elaborate precautions taken by the defendant firm of chemists precluded the possibility of any contamination of the T.A.T. supplied.

The Ministry of Health (Eire) issued a Memorandum in June 1937 in which they stated that after investigations it had been shown that the mixture contained no tubercle bacilli, nor was it possible for there to have been substitution or subsequent introduction of bacilli.

There is therefore no other conclusion to be reached but to blame some properties inherent in the immunizing material itself for the Ring College disaster.

In Recent Advances in Vaccine and Serum Therapy (1934) Fleming and Petrie mentioned that Aubertin and Bondon had stated in 1932 that "it is recorded that in some children inoculations of toxoid have been followed by a flareup of tuberculous foci."

This might have explained the Ring College tragedy, but it was not mentioned at
the trial.

There was a similar death in Dublin when on 20 May 1941, a six months old baby died of tubercular meningitis, believed by the coroner to have been caused or accelerated by inoculation against diphtheria. He said at the inquest:

This was a healthy child up to the date of immunization, after which she became ill, developed cerebral symptoms, and died." The house physician at St. Michael’s Hospital, where the child died, testified that they had had a number of cases of patients following immunization but this was the only death.

Dr. Dorothy Shepherd, in an article in Heal Thyself, March 1941, gave an account of her own experiences when acting as Medical Officer at two clinics which boasted of an immunization centre. She tells of half a dozen children in the immediate neighbourhood who became weakly and ailing and "bad doers "after immunization, of three nurses who had to go off duty after inoculation undergone to prove to the mothers that it was painless and harmless. "All had swollen and painful arms and were ill in bed for several days with high temperatures ranging between 101 and 103." She tells of the most tragic case, a child of ten who had never had a day’s illness previously. After immunization she developed general blood poisoning and died three months afterwards.

There have been a great many admissions by medical men that these inoculations have caused inflammation, swelling, abscesses, pain in the arm, sometimes with temporary disability, and an occasional "really bad arm."

The number of deaths following and apparently caused by these inoculations in England and Wales that have come to public notice have not been many, but as the late Dr. F. H. Haines said:

"A single death from an injection for immunization, morally should forbid any doctor assuring patients that inoculations are safe."

Here is a record of some deaths:

1) John Gordon Baker, Saxholm Way, Bassett, aged seven years, died in the Children’s Hospital, Southampton, on 7 Feb. 1941, from streptococcal cellulitis of the left arm and septicemia, five days after his second inoculation against diphtheria.
2) Dennis Hillier, 220 Canterbury Road, Leyton, E. 10, a healthy boy, who excelled in running, swimming, football and other games, died on 13 October 1942, of a rare form of encephalitis, some two months after his second inoculation. He had already reacted to the first inoculation by slightly confused speech, but no one connected this with the inoculation. But Dr. W. Russell Brain, at a meeting of the Section of Neurology of the Royal Society of Medicine, 18 Feb. 1943 (British Medical Journal, 6 March), in giving details of 22 cases of acute encephalitis and 6 of acute aseptic meningitis which he had seen during the last two years (2 of them after inoculation), said his series included one example of a rare form of encephalitis of which only four previous cases appeared to have been described. "The patient" he said, a boy of eleven, developed symptoms after anti-diphtheria inoculation." (This was Dennis Hillier). He said he had seen 4 cases of nervous disorder occurring within a few days of A.P.T. inoculation against diphtheria, "the other 3 were all cases of poliomyelitis, occurring when this disease was already prevalent." He added that "the relation of the infection to the inoculation was at present unsettled."

3) In an "In Memoriam" notice in a local paper, in November 1942, it was stated that William Martin Graham, Bowness Farm, Bowness, Wigton, aged four years, had died on 13 November 1941, from inoculation. The cause of death, which occurred five months after inoculation, had been certified as acute lymphatic leukemia.

4) A child who developed fits after the second of three injections of diphtheria prophylactic in 1941 was Rosemary Jane Bebb, aged four years, daughter of Mr. W. J. M. Bebb, 75 Kings Drive, Surbiton, Surrey. She had been quite healthy and had never previously had a convulsion or fit. A medical adviser suggested removal of her tonsils, and following this operation in March 1942, she went into a fit and died. At that time Mrs. Bebb discovered that the little daughter of a Kingston-on-Thames mother had also developed fits shortly after inoculation against diphtheria. (In May 1950 a child at Kingston-on-Thames died in a fit, and at the first inquest it was stated that she had had fits only since inoculation against diphtheria, one after the first injection, one after the second, and one about a month after the third injection. At the resumed inquest the following month a specialist denied that there was any connection between the inoculations and whatever it was that had caused the child’s death).

5) Ernest Eales, five years, 50 Uplands, Coventry, died on 21 November 1942,
from syncope while under an anaesthetic for the opening of an abscess in the arm which formed at the site of the injection of A.P.T., the cause of the syncope being severe toxic change in the myocardium.

6) Gillian Chair Moser, aged thirteen months, died in Birmingham Children’s Hospital, on 18 November 1944, two days after being inoculated with alum precipitated toxoid. Mrs. Moser, frightened by alarmist posters, had taken the child to the City of Lichfield clinic on 16 November, to have her inoculated. The same night serious symptoms appeared. Next morning a doctor was sent for. He gave the child an injection and advised her immediate removal to hospital. In spite of every care at the hospital the baby died during the night of 18 November. On the death certificate death was attributed to,

1) acute asthmatical bronchitis and,

2) recent anti-diphtheritic injection. The Registrar General ascribed this death to asthma.

