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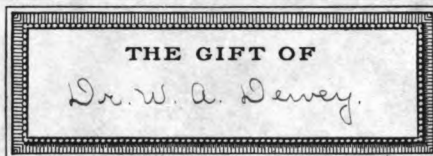
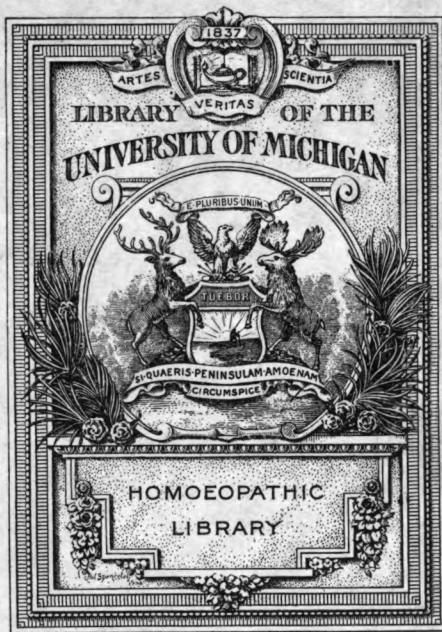
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# Pamphlets - homoeopathic

Alfred Russel  
Wallace, William  
Tebb, Charles ...



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P18





## PAMPHLETS

### Vaccination & Compulsory Medicine

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*Extract from "MY LIFE" (Chapman & Hall; 1908 Edition);*  
by Alfred Russel Wallace, LL.D., O.M., etc. From pages  
329 to 333.

# ALFRED RUSSEL WALLACE

## AND THE

# VACCINATION QUESTION.

I WILL here say a few words about another subject in which I take a great interest, and upon which I have ventured to express views contrary to those held by the orthodox authorities.

I was brought up to believe that vaccination was a scientific procedure, and that Jenner was one of the great benefactors of mankind. I was vaccinated in infancy, and before going to the Amazon I was persuaded to be vaccinated again. My children were duly vaccinated, and I never had the slightest doubt of the value of the operation—taking everything on trust without any inquiry whatever—till about 1875-80, when I first heard that there were anti-vaccinators, and read some articles on the subject. These did not much impress me, as I could not believe so many eminent men could be mistaken on such an important matter. But a little later I met Mr. William Tebb, and through him was introduced to some of the more important statistical facts bearing upon the subject. Some of these I was able to test by reference to the original authorities, and also to the various Reports of the Registrar-General, Dr. Farr's evidence as to the diminution of small-pox before Jenner's time, and the extraordinary mis-statements of the supporters of vaccination. Mr. Tebb supplied me with a good deal of anti-vaccination literature, especially with "Pearce's Vital Statistics," the tables in which satisfied me that the



claims for vaccination were enormously exaggerated, if not altogether fallacious. I also now learnt for the first time that vaccination itself produced a disease which was often injurious to health and sometimes fatal to life, and I also found to my astonishment that even Herbert Spencer had long ago pointed out that the first compulsory Vaccination Act had led to an increase of small-pox. I then began to study the Reports of the Registrar-General myself, and to draw out curves of small-pox mortality, and of other zymotic diseases (the only way of showing the general course of a disease as well as its annual inequalities), and then found that the course of the former disease ran so generally parallel to that of the latter as to disprove altogether any special protective effect of vaccination.

As I could find no short and clear statement of the main statistical facts adverse to vaccination, I wrote a short pamphlet of thirty-eight pages, entitled "Forty-five Years of Registration Statistics, proving Vaccination to be both Useless and Dangerous." This was published in 1885 at Mr. W. Tebb's expense, and it had the effect of convincing many persons, among whom were some of my personal friends.

A few years later, when the Royal Commission on Vaccination was appointed, I was invited to become a member of it, but declined, as I could not give up the necessary time, but chiefly because I thought I could do more good as a witness. I accordingly prepared a number of large diagrams, and stated the arguments drawn from them, and in the year 1890 gave my evidence during part of three days. As about half the Commissioners were doctors, most of the others gave way to them. I told them, at the beginning of my evidence, that I knew nothing of medicine, but that, following the principle laid down by Sir John Simon and Dr. Guy, that "the evidence for the benefits of vaccination must now be statistical," I was prepared to show the bearing of the best statistics only.

