

The Truth About Vaccination and Immunization

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Who sets out indisputable facts and figures--many of them from official statistics--which leave no doubt that the preventive measures, so-called, actually cause more deaths and suffering than the diseases they are supposed to prevent

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PART 1

SMALLPOX AND VACCINATION

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: 22.9, 22.6, 21.3, 21.0, 22.2, 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 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 to-day 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 over-crowding, 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 necessities 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 1 July 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 erysipelatous kind." He also recommended certain ointments as a means of allaying the erysipelatous 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 avert 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 postvaccinal encephalitis, 31 of them fatal, were recorded. The report adds:

A figure of 50 per cent. 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 per cent), but of 57 re-vaccinations the reactions in 8 were " severe " (14 per cent). 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

YEAR	AGES: One year and under	One to five	Five and over
1933	4	Nil	1
1934	0	"	5
1935	6	"	2
1936	2	"	2
1937	6	"	3
1938	3	"	3
1939	1	"	2
1940	5	1	3
1941	3	1	2
1942	2	1	9
1943	3	1	2
1944	7	1	3
1945	6	Nil	Nil
1946	1	"	1
TOTAL	51	5	33
SMALLPOX DEATH			
1933-46	Nil	2	26 (14 of these deaths occurred in 1948 and were caused by infection introduced by vaccinated servicemen homebound from India after the War.)

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 per cent, 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 per cent. of their cases had been vaccinated, and in 1881, out of a total of 491 cases, 470, or nearly 96 per cent., 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 per cent were put in the vaccinated class. Of 647 cases at Warrington, in 1892-93, 601, or 89.2 per cent, had been vaccinated; of 2,945 cases at Birmingham in 1892-93, 2,616, or 88.8 per cent, had been vaccinated; and of 828 cases at Willenhall in 1894, 739, or 89.3 per cent, 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 years 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 per cent (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 re-vaccination 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 been "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 dismissal 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 an 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 Phillipine 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.

Period	Average Mortality Smallpox per Million living	Annual Average per cent. of infants born vaccinated
1856-60	180	?
1801-65	205	?
1866-70	97	?
1871-76	392	850
1876-80	76	858
1881-85	78	854
1886-90	13	811
1891-95	20	721
1896-1900	7	650
1901-05	25	745
1906-10	0	44
1911-16	0	477
1916-20	0	419
1921-25	0	436
1926-30	1	425
1931-85	0	371
1936-40	0	333
1941-45	0	400

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:

	Years	Smallpox Cases	Smallpox Deaths	Smallpox death rate per cent
England & Wales	1929	10,940	29	26
United States	1927	34,327	163	47
Canada	1929	1,952	5	25
Bombay	1929	2,013	1,068	5.805
British India	1929	148,106	34,383	2.320

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 per cent 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 per cent was the average smallpox fatality rate before vaccination was introduced, those who tell of rates of 35, 50, 60 and even 100 per cent 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 per cent whereas the London vaccinated fatality rate in 1901-2 was 10 per cent.

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 per cent.

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:

	Vaccinated		Unvaccinated	
	Cases	Deaths	Cases	Deaths
Children	4 71	25	743	296
Adults	3,631	277	833	273
Total	4,102	302	1,576	569

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 per cent 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.

PART II

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 per cent of the cases, and in this century it dropped to 5 per cent 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 he 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 over-crowding 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 Folkestone 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 per cent 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 per cent of the children had been inoculated it was remarked that this did not mean that 75 per cent 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 uninoculated 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:

1945	551
1946	336
1947	193
1948	128
1949	63

What brought diphtheria deaths in the uninoculated 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 uninoculated children did only 1,638 develop diphtheria in 1949, or less than one out of every thousand? Three and a half million uninoculated 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:				
YEARS	MEASLES	SCARLET FEVER	WHOOPING COUGH	DIPHTHERIA
1911-20	838	123	554	437
1941-45	75	10	140	153
Decrease %	92	92	747	666

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.

20 years	MEASLES		SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA	
	-1	-2	-1	-2	-1	-2	-1	-2
1861-1880	1062	---	1973	---	1344	---	934	---
1881-1900	1149	70	585	700	1104	178	838	
		increase						
1901-1920	877	237	197	660	684	380	504	400
1921-1940	297	661	50	750	294	570	293	420
1941-1948	62	790	69	860	121	590	105	640
(8 years)								
% of decrease between the first and the last periods	941		997		910		888	

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 per cent) had a slightly increased percentage decline as compared with whooping cough (59.0 per cent), it was a long way behind the decreases shown by scarlet fever (86.0 per cent) and measles (79.0 per cent).

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 Albreich, (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 per cent, 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)

1939	395
1940	675
1941	618
1942	290
1943	231
1944	181
1945	124
1946	91
1947	44
1948	31
1949	14 (provisional)

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:

	Pre-school children	School children
1946	37 per cent	75 per cent.
1947	39	69
1948	51	78
1949	50	70 (provisional)

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 uninoculated.

Of some 460,000 pre-school children, some 276,000 remained uninoculated in 1946 and 1947 and some 230,000 in 1948 and 1949.

So nearly half a million Scottish children under fifteen remained uninoculated 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

1 January 1940, to 30 June 1943	9,500	
Latter half of 1943	2,676	
For the year 1944	4,633	
1945 (Letter to Mr. S. P. Viant, M.P.)	4,410	
1946	2,723	
1947	1,287	
1948	788	
		26,017

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	
1948	1	
		45
		239
ENGLAND and WALES before 1940 (Letter from Minister of Health to Mr. William Leach, M.P.)		
		24
		263

There is good reason to doubt the accuracy of the Ministry of Health's figures regarding "immunized" and "unimmunized." 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 per cent 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 "unimmunized." 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 ~as 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 after-noon, 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-Saône, 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 Châlon.

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 floccules 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 flare-up 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 "Toxiemia of utiknówii origin."

(9) Under a photograph of Robert and Ann Bruce, the *Sunday Express* (3 July 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 inquest 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 per cent: 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 blood stream. 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 nature's 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.