7) Christine Timms, aged thirteen months, of Chester Street, Leigh, Lancs, who had not ailed since birth, died on 3 February 1949, five days after she had been inoculated against diphtheria. At the inquest a pathologist, who conducted a post-mortem examination, said death was caused by septicemia due to septic tonsillitis.

8) A five-year old child, Sylvia Harrison Laplage, died in July 1949, a few days after inoculation against diphtheria. After the doctor who performed the inoculation had testified at the inquest that 10 other children had been inoculated from the same bottle of toxoid, and that examination of the organs at Wakefield Science Laboratory had confirmed the opinion that death was not connected with immunization, the Coroner recorded a verdict of death from natural causes. The death certificate gave the cause of death as “Toxaemia of unknown origin.”

9) Under a’ photograph of Robert and Ann Bruce, the Sunday Express (3July 1949) put this legend:

"Then Robert began his school life. At the end of his first week he was given an anti-diphtheria injection. A few days later he was ill. It was found he was suffering from infantile paralysis. He was being taken to an iron lung when he died."
The mention of the anti-diphtheria injection points to that as the cause of the infantile paralysis.

10) The Accrington Observer (22 January 1950) reported an inquest on a girl aged thirteen and a half months, Ann Patricia Smith, after immunization against diphtheria. The Police Surgeon, Dr. H. Q. O. Wheeler, told the coroner that the reaction which had caused the child’s death was fairly common but death as a result was extremely rare. The deputy coroner said it had been said that it was a million-to-one chance that such an injection would cause death. He returned a verdict of "accidental death."

In the Times for 10, 20 and 27 September 1949, reports were published of inquests on three children, who died from acute hepatitis, a severe liver complaint, caused by some infection in the serum used for "immunization" against measles. It was reported that a fourth child was ill from the same cause. All had been inoculated at a nursery school.

The Lancet on 8 October 1949 devoted a leading article to this disaster, remarking:

Death from disease is natural, and, sooner or later, to be expected. But death arising through medical effort to prevent disease is unnatural, and on the face of it unnecessary. Fatality has no place in preventive medicine and comes as an unforeseen tragedy.

On 20 November 1949 an in question was held at Hanley on an eight months old child, who died from encephalopathy, an infection of the brain, due, it was stated, to an idiosyncrasy to whooping cough vaccine. Twin babies had been inoculated between 10.30 and 11 a.m., and one of them died about 2.15 a.m. the next day. One wonders how many deaths must take place before "idiosyncrasy" becomes "constructive murder."

Changes have repeatedly been made in the composition of the immunization material. First it was toxin-antitoxin, then it was formol toxoid, then toxoid-antitoxin, then alum precipitated toxoid (with toxoid-antitoxin floccules for use in special circumstances). For three or four years A.P.T. was favoured by the Ministry of Health, although all the toxoids had been liable to cause reactions or were capable of causing severe reactions. Now experiments are going on to test a refined toxoid.
With regard to A.P.T., Dr. Wm. G. Patterson, M.O.H. for Weybridge, told in the British Medical Journal (November 16, 1935) of severe reactions with this preparation. Dr. J. C. Saunders, M.O.H. of Cork, in a contribution in the Lancet (1 May 1937), admitted there had been inflammation in 5 of his cases injected with A.P.T., and an abscess developed in one child. In a table of results of other authorities he showed that Shafton in 1936 had 25 abscesses out of 101 cases treated with this preparation. Saunders admitted that in every case treated with A.P.T. induration developed in some form.

Dr. J. Tudor Lewis, Deputy M.O.H. for Croydon, admitted in 1941 35 mild and 8 severe reactions with A.P.T. The severe reactions were mostly "extensive redness with brawny swelling extending over the whole of the back of the arm, with pain and tenderness, lasting in some cases for more than three weeks." Dr. Percival V. Pritchard, Deputy M.O.H. of St. Pancras, wrote in the Lancet (25 January 1941) regarding his latest Ministry favourite:

I am not going to venture into any of the bitter arguments which have been centred round this material and method. I have never favoured it because it has a reputation for causing local nodular reactions.

An inquiry by the Ministry of Health, referred to in the Medical Officer (June 8, 1946), revealed that in 19%: of the cases the arm was said to be painful after the injections. Some may say that the cases quoted above show that the fatal results of inoculation are comparatively rare. But are they so rare?

Is it not far more likely that, in view of the comparative ease with which it is possible to cover up immunization disasters by ascribing them to other causes or idiosyncrasies of the patients, the actual number is much greater than those that happen to be reported in the Press, or information about which happens to reach the associations that are in a position to publish the facts?

Moreover, when the Ministry of Health publishes advertisements throughout the length and breadth of the land stating that the operation is "safe," and leading members of the profession say that it can do no harm provided that proper precautions are taken in injecting the "toxoid," it means that any doctor who reports such occurrences in his practice is practically convicting himself of not taking proper precautions. Is it likely that many doctors are prepared to do this?