Yet they insisted on putting medical arguments and alleged medical facts to me, asking me how I explained this, how I accounted for that; and though I stated again and again that there were plenty of medical witnesses who would deal with those points, they continually recurred to them; and when I said I had no answer to give, not having inquired into those alleged facts, they seemed to think they had got the best of it. Yet they were so ignorant of statistics and statistical methods that one great doctor held out a diagram, showing the same facts as one of mine, and asked me almost triumphantly how it was that mine was so different. After comparing the two diagrams for a few moments, I replied that they were drawn on different scales, but that with that exception I could see no substantial difference between them. The other diagram was on a greatly exaggerated vertical scale, so that the line showing each year's death-rate went up and down with tremendous peaks and chasms, while mine approximated more to a very irregular curve. But my questioner could not see this simple point; and later he recurred to it a second time, and asked me if I really meant to tell them that those two diagrams were both accurate, and when I said again that though on different scales both represented the same facts, he looked up at the ceiling with an air which plainly said, "If you will say that you will say anything."

The Commission lingered on for six years, and did not issue its final report till 1896, while the evidence, statistics, and diagrams occupied numerous bulky blue-books. The most valuable parts of it were the appendices, containing the tables and diagrams presented by the chief witnesses, together with a large number of official tables and statistics, both of our own and foreign countries, affording a mass of material never before brought together. This enabled me to present the general statistical argument more completely and forcibly than I had done before, and I devoted several

months of very hard work to doing this, and brought it out in pamphlet form in January, 1898, in order that a copy might be sent to every member of the House of Commons before the new Vaccination Act came up for discussion. This was done by the National Anti-Vaccination League, and I wrote to the half-dozen members I knew personally, begging them to give one evening to its careful perusal. But so far as any of their speeches showed, not one of the six hundred and seventy members gave even that amount of their time to obtain information on a subject involving the health, life, and personal freedom of their constituents. Yet I *know* that in no work I have written have I presented so clear and so conclusive a demonstration of the fallacy of a popular belief as is given in this work, which was entitled "Vaccination a Delusion: Its Penal Enforcement a Crime, proved by the Official Evidence in the Reports of the Royal Commission." This was included in the second part of my "Wonderful Century," published in June, 1898, and was also published separately in the pamphlet form as it continues to be;\* and I feel sure that the time is not far distant when this will be held to be one of the most important and most truly scientific of my works.

\* Copies may be had from the address given below.  
Price 9d. each, post free 11d.

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Issued by the National Anti-Vaccination League, Garrick House,  
27, Southampton Street, Strand, W.C.

# THE DANGERS AND DISASTERS OF VACCINATION.

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REPRINTED FROM THE "HOMŒOPATHIC WORLD," *December, 1894.*

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SIR,—The recent discussion on vaccination in the *Times* has turned upon the question of protection. There is, however, another phase of the subject of equal importance, and one which has given rise to much greater anxiety in the public mind, to which, with your permission, I should like to refer to in the *Homœopathic World*, so long conspicuous amongst medical journals for its impartiality in the consideration of this much-vexed question. Vaccination, both in its adoption and in its enforcement, has been claimed by its advocates as a safe and beneficial operation. In a tract issued by the National Health Society (of which Mr. Ernest Hart is President), and revised by the Local Government Board, it is affirmed: "As to the alleged injury from vaccination, all competent authorities are agreed that with due care in the performance of the operation no risk of any injurious effects need be feared." It has been my experience to devote much attention to the results of vaccination, and to personally investigate numerous individual cases of injury as well as disasters where from 3 to 300 children and adults have been seriously, and, in not a few instances, fatally injured. In several of the worst cases that have come under my notice no official inquiries have been made, but the following may be mentioned as proved by medical witnesses after patient and thorough investigation.

(1) One of the earliest proofs of the dangers of vaccination will be found in the *Report of the Royal College of Surgeons* (London), dated December 15th, 1806, which says, "The bad consequences which have arisen from vaccination are eruptions of the skin, sixty-



six cases, and inflammation of the arm in twenty-four instances, of which three proved fatal." This weighty document with its incriminating facts, it may be observed, has been ignored by all the defenders of vaccination, from Dr. Edward Jenner down to Mr. Ernest Hart.

(2) Volume VIII of the *Medical Observer*, edited by Dr. Charles Maclean, published in London in 1810, pp. 193—197, contains a record of 150 cases of vaccinal injuries, with the addresses of 10 medical men, including two professors of anatomy, who have suffered in their family from vaccination, together with a catalogue of 535 cases of small-pox, and 97 deaths from small-pox after vaccination, with reference to authorities in each case.