Parents, too, can hardly bear the thought that an operation they invited or at least
to which they consented has killed their child. They are eager for the assurance that it was not the operation they requested or agreed to that caused death.

But there are doctors who have repeatedly warned against the danger of these injections. Dr. F. H. Haines wrote:

It is impossible to say what remote after effects may be caused by the introduction of alien substances into the bloodstream. Many nervous and other disorders of unknown origin are too often met with. Products which alter metabolism, change the nature of fundamental secretions, cause profound change in the fluids of the body, allergy and anaphylaxis, are the negation of nature’s own methods, and must be viewed with grave misgivings and cautious suspicion.

**Poliomyelitis after Inoculation**

Until the spring of 1950 it seemed as though the Ministry of Health was determined never to admit publicly that inoculation against diphtheria could do harm, even though, as it was subsequently revealed, one of its own medical officers had been collecting records of cases of poliomyelitis following inoculation, some with the combined diphtheria and whooping cough vaccine, and some with diphtheria toxoid alone.

In November 1947, replying to a question put by Mr. S. P. Viant, C.B.E., J.P., M.P., the Minister of Health denied that vaccination or inoculation had any connection with poliomyelitis; but in March 1950, in reply to the same questioner, he undertook to look into the matter.

The reason for this change of front was seen in an article in Archives of Disease in Childhood for March 1950, in which details were given by Dr. Martin of 17 cases of poliomyelitis which followed twenty-eight days or less after inoculation. Dr. Martin’s analysis of the cases showed that 8 of them had been inoculated with A.P.T., 2 had other injections against diphtheria (what was used is not disclosed), 2 had had injections of penicillin, 5 had had the combined diphtheria and whooping cough injections and one had had whooping cough inoculations alone.

Shortly after these disclosures two other medical journals published articles
which showed that an appreciable number of cases of infantile paralysis in Australia and in England had occurred within three months of inoculation. The point that struck these investigators (Dr. McCloskey in Australia and Dr. Geffen in London) was that the paralysis started in the limb in which the injection had been made. Details of the cases will be found in the Lancet for 8 April 1950 and in the Medical Officer for 8 April 1950.

The Ministry of Health was obviously much concerned at the possible result of these revelations, namely, the likelihood that parents would be so frightened that their children would get infantile paralysis if they were inoculated against diphtheria that they would refuse this inoculation.

Two statisticians were asked to try to find out whether there appeared to have been an appreciable risk of poliomyelitis following within a month of inoculation during the 1949 outbreak of that disease, and after a study of the available statistics—Professor A. Bradford Hill and Dr J. Knowelden, Lecturer in Medical Statistics, London School of Hygiene and Tropical Medicine, reported.

They examined the case histories of all sufferers under five years of age in the thirty-three administrative areas where the number of cases were highest. They investigated 410 cases of the disease in young children.

"The statistics collected in this inquiry," they stated in their report (British Medical Journal, July 1, 1950) "reveal clearly an association between recent injections and paralysis...we must conclude that in the 1949 epidemic of poliomyelitis in this country cases of paralysis were occurring which were associated with inoculation procedures carried out within the month preceding the recorded date of onset of the illness. We find no evidence whatever that any inoculations carried out three months or more before the onset of illness have had any such effect."

Commenting editorially, the British Medical Journal said:

It may be that children with general malaise of incipient poliomyelitis are not taken to the clinic for inoculation, but it seems more likely that the effect of injection is to produce paralytic symptoms.

It is now reasonably certain that inoculation may bring an added hazard to a
child already infected with poliomyelitis virus.

Emphasizing the necessity of extensive field surveys to answer questions not answered in the surveys yet carried out, the Editor concluded:

In the meantime it would be best to take advantage of the seasonal incidence of poliomyelitis and restrict mass inoculation to the non-epidemic periods of the year.

The Ministry of Health sent a circular to all Medical Officers of Health leaving it to their own individual judgment whether they should stop their inoculation system while cases of poliomyelitis were occurring. They warned them that during a polio epidemic immunization might make people more susceptible to the disease.

Several Medical Officers of Health gave orders that no more children were to be immunized against diphtheria until the infantile paralysis outbreaks were ended. Amongst these were Dr. H.P. Newsholme, M.O.H. for Birmingham, and Dr. Laidlaw, M.O.H. for Glasgow.

There was a sharp difference of opinion between the Department of Health for Scotland and Medical Officers such as Dr. Laidlaw on this matter. The Department of Health said they wished "immunization" to continue. Since there had been no investigations in Scotland they did not know how far immunization could be blamed for some of the cases of infantile paralysis occurring, and it looked as if they did not want to know. In the earlier part of the "boom" in immunization they had owned to a few cases of "nervous disease" following immunization.

But the fact remains that the official admission that inoculation might precipitate an illness that resulted in paralysis has caused widespread apprehension amongst parents. During the second half of 1950 there was a very considerable reduction in the number of children inoculated against diphtheria as compared with previous years. Whether the inoculation itself caused the paralysis or whether it made the limb more susceptible to the poison of infantile paralysis hardly mattered if it was the inoculation that was to blame.