(3) The *Lancet* of December 15th, 1866, under the heading of "syphilis extensively propagated by vaccination in France," records how thirteen children were infected with severe syphilitic symptoms. The Academy of Medicine appointed two able medical Commissioners, Dr. Henri Roger and Dr. Depaul, who, after a careful investigation, reported to the Academy that the children "whom they examined were undoubtedly suffering from secondary syphilis," and "we see no way of explaining this contamination but by vaccination."

(4) On the 30th December, 1880, fifty-eight recruits of the 4th Regiment of Zouaves, at Algiers, were vaccinated and syphilized. Five times questions were submitted in parliament with a view of eliciting the true facts. The answers were evasive, and on November 1st, 1882, the disaster was officially denied by the then President of the Local Government Board. On November 7th, 1892, I addressed a letter to the *Times* explaining the position, and urging that full information in the interests of the public health and the public safety ought not to be longer withheld. This appeal proving fruitless, in March, 1884, I visited the *Hôpital du Dey*, Algiers, where the tragedy occurred, and where I met the medical staff, and afterwards interviewed well-known physicians and the editors of the principal journals, who furnished me with circumstantial details, including the names, grade, and regimental numbers of the unfortunate youths, of whom, after terrible suffering, about 30 succumbed to their injuries. One of the leading physicians, Dr. Emile Bertheraud, Editor of the *Journal de Médecine et de Pharmacie*, Algiers, said: "I have seen the infected youths, and the cause of their misery is not disputed. How ridiculous to deny in London what every one here in Algiers knows to be true!"

(5) On the 25th May, 1883, fifty-eight recruits were vaccinated at the Hospital Dordrecht, Holland, which I visited. Seven were found to be seriously injured, whereof three died. After an official investigation, the Minister of War, Mr. Weitzel, admitted the fact, and issued a circular notifying recruits that hereafter re-vaccination was not obligatory in the Netherlands Army. This regulation, I may state, had been previously abrogated in the Swiss Army for similar reasons.

(6) In the Appendix to the Official Report of the German Vaccination Commission of 1884 is a memorandum drawn up at the Imperial Board of Health, Berlin, in which it is affirmed "that very serious damage by vaccination has occurred anything but rarely. . . . Thus up to 1880, 50 cases have become known in which syphilis inoculated with the vaccine virus caused illness to about 750 persons. . . . At Lebus, in 1876, 15 young school girls were infected with syphilis by re-vaccination."

(7) On the 11th June, 1885, Dr. Von Koehler, *Regierungs und Medicinal Rath*, furnished me with details of the infection of 320 children and adults with a disgusting skin eruption, *Impetigo-contagiosa*, in the Isle of Rügen, by means of "regenerated" vaccine lymph, obtained from a Government establishment. An expert commission of inquiry was appointed by the Government, and in an elaborate report it is stated "the commission are unanimously of the opinion that the outbreak of the disease has been a direct consequence of vaccination."

(8) In March, 1885, out of 42 children vaccinated at Asprières (Aveyron), France, 5 died as the result of the operation. The facts were officially denied as "a culpable invention of the reporters." Notwithstanding the denial, I produced, on the 11th June, 1890, before the Royal Commission on Vaccination, a copy of an official report of inquiry presented by M. E. Dr. P. Brouardel, President of the *Comité Consultatif d'Hygiène Publique de France* in which all the facts are admitted. This report states, as the consequence of these inoculations, that six children died, 4 in 24 hours, one in 48 hours, the others (42) were all, or almost all, ill.

(9) *Le Progrès Médical*, Paris, November 3rd, 1888, contained the report of a paper by Dr. Pourquier on the cutaneous symptoms consequent upon animal vaccination, in which the author referred to the ulcerative vaccination of 800 infants, observed by Protze, of

Elberfeld, and to an epidemic consequent upon vaccination with animal lymph, in which 16 vaccinated children died within 24 hours, reported by Prof. Brouardel.

(10) The *Bulletin*, No. 31, August 6th, 1889, of the Proceedings of the Academy of Medicine, Paris, includes M. Hérivieux's narrative of five children vaccinated on the 11th May at Motte aux Bois, and infected with ulcerous syphilis.

It would occupy too much of your valuable space to multiply these cases, of which I have many more authentic examples. It will be seen, however, that they date from the first years of the introduction of vaccination, and are traceable alike to the use of human and animal vaccine. While some of the official vaccinators have received rewards and promotion after fatal vaccination, I have been unable to obtain evidence of any having been dismissed for unskilful performance of the operation—a practical admission that it is the system and not the medical operator that is at fault. In the island of Ceylon and in Japan, as I learn by personal inquiry in these countries, and in India, where the vaccine virus is the vehicle for the transmission of leprosy, as shown by numerous high medical authorities in my volume on “The Recrudescence of Leprosy and its Causation,” no inquiries into vaccinal disasters are ever instituted, and the unfortunate sufferers in these countries, as well as in our own Crown Colonies, are absolutely without redress of any kind.

Is it not time, therefore, that vaccination, like other medical prescriptions, should be made optional?

I am, Sir, yours, &c.,

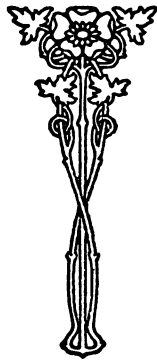
WILLIAM TEBB.

Devonshire Club, St. James's,  
London, October 18th, 1894.

\* Published by Swan Sonnenschein, London. 412pp. Price 6/-.

# **The Facts** about **Variolinum**

By Charles W. Eaton, M. D.



Reprinted from 1907 Transactions of the  
American Institute of Homoeopathy.

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## THE FACTS ABOUT VARIOLINUM.

BY CHARLES WOODHULL EATON, M. D., DES MOINES, IOWA.

It is proper to say that the presentation of this subject is by request. Iowa, it seems, has become somewhat conspicuous in this connection. The extensive employment in my state of internal vaccination by means of Variolinum, the large mass of experience resulting from that use, and the vigorous defense made in the courts when the authorities questioned our right to use it, have combined to produce in many quarters an impression that it is in some sort an "Iowa Idea," although Iowa obtained it precisely as it did *belladonna*—by homœopathic inheritance.

But Iowa is proud of this splendid piece of homœopathic practice; is proud of the three independent and distinct decisions of its District Courts in widely separated localities, amply protecting the right to use this method and compelling school and municipal authorities to accept it; proud of the thousands who have thus been rendered immune, and at the same time spared the scarification-danger of acute and chronic septicemias; and when the request comes that Iowa take this matter up before the Institute, she is ready to respond.

I count myself happy that the request was for "a paper that would discuss the subject in a scientific manner." For no matter what our views may have been when we entered this room, if we take the matter up in a really scientific manner, we are sure to reach practical agreement in conclusions.

I care not how many of you have previously been favorable and how many unfavorable. The privilege of this occasion lies in the fact that all present are life-long workers in applied science, and are, therefore, always ready to take up anything or abandon anything, irrespective of preconceived opinion, provided the demonstration be sufficient.

The entire matter of internal vaccination by means of Variolinum is comprised in the answer to three simple questions:

First. What is Variolinum?

\*This reprint and its mailing was ordered unanimously at the Jamestown Exposition meeting of the American Institute of Homœopathy during the week beginning June 17, 1907.

Second. Is its use, as a greatly improved form of vaccination, reasonable?

Third. Has the test of actual experience demonstrated its effectiveness?

First. What is Variolinum? A pertinent and necessary inquiry it would seem; for the leading editorial in a recent issue of one of our ablest Journals refers to it as "a drug." As a matter of fact, Variolinum is the contents of the ripened pustule of smallpox. It is *not* the contents of a vaccine pustule. It is the virus of variola; not the virus of vaccinia. It is the virus of smallpox; not the virus of cowpox. There has been some confusion on this point. Our pharmacies afford both variolinum and vaccinum, with the result that the two preparations have been mistaken for each other.

The importance of this distinction is evident when it is remembered that any immunity conferred by cowpox virus is indirect; conferred by smallpox virus, it is direct.

Second. Is the use of Variolinum reasonable?

It is reasonable—

(a) If an individual may be rendered immune to a given disease by inoculation with the virus of that disease, in the proper preparation and amount; and

(b) If the virus of disease is effective when administered by the mouth, as distinguished from administration hypodermatically or by scarification.

These two propositions demand close attention and exact thinking. For just here is the very core of the whole matter. No loose and hazy "general impressions," and no half-and-half conclusions will do here. We must advance cautiously; weigh our words; reach definite and clear-cut conclusions; and then stand by them. In this spirit of unbiased precision let us take up each in its turn.