Whether this development has struck a crushing blow at immunization remains to be seen.
Diphtheria, a disease caused by infringement of natures laws, can be prevented and cured by Natural methods. Any attempt at artificial "immunization" must eventually have serious results on the general health of the community. It also diverts attention from the true methods of attaining health and should be disowned and opposed by every believer in Nature and Nature’s ways.
"It may interest our readers, who are, no doubt, all interested in the vaccination question, to learn that Miss Lily Loat, for many years secretary of the National Anti-Vaccination League of Great Britain, has been touring the states and has been giving lectures in various parts of the country. From the address given by Miss Loat before the English Annual Session of the American Medical Liberty League we quote the following as reported through that astute and courageous paper, The Truth Teller, of Battle Creek, Michigan:

Our own fight against vaccination has been a long and arduous battle. While individuals and small groups were fighting for freedom in this matter as far back as the time of the passing of the compulsory vaccination act of 1853, the definitely organized struggle started with the passing of the harsh vaccination act of 1867, which aimed at compelling every parent of a child to have that child vaccinated within three months of birth. Those who refused could be ordered by the magistrates over and over again until the child attained the age of fourteen to have it vaccinated and could be fined for each refusal to comply with such magistrates’ orders. This law was passed on the assurance of the leaders of the medical profession that vaccination was perfectly safe and a certain protection against smallpox. Although the sanitary condition of England had improved very considerably since the disastrous smallpox epidemic of 1838 (and in this connection for some idea of London in the seventeenth and earliest part of the eighteenth century I would refer you to Mrs. Dorothy George’s book, "London Life in the Eighteenth Century").

Although there was certainly a gradual improvement, things were still bad and between 1853 and 1867 there were three fairly severe smallpox epidemics. The supporters of vaccination played on the fears of the legislators of that day and
secured the vaccination act of 1867 without much trouble. But in doing so they lit a fire of resistance that has never been quenched amongst men and women of the Anglo-Saxon race. That fight for freedom from medical tyranny in this particular matter has been waged in England for nearly sixty years and it is going on still.

For many years it was confined mainly to the poorer classes. Only a very few men of intellect and distinction championed our cause. It was natural that most of the disasters due to vaccination should fall on the poorer classes and that those classes should publish them while the upper and middle classes would be more likely to keep such things to themselves. But by degrees what might be called the artisan class, the smaller shopkeepers and the lower middle classes became the backbone of the movement. They paid large sums in fines, they had their goods seized and sold when they could not or would not pay fines. Those who had no goods or would not let them be seized went to prison, some were ruined, and some emigrated to avoid ruin. There are men living in America today whose parents left England on account of the harsh vaccination acts.

The public saw honorable, upright men appearing again and again before the magistrates and many began to ask what it could mean when such men were willing to go to such lengths to save their children from the operation. Inquiry was usually followed by conversion to our side and the side of resistance went higher and higher. Defense funds were formed all over the country to assist resisters either to pay the fines inflicted on them or to keep the wives and families when the men went to jail. In more than one case a widow went to prison for carrying out her husband’s injunction never to have the children vaccinated. Elections for boards of guardians—the public authority that had the administration of the vaccination law in its charge—were fought on the vaccination question, and by the year 1898 at least one-fifth of the 600 or more boards in England were pledged not to enforce the law.

Four very important things happened between the passing of the vaccination act of 1867 and the passing of the act of 1898, which contained the first conscience clause.

The first was the smallpox epidemic of 1870-72, which carried off 44,000 persons in England and Wales and proved to hundreds of thousands of people that vaccination is not a protection against smallpox, for that epidemic occurred when 97½% of the people over two and under fifty had either had smallpox or
been vaccinated, as was stated by Sir John Simon, chief medical officer to the Privy Council, in his evidence before the select committee which in 1871 inquired into the vaccination act of 1867.

The second very important event was the passing of the great public health act of 1875. The sanitarians had been preaching for years that unless the laws of health were observed no country could be free from any form of zymotic disease, while the vaccinators said, in effect, that you could be as filthy as you liked, only be vaccinated and you would be saved from smallpox. The epidemic of 1870-72 showed that the sanitarians were right and this great act which governs practically all sanitary observances in England today was passed by Parliament some two years after the close of the epidemic.

The third great event was the conversion of two men high up in the medical profession to our side, namely, Dr. Charles Creighton and Professor Edgar M. Crookshank. There had been many other registered doctors who had fought vaccination in England, right from the time Jenner introduced his discovery, but they were not of the standing of these men and they did not write such comprehensive, logical, dispassionate and scientific books as these two men did.

Dr. Creighton was asked about the year 1884 to write the article on vaccination for the ninth edition of the Encyclopedia Britannica. He agreed to do so, but instead of contenting himself with the usual stock statements he went right back to Jenner’s own writings and to contemporary documents. He searched the pro- and anti-vaccination literature of many countries and came to the conclusion that vaccination is a "grotesque superstition." He wrote to the editor of the Encyclopedia Britannica and said:

"If you want an apologetic article, I am not the man to write it." The editor promised to publish whatever he wrote and so in the ninth edition of the Encyclopedia the article on vaccination is an anti-vaccination article. About the same time Creighton wrote a little book called "Cowpox and Vaccinal Syphilis" and a year or so later a larger book called "Jenner and Vaccination."

In 1887 Dr. Edgar M. Crookshank, who at that time was professor of pathology and bacteriology at King’s College, was asked by the government to investigate an outbreak of cowpox in Wiltshire. Sir James Paget drew his attention to Creighton’s work, evidently hoping that Crookshank would refute it, but the results of his laborious investigations are contained in two large volumes entitled
"The History and Pathology of Vaccination", in which he says that the credit given to vaccination belongs to sanitation and isolation and that nothing would more redound to the credit of the medical profession than to give up their faith in vaccination.

Although written some forty years ago, these books have never been answered. The fourth great event in this period was the appointment of a royal commission to inquire into certain aspects of the vaccination question. This commission was appointed in 1889 and sat for seven years. It issued six reports and reported finally in 1896.

When they were appointed nearly all the commissioners were strongly in favor of vaccination and although most of them never surrendered their faith in the operation, after hearing evidence from the anti-vaccinists, they unanimously agreed that at least repeated prosecutions for the same child ought to be stopped. Two of them issued a minority or dissent report, which is, in effect, an anti-vaccination document. Even the majority commissioners went so far as to admit that vaccination was not a permanent protection against smallpox and that it had done injury—injury that was not inconsiderable in gross amount. They suggested that in the case of genuine objectors the compulsory law should be relaxed, but this was in the hope of stopping the agitation against vaccination rather than from any kindly feeling for the objectors.

The result of the commissioners’ report was the vaccination act of 1898. In its first form this did not contain a conscience clause, but it did contain a clause forbidding repeated penalties for the same offense. An election at the town of Reading, fought on the vaccination question, induced the government to insert a conscience clause into its vaccination act. This was against the wishes of a large number of its own supporters, but although they lost the election, they carried out their promise and passed the bill with the conscience clause included.

This conscience clause, which the anti-vaccinists had opposed, knowing that its passage into law would greatly delay the repeal of the compulsory clauses of the vaccination acts, was a very poor affair. Bench after bench of magistrates refused to grant exemption, no matter how strong the applicant’s reasons might be. Men went to court as many as seven times and then failed to get exemption and were subsequently prosecuted for not having their children vaccinated.

The league agitated and agitated until the act of 1907 was passed by the Liberal
government which came into office after the election of 1906, during which the anti-vaccinists had worked strenuously and had got pledges to vote for the repeal of compulsion from over 300 of those returned to Parliament.

That act under which an objector had to make a statutory declaration of his objection to vaccination before the baby is four months old, has resulted in the exemption of nearly five million children in England and Wales under sixteen years of age. These are mainly the children of the middle and working classes, as we call them, but we have support in the higher ranks of society. The duchess of Hamilton’s seven children are all exempted and two of them have King George and Queen Mary as sponsors. Lady Maud Warrender, who also moves in royal circles, paid a fine sooner than have her son vaccinated. Lady Isabel Margesson, sister of the Earl of Buckinghamshire, is a member of the league.

Among scientists our most notable supporters were Alfred Russel Wallace and Herbert Spencer.

We have fifteen or sixteen registered medical men as vice presidents of our league and there are some thirty others who more or less sympathize with our work. That the number is not more is easily understood. Medical students in England do not study the vaccination question. It is taken for granted at all the medical schools and no student dare question what he is taught. He has to cram a vast amount of book knowledge into his brain and he has neither the time nor the inclination to study any subject not needed for his examinations. When he qualifies he goes into general practice or becomes a specialist, but as the majority of the vaccinations in England are done by the 4,000 public vaccinators, most of the doctors see very little of the operation. They do not realize the harm done by it and their minds have been closed up when they were students.

Of literary men, George Bernard Shaw is our most noted supporter.

Important developments are in sight in England. Early this year the government appointed a committee of inquiry into vaccine lymph. It is certain that the present glycerinated calf lymph has caused deaths from "sleepy sickness" in England, two London professors having brought to the notice of the government seven of such cases at the end of the year 1922. At the Paris Academy of Medicine in July, 1925, doctors discussed deaths from this disease which had occurred shortly after vaccination in Holland and other European countries. At the beginning of this year there was a conference at The Hague under the
auspices of the health committee of the League of Nations, which discussed many matters in connection with smallpox, vaccine lymph, etc., and finally decided to ask each country represented there to appoint a committee to investigate these matters.

Smallpox in England has declined almost to the vanishing point and the recognized dangers of vaccination will probably induce the government to drop compulsory infant vaccination altogether and substitute for it the compulsory vaccination of all persons who have been in contact with smallpox. This, of course, we shall resist with all our might so far as our friends will allow.

In answer to an article headed "Vaccination Wins Again" in the Detroit Saturday Night Press, Miss Loat asks:

1) That the disease which is being diagnosed as smallpox in unvaccinated persons in England is hardly distinguishable from chickenpox, the absence or presence of vaccination marks being the fact that definitely decides the diagnosis.

This has been admitted by English medical officers of health and the Ministry of Health has twice stated in answer to questions in Parliament that vaccination is one factor in the diagnosis of these cases.

2) That as in those districts where this very mild disease is running the vast majority of the children are unvaccinated, it would be difficult for the disease to find a child who had been vaccinated in infancy to attack.

3) That those cases which, though vaccinated immediately after being in contact with this alleged smallpox, subsequently contract it, are all classified as unvaccinated.

4) That in spite of these official attempts to make out a case for vaccination, the fatality rate of the unvaccinated cases in England is less than half of the vaccinated cases.