(a) May then an individual be rendered immune to a given disease by the administration of the virus of that disease in the proper preparation and amount?

Behind this question lies an enormous amount of experimental research which bears upon it as directly as if instituted for the sole purpose of determining the answer. For you will not fail to observe that all the work done in the entire field of serum therapy, rests absolutely upon the proposition that immunity is obtained by the administration of the virus of the disease. I am especially

anxious not to be misunderstood just here. We have nothing to do just now with the question of the merits or demerits of serum therapy *as a mode of treatment*. We are not concerned with the question what these serums *accomplish*, but solely with the question how these serums are *obtained*. Stop and think closely for a moment. These serums are all obtained from animals rendered immune to a disease by the administration of the virus of that disease. Every animal that ever furnished a serum is an affirmative answer to this question. Every animal is evidence that immunity is obtained by the administration of the virus of the disease.

It is wonderful to think of the countless thousands of animal experiments, of clinical experiences, and of the steadily proceeding manufacture in biological laboratories, the combined volume of which testifies to this one fact of immunity conferred by the proper use of the virus.

Perhaps I owe you an apology for taking time to call your attention to a matter so familiar. But it is for the purpose of asking that it have at this time, your special and pointed attention, because I want now and here your definite and specific assent or dissent. Let us come squarely to the scratch. Has scientific research demonstrated that immunity is obtained by the proper administration of the virus of disease? If the answer is "yes," let us say "yes," clearly and decisively.

(b) Now for the second question; and again I invite that pointed attention which has in it the decisive quality. Is the virus of disease effective when administered by the mouth as distinguished from administration hypodermatically or by scarification? Must it be by the hypodermic syringe, or may it be by the mouth? Is disease virus absorbed, actually taken into the system when swallowed? Are its characteristic reaction and its immunizing impress upon the system, obtained only when it is injected? Or are they also so obtained when it is ingested?

Never mind the theory, what we want is the fact. And again I avoid trespass on your time by citing at once an established and conspicuous fact, namely, the danger from ingestion of tuberculous milk and meat. Why dangerous? Because disease products do make their impress on the system when ingested. The protest of the medical world when Koch maintained that bovine tuberculosis was not transmissible to man, and the quick and earnest demonstration that he was in error, are still fresh in your minds. In Great



Britain this assertion of Koch caused the appointment of a Royal Commission to investigate. I have before me their "Second Intermediary Report," an extended and elaborate document published this year. They say, "Of the total sixty cases (of human tuberculosis) investigated by us, twenty-eight possessed clinical histories indicating that in them the bacillus was introduced through the alimentary canal. \* \* \* These facts indicate that a very large proportion of tuberculosis *contracted by ingestion* [*italics mine*] is due to tubercle bacilli of bovine source."

The whole importance of their investigation, and of our systems of milk and meat inspection, lies in the fact that disease products do inoculate the system when taken into the alimentary canal. It is, of course, not held that the *amount* necessary to produce toxic effects is the same when given by the mouth as it is when given hypodermatically. In the case of our familiar drugs, the hypodermatic dose is always the smaller.

This, however, is not an invariable rule. While writing these lines, it was my good fortune to listen to an address by Dr. Fenton B. Turck, whose experimental researches concerning food, digestion and nutrition have made him an authority. In the course of this address he had occasion to refer to the fact that his experiments showed that alcohol, and the extractives of meat, do not produce their characteristic pathological changes at all when injected hypodermatically, but only produce them when ingested.

But the comparative amount required by the two methods of inoculation in order to produce toxic effects, does not now concern us. The question is not one of size of dose, but simply whether actual inoculation results from swallowing disease products in any dose. And the answer furnished by the investigations of the British Royal Commission, and by the establishment of our own systems of meat and milk inspection, is so undeniable and so pointed, that it would seem to be a waste of your time to indulge its further consideration. So again I ask you to come squarely to the scratch. If your answer is "yes," let it be clear and decisive.

It may be proper in passing, to note that for the Homœopathist, ample evidence is at hand from the therapeutic side. The effective action of such a remedy as psorinum, long established and undoubted, is of itself conclusive that disease products profoundly impress the organism when given by the mouth. But, however interesting and convincing this may be to us as Homœopathists, I

prefer to rest the case solely upon the common ground of that general biological and pathological knowledge which is familiar to all alike, irrespective of any knowledge of Homœopathic therapeutics.