5) That the English Ministry of Health omits to state that in 1872, when 85% of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales. While in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.
The history of vaccination and smallpox in England can be summed up in these words, the truth of which is apparent to any unbiased student of our national statistics:

"Much vaccination, little sanitation, much smallpox; little vaccination, improved sanitation, little smallpox."

The children of England, five million of whom are unvaccinated, were never healthier than they are today. The people have shown their detestation of vaccination and neither persuasion nor force will induce them to submit to what the famous Dr. Charles Creighton called "a grotesque superstition."
CHAPTER 4

BRAINS OF THE INOCULATED

Speech by LILY LOAT

Secretary of the The National Anti-Vaccination League At the Annual Meeting of the Animal Defence and Anti-Vivisection Society on 17th December 1957. In the valuable memorandum which forms part of the notice of this meeting there is a reference to the already large number of varied vaccinations and inoculations of children and adults, compulsory or freely chosen, with germs, toxins, their attenuations and concoctions, and it is maintained that: The brains of the inoculated will naturally be affected, judgment of right and wrong in matters of health will be lowered by the influence of the cult of disease prevailing in the animal experimentation laboratories.

There are, I think, two ways in which the cult of disease in the laboratories affects the brain. There is the direct effect on the brain of the injection and there is the effect on the mind and conscience of millions of people which results from scaring the public about diseases and giving them totally unwarranted assurances that vaccination and inoculation will save them from these diseases.

Many of you may know that the disease of encephalitis may result in children and adolescents, after an acute attack, becoming social problems. They play stupid or cruel tricks, they set every one they can by the ears, they may steal, and they may develop other more serious signs of brain injury.

One of the effects of vaccination against smallpox is what is called post-vaccinal encephalitis. Cases of this disease which came to light some thirty-five years ago caused the Ministry of Health secretly to appoint an investigating committee in 1923 and another (publicly) in 1926; the Andrewes and Rolleston Committees. The Reports of the two Committees were published in 1928 and a further report in 1930.

Although standard books on medicine say that in this form of encephalitis recovery is complete, the reports of these committees show that this is not always the case. Of the first ten non-fatal cases whose subsequent history was
sought, one had become epileptic, an 11-year-old had permanent hemiparesis, another 11-year-old was said to be dull, and a 13-year-old had a somewhat expressionless face.

Of twelve others, one had a repetition of the symptoms a year after his recovery, one had been subject to fits since his recovery, and three others showed mental changes discernible by their parents.

There have been others whose brains appear to have been affected by vaccination. Long before the Andrewes and Rolleston Committees made their investigations, there were reports of healthy normal children changing completely after vaccination and becoming disagreeable and violent.

More recently, in regard to two murderers, it was pleaded that their brains had been affected by the vaccinations and inoculations they had undergone. One of these was Charles William Koopman, aged 23, Aircraftsman, of Hanwell, who in October 1943 was tried at the Old Bailey for murdering a woman and her little daughter. For the defence it was pleaded that he was insane at the time. Dr. Isaac Frost, in the defence, said that he had come to the conclusion that Koopman, by reason in part of alcohol, his epileptic temperament, and the effect of vaccination recently performed, was suffering from a disease of the brain and did not fully appreciate what he was doing. Eight days before the crime was committed Koopman had been vaccinated against smallpox and inoculated against typhoid, cholera and tetanus.

Koopman's appeal was heard on 20th November 1943, and again Dr. Frost testified that the man's brain had been affected by the vaccination he had undergone.

Our dear friend, the late Miss Margaret Bradish, tried hard to save Koopman from hanging. Amongst the large number of people she got to write to the Home Secretary about the case was a young woman doctor who, while not opposed to vaccination, read up all she could on the subject of post-vaccinal encephalitis and through this case was convinced that vaccination could cause very serious injury to the brain.

Vaccination damages other organs as well as the brain. During the 26 years ending 1956, 86 babies under one year died of vaccination, and not one of smallpox. We had most smallpox when we had most vaccination. With little
vaccination we had little smallpox.

For a long time the Ministry of Health maintained that anti-diphtheria inoculation was perfectly safe; in fact, they advertised that it was; But seven-and-a-half years ago, after a member of their own staff had collected details of at least 60 cases of nervous injury such as paralysis, following inoculation with diphtheria toxoid, or combined toxoids, or anti-whooping cough toxoids, and after Dr. Geffen, of St. Pancras, and an Australian poliomyelitis expert, Dr. McCloskey, had made public details of cases of poliomyelitis which developed within three months of inoculation, the Ministry sent round a circular telling medical officers they could, if they thought fit, stop all inoculations during the poliomyelitis season.

But although the Ministry felt obliged to go that far, it still did not want to admit that there was any definite causal connection between inoculation and these nervous diseases, so a Committee of the Medical Research Council spent a long time investigating the matter, and a year ago (December 1956) they reported. They said that there was considerably more risk of children getting paralysis after these inoculations than without them, if done in the poliomyelitis season.

You probably all know of the American tragedy in 1955, when the Salk Vaccine gave polio to some 400 adults and children and killed 12 of them. Since then there have been 73 American cases in which the Salk Vaccine caused or provoked paralysis.