Reverting now to the original query, is the use of Variolinum reasonable? there seems to be no escape from an affirmative answer. We have seen that it is the virus of small pox; we have seen how complete is the demonstration that an individual may be rendered immune to a given disease by the proper administration of its virus; we have seen how experience has so amply demonstrated inoculation by swallowing, that that fact has compelled the enactment of food inspection laws. How then can we escape the verdict that the use of Variolinum is reasonable? In a word, we have first the virus, second the law of immunization, and third the fact of inoculation by ingestion. Is internal vaccination reasonable? The answer is inevitable.

So much for the scientific basis. It remains to inquire whether the test of actual experience has demonstrated its effectiveness.

The smallpox epidemic of five years ago (which, indeed, has not yet wholly disappeared) afforded a rare opportunity for just such a test. Up to the time of this epidemic, most physicians had never even see a case of smallpox, much less had any chance to test its prophylaxis. But with its onset, all this was changed, and experience with both methods of vaccination accumulated rapidly. What was the verdict of this experience regarding the internal method? How did Variolinum stand the test in actual practice?

This is a simple question of fact and should be answered by the actual figures. So I asked some of my Iowa colleagues who I knew were users of the new vaccination, to contribute their experience in the following particulars:

I. Number whom you protected by Variolinum.....

II. Number that you know to have been exposed to smallpox after taking Variolinum.....

III. Number who had smallpox after taking Variolinum....

In making this request, I was careful to write, "I trust that reference to your case book, ledger and other records will enable you to make your figures on these three points definite and exact. May I ask that in any uncertain cases such ones be omitted from your report, to the end that the figures may be conservative, and an understatement rather than an overstatement."

This suggestion was cordially received, all those reporting their experience being careful to have their figures well inside the facts. So much so that the total number they vaccinated by the internal method was much larger than the figures given, because their records were not complete enough to enable them to report the full number. One of the most careful observers wrote that he presumed he had used Variolinum in twice as many cases as he reported, but had not the records to verify the figures. Because of this care on their part to make the report of their experience conservative, I take pleasure in presenting the following combined experience :

Number Protected by Variolinum.	Number known to have been exposed to smallpox after taking Variolinum.	Number who had smallpox after taking Variolinum.
*2806	547	14

As already noted, the total number of Variolinum vaccinations was in fact materially greater than the figures indicate, because of rigid conservatism in reporting. But to a still greater degree are the reported number of exposures less than those which actually occurred, for the terms of the report were severe, namely, "Number that you *know* to have been exposed to smallpox." Necessarily the number *known* to have been exposed must have been far less than the number actually exposed. And here again the scientific caution of the reporting physicians is conspicuous and commendable. For example, one of them who reports only eight known exposures, expresses the opinion that 100 were "doubtless exposed."

Many of these reported "Exposures" were of severe character, as for instance the following :

"Mrs. A. R. aged 64. Had never been vaccinated. Found her nursing her son who was in the pustular stage of smallpox. Gave Variolinum 12x five disks every four hours. On the

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\*I am indebted for these reports to Drs. C. B. Adams, Sac City; E. C. Brown, Madrid; E. N. Bywater, Iowa Falls; A. P. Hanchett, Council Bluffs; A. H. Hatch, Des Moines; T. L. Hazard, Iowa City; H. M. Humphrey, Lake City; J. W. Laird, Mt. Pleasant; A. M. Linn, Des Moines; H. E. Messenger, Des Moines; P. J. Montgomery, Council Bluffs; George Royal, Des Moines; L. W. Struble, West Liberty. It is but just to say that these are all well known Iowa practitioners of character and standing. Two are members of the State Board of Health, and a third was also a member of that body when the small-pox epidemic was at its height.

fifth day had a severe general headache with a temperature of 102.5. The next day one vesicle appeared on the face. The temperature subsided on the fifth day. She had sole care of her convalescing son and herself all the time." (Dr. Royal)

"I had three different houses where one of the inmates had smallpox. In one house there were six inmates. One of their number had smallpox. The other five had never been vaccinated. I used the Variolinum on three, the other two I scarified. None of them took smallpox. In the other two houses there were four and five inmates besides the one stricken. I gave Variolinum to all of them and none of them took the disease." (Dr. Laird)

"One case began atypically, was taken to the hospital where he was visited by a number of relatives, was worked over by internes and nurses by the hour to relieve a severe pain in an old appendicular scar, thus fully exposing at least twenty people. To every one of them Variolinum was given and not one of them took the disease. This was a marked case and was in the pesthouse for about four weeks." (Dr. Hazard)

"I know positively of eleven that were exposed to smallpox and were continuously in the room with the sick. Of that number, two had what I thought to be the initial fever of smallpox, but no eruption appeared, and in three days all the trouble had subsided." (Dr. Humphrey)

"Family of J. S. Three cases of smallpox developed in family before I was called in. Four other members of family, two young men who had never been vaccinated, and the parents who had been vaccinated. Administered Variolinum to all four and none of them developed smallpox, though in constant and direct contact with the sick members of the family." (Dr. Adams)

"February, 1901. V. H. Developed smallpox. His wife who had been vaccinated, and three children who had not been vaccinated, were given Variolinum. They lived in the same house, and slept in the same room with him during all of his sickness, yet none of them contracted the disease." (Dr. Adams)

"March, 1902. D. L. Four of family developed smallpox. His wife and five children, none of whom had been vaccinated, were given Variolinum. Within 48 hours the oldest son de-

veloped symptoms of smallpox, but his attack was very light. All other members of the family, though living in the same house and directly exposed through attendance on the sick, escaped all symptoms of the disease." (Dr. Adams)

"March, 1902. F. R. Young man aged thirty, developed smallpox. His mother and an adult sister who lived with him, neither of whom had been vaccinated, were given Variolinum. They attended and nursed him through a very virulent attack and neither contracted the disease." (Dr. Adams)

"March, 1902. C. S. A young man aged 24 developed smallpox. His father and mother were given Variolinum and both escaped the disease though in constant attendance upon him." (Dr. Adams)

"Gave Variolinum 30x for one week. That day her brother came home with a well developed case of smallpox. The girl nor her mother had neither ever been vaccinated before. I at once gave the mother Variolinum. They were quarantined 35 days with the case of smallpox and neither of them contracted the disease." (Dr. Bywater)

"Girl. Given Variolinum in October, 1904. Was quarantined 35 days this spring with three cases of smallpox and did not contract the disease. Was of that type that takes everything that comes along, but escaped this time." (Dr. Bywater).

"Ethel Stevens. Then aged 6 was given Variolinum 30x in January 1902. Have had smallpox in the family three times since the Variolinum was given, was never vaccinated or protected in any other way, has been exposed at least each of these three times, and has never showed a symptom of the disease. Her grandfather died of it, her brother was very sick with it (the worst case of smallpox I ever attended) in March 1903, and some cousins had it a year later, and she has been with them all and never contracted the disease." (Dr. Brown)

"Two children who had never been vaccinated I protected by Variolinum. An uncle had smallpox some two or three months after, and they were exposed but did not take the disease." (Dr. Brown)

Of the 14 who had smallpox after the use of Variolinum, one was a mild case of smallpox occurring two years after; three were not strictly within the limitations of the test, as they "had also been vaccinated by scarification a short time previous to the attacks of smallpox." In addition to the fourteen cases reported, there were three others, but "in each of these cases the symptoms appeared within 72 hours after the first dose, thereby proving that infection had occurred before the administration of the remedy."

The evident deduction to be drawn from these few cases is that the protection afforded is not absolute and without a single break; but that in exceptional instances, smallpox will occur in spite of the fact that Variolinum had been used.

But the same is true of the scarification method; and experience shows that smallpox occurs after scarification with much greater frequency than it occurs after the use of Variolinum. That the old vaccination often fails to protect, has been the personal observation of all those who have had to do with smallpox epidemics; while the numerous deaths in the army of the Philippines, in spite of the Government's painstaking vaccination and re-vaccination of the troops, is fresh in the minds of all. The same fact is indicated in the reports of the Registrar-General for England and Wales, which show for the years 1879 to 1884, a total number of deaths from smallpox among those who had been vaccinated, of 1648 persons.

With these few words of comment I have the honor to place before the Institute the above figures of actual experience with the internal method of vaccination by the administration of Variolinum. The 2806 cases, the 547 known exposures, and the 14 instances of smallpox, should constitute a sufficiently extended test to satisfy all scientific requirements. Further than this, it must be remembered that the figures submitted represent the experience of only a few of the Iowa physicians using Variolinum, and constitute but a fraction of the total Iowa experience. And with striking unanimity the physicians using it have come to be strong adherents of the Variolinum method, though many began its use with decided skepticism.