These 73 cases are referred to in at least three reports issued by the Poliomyelitis Survey Unit of the American Public Health Service. One of them was referred to in the Sunday Times of last May. The Ministry of Health and the Medical Research Council have had them, but every attempt to get them to admit this has been baulked. The Clerks at the Table of the House of Commons would not accept a question on the matter, making the excuse that the Ministry of Health receives many reports and cannot be expected to look one out specially to ascertain whether it contained certain information. These cases are the ones that have come to light. Up and down our own country there are many more. At public meetings, a speaker on vaccination or inoculation is often told by members of the audience of the terrible results of those operations on their own children and in some of these cases the brain has been affected.

In this connection there is another point to be considered. Professor Macintosh,
when he told the Royal Society of Medicine in 1926 about the cases of encephalitis caused by vaccination which he had investigated, deplored the use of living vaccine. He said the virus might lie dormant for years and then resume its former virulence. It is not unwarrantable to believe that the brains of many people may have been affected by these horrible concoctions although no outward sign of this appeared at the time of vaccination.

And if the brain is affected so seriously in some of the sufferers from post-vaccinal encephalitis, may not some of the shocking things done by men and women who should be guiding the nation into paths of truth, honour, kindness and justice, be partly due to brain injury resulting from all the vaccine and serums that have been pumped into them?

Now we turn to the other angle of Miss Lind-af-Hageby's proposition—the effect on the mind and conscience of millions of people, resulting from this cult of disease with its accompanying exploitation of animals in the laboratories.

We have seen one instance of it in America during the last three years and in the United Kingdom during this year.

In America some 12 1/2 years ago a foundation for infantile paralysis was founded by Basil O'Connor, partner of Franklin D. Roosevelt in a law business. Mr. Roosevelt had been crippled by poliomyelitis and it was thought that the finest memorial to him that could be thought of was a foundation to help sufferers from polio, to investigate the causes of the disease, and to find a cure and also a preventive.

By a system of high pressure salesmanship, such as the Americans above all other people know so well how to put over, this foundation became one of the richest in the States. Millions of dollars were collected in the annual "March of Dimes" and by other spectacular methods.

The foundation spent large amounts on financing vivisectors. amongst them Jonas Salk and Albert Sabin, to enable them to experiment with poliomyelitis viruses with the object of producing a protective vaccine.

Salk, after using 15,000 monkeys in manufacturing and testing his vaccine, declared in September 1953 that he had found a vaccine which created antibodies in the blood of inoculated animals and it was inferred that it would do
the same to human beings.

The theory that the creation of antibodies in the blood indicates that protection against disease has been established is not supported by experience. The Medical Research Council's Report on Diphtheria Outbreaks in Gateshead and Dundee, published in 1950, showed that many of the persons actually in hospital with diphtheria had far more anti-toxin in their blood than was said to be required for complete protection against diphtheria, whilst nurses and others in close contact with diphtheria infection and without sufficient anti-toxin remained immune.

During 1954 tests on a very large scale were carried out with the vaccine in a number of American States. When the tests ended, statisticians at Ann Arbor, Michigan, were commissioned to make a statistical analysis of the results, and it was arranged that the report of the experts should be made on 12th April 1955. Franklin Roosevelt's birthday.

In the meantime the Foundation for Infantile Paralysis worked up through the Press and other means of publicity an almost hysterical fear of polio amongst American parents. Also, without waiting for the results of the statistical analysis of the test of the vaccine, it commissioned five drug and vaccine manufacturing firms to go ahead with the manufacture of the vaccine, and millions of doses were ready for distribution when the "All Clear" was given on that momentous day in April 1955.

Then came the terrible tragedy. But what I would like to stress is that the Evaluation Report which was said to establish the effectiveness and harmlessness of the vaccine did nothing of the kind. Eminent statisticians in the United States have criticised the report, and in the May 1957 issue of Science, one of the top scientific journals of the U.S.A., Dr. Meier demanded the appointment of a committee of leading scientists to make a thorough investigation of the whole business. Had the editors who acclaimed the vaccine—sometimes in headlines 3 in. long—studied the report for themselves, they would have had to admit that there was not sufficient evidence to justify the claims made for it.

After the shocking results of the Salk vaccination were publicly admitted, everything was done to reassure the public. They were told that the cause of the disaster had been discovered and that the wonderful safety measures now devised would prevent anything of the kind happening in the future. It was suggested that only one lot of the vaccine—that made by the Cutter firm, who were outside the ring of manufacturers—were responsible for the disaster, which
was not true.

For a long time American parents fought shy of the vaccine and the State medical officers had millions of doses left on their hands, especially in California, where the majority of the cases of polio had occurred.

But the American Public Health Service and the heads of the various States kept up their assaults on the brains of the public They extended the age classes for the vaccine downwards to the babies and upwards to people aged 20 and in some States to 40, and urged expectant mothers to be done. They concealed the hundreds of failures of the inoculation to protect and the hundreds of cases of polio that developed within 30 days of the inoculation. The fact that in 1956 73 cases of paralysis within 30 days of inoculation occurred was kept dark. There were also cases within 60 days.

By these methods nearly half of the American population under 40 has been inoculated.

Over here the position is nearly as bad. Last July and August several London newspaper editors carried on a systematic campaign against the Ministry of Health because it refused to buy the American Salk Vaccine. Every attempt to get these newspapers to publish the facts failed. Some medical contributors to other papers tried to reassure the public. They pointed out the rarity of polio, the fact that often less than half of the cases have any paralysis, and that the majority of these recover. But Dr. Agerholm, a fanatical supporter of the inoculation, won, and in the end the Ministry found itself compelled to buy the American vaccine.

What the motives of these alarmist editors was had better not be investigated. While undoubtedly the original impulses towards these inoculations were started by the inventors and manufacturers of the vaccines, and while the Ministry of Health is always boosting one or other of the vaccinations or inoculations, the emotional campaign last summer was originated by individual doctors, and carried on by about half-a-dozen newspapers.

There is also the political aspect to consider. At one time the Labour Party was led by avowed disbelievers in vaccination. But the years have brought changes, and the policy makers seem to think the Party will win votes if they appear always to be watching over the health of the people. Several of the more prominent Labour leaders—Marquand, Edith Summerskill, Bessie Braddock,
and others—are keen supporters of vaccination and inoculation. This may have been one reason in April 1955 why Labour M.P.s clamoured for the purchase of American Salk Vaccine and even after the tragedy some of them continued to agitate for its widespread use here.

To counter this Socialist claim of constant care over the health of the people, the Tories put into their last Election Manifesto, a reference to their intention to deal with polio, and when all the fuss over the Ministry of Health's refusal to buy the Salk Vaccine was at its height, local Liberal Parties passed resolutions condemning the Government, and individual Liberal candidates expressed similar views.

But the fact that during 1956 only 29%, of the English children aged 2 to 9 years were registered for the vaccine, and the most recent figures show only 40%, of children of all ages so registered suggests that both the Liberal and the Labour Party are mistaken in thinking that by jumping on the inoculation band wagon they will win votes. The Star of 16th December 1957 reported that the London County Council had decided to get the heads of all schools in their area to send a letter to the parents of every school child urging them to register the children for Salk Vaccine. This procedure indicates the reluctance of parents to have children inoculated and the London County Council's determination to overcome that reluctance. More brain washing, of course, but parental resistance is certainly to be reckoned with.

Nevertheless I think all workers in the Anti-Vivisection movement must confess that the constant repetition by newspapers, the B.B.C., Child Welfare organisations, Health Visitors and Doctors for claims for this, that, and the other inoculation, must tend in time to break down the natural resistance of the majority of the public, and particularly the younger folks.

And this is where we come in. We must not let ourselves sink into despair in spite of the odds against us. Constant circulation of the truth, repeated challenges of those who spread falsehoods, the use of every opportunity to let all those with whom we come in touch know that we will not have these products of cruelty, greed and ignorance, and resistance in this work in spite of every setback, are called for. For those whose mental and spiritual stature is high, the moral argument against cruelty will be sufficient, but others must be shown that these inoculations do not protect and may themselves damage health and even have fatal results.
Appendix

LARGE INCREASE IN NERVOUS DISEASE HAS ACCOMPANIED INCREASE IN INOCULATION

A doctor who unfortunately is obliged to avoid publicity wrote the following letter to a County Health Officer who has introduced inoculation against tetanus for young children, and is arranging for eleven separate inoculations of babies during the first year of their lives (smallpox, 1; whooping cough, 3; poliomyelitis, 2; diphtheria, 2; tetanus, 3):

"When I consider the increase of metabolic and allergic diseases in recent years, I am rather perturbed at receiving your notice that yet a further foreign protein is to be injected into our healthy children.

"At present, under pressure from the Ministry of Health, they are subjected to no less than nine metabolic shocks by means of toxic foreign proteins, during the first year of their life when growth is intense and tissues unstable. Now it is ordained that they are to have yet three more such injections this time for tetanus. Such an edict seems to me to show the loss of all sense of proportion, and to be carrying Ministry of Health theory beyond the bounds of common sense.

"I think it is quite safe to say that every man, woman and child in this country gets a skin injury from prick, cut, scratch, or abrasion, at least once in five weeks. This means that on five hundred million occasions per year, the people of this country run the risk of tetanus, according to Ministry of Health theory. Yet from all this gigantic number of risks only the most trifling few get tetanus! In their enthusiasm for this mass protein shock attack on the childhood of the country, the Ministry of Health in the past have caused paralysis in some children who would otherwise have escaped it, as they implicitly admit by now telling doctors not to use alum preparations in future, though recommending them to do so in the past. Their advice having once been proved to be harmful, may it not be so again.

"It is not generally realised that of all the hospital beds occupied by the sick in
this country, about 50%, are for diseases of the nervous system only; and now it is suggested that a virulent poison, having a special predilection for the nervous system, be regularly injected into all healthy babies in order to satisfy a Ministry of Health theory.

"Don't you think that in the interests of Public Health it would be better at this juncture if we started reducing these shock tactics instead of increasing them, and thus tried to reduce the cases of metabolic disease, and diseases of the nervous system, which at present outnumber all the other hospital cases put together."
“One of the ways that I believe people express their appreciation to the rest of humanity is to make something wonderful and put it out there.” —Steve Jobs

_The Truth about Vaccination and Immunization_
Lily Loat, secretary of the National Anti-Vaccination League of London 1951

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