My own personal experience is not included in the above reports. It seems to me so important that this inquiry be scrupulously judicial in its spirit, that I omit my personal figures, so that this presentation of the matter shall have in it nothing of the bias of the advocate.<sup>1</sup>

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(I.) While this is properly an Iowa report, yet it should not for a moment be forgotten that there are a multitude of physicians all over the country who are using this method, most of whom are keen and competent observers. In illustration of this fact, the following interesting letters from Dr. Falmestock in the East, and Dr. Bishop in the far West, are herewith subjoined.

Piqua, Ohio, May 25, 1907.

My dear Dr. Eaton:

Your letter received and in reply will say that as to the exact number of cases I have given Variolinum, I cannot tell, but to more than 100 cases.

There are a few related matters which should not be omitted. The first of these is the fact that this vaccination by Variolinum is not new. Dr. Jonathan Pettet of Cleveland, Ohio, read a paper on the subject before this body in 1873; and Variolinum has its regular place in Hering's *Guiding Symptoms*, in Clarke's *Dictionary of Materia Medica*, and (more generally accessible) in *Boericke's Pocket Manual of Materia Medica*.

The systemic effects produced by its administration are definite and decided in those who are at all sensitive; so that we have a multitude of provings occurring in the practice of all those who use it. As these provings have not, so far at least, been utilized in general practice, the use of Variolinum being confined to the prevention and treatment of smallpox, the present point is not so much the accurate and extended observations necessary for the creation of its materia medica, as it is the mere establishing of the fact that it does produce an active and marked effect upon the organism. This is so thoroughly established by many observations in the practice of a large number of physicians, that it seems unnecessary to go into detail. Yet for the sake of scientific thoroughness, the following illustrative provings are put on record:

"On January 5, 1903, Mr. J. C. aged 52, who had been exposed, applied for some variolinum for internal vaccination. He was given the 12x to be taken five disks before each meal and at bedtime. After taking seven doses he complained that the medicine caused nausea after each dose and that he had vomited his supper of the night before. The medicine was discontinued for two days and then resumed with same result except that he vomited his meal after the fourth dose. The medicine was then discontinued for six days, during the last four days there being no nausea or vomiting. He was then induced to take the medicine again with a repetition of the two former experiences." (Dr. Royal)

"Grace L. Aged 15. Was always sickly, light complexion, scrofulous build, glandular temperament. Gave Variolinum

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Have not seen or heard of a case contracting smallpox in any form since giving the prophylactic.

I went to see a case of smallpox with our Health Officer (a genuine case) gave Variolinum to mother and son who did not have the disease. All lived together, exposed all the time, mother and son never contracted the disease.

Three years ago had an epidemic. The first man having it came from Cincinnati, Ohio. The case was diagnosed "hives," then chicken pox. When the eruption was coming out he went to the barber shop and was there fully an hour waiting his turn. He had fever, back-ache, eruption, etc. On each

30x for one week. Was called to see her and found her with high fever which had been preceded by chill, rapid pulse, backache, headache, malaise, loss of appetite, loose stools and restlessness. Called again next day and found an eruption very similar to chickenpox which had already begun to disappear. Called in one Allopathist and one Eclectic to confirm the action of Variolinum. Girl had had chicken pox when a child so it was not that. Since that time the girl has been stronger and particularly free from sickness. (Dr. Bywater)

"Girl six years old. Good health to all appearances. Gave Variolinum 30x. At the end of five days was called to see the child. They threatened to sue me for making their child sick. Chill, temperature 103½, general aching, backache, headache very pronounced, loss of appetite, looseness of bowels, restlessness and vomiting. Stopped remedy and in few days all right. (Dr. Bywater)

"Boy and girl. Gave Variolinum 30x. Chill, fever, headache, backache, general aching, loss of appetite, diarrhoea and restlessness. Eruption on boy's hand very much resembling smallpox. After a few days disappeared. Eruption was on the palm of the hand. Girl had similar eruption except not so marked, on sole of one foot. Very sore." (Dr. Bywater)

"Dentist,—who had no use for Homœopathy. Aged 47. Came to me because he thought he had been exposed by a patient of his own, and had heard that I gave an internal vaccination, saying that he could not possibly be off work with a sore arm, so chanced it on Homœopathy. In April, 1907, I gave a three dram vial full of sugar disks moistened with the 12x. After taking it for about four days he complained of chills, headache, aching all over, and especially in the back. He discontinued it for two days. Then began again. After three days he came to my office saying that he was so sick that if it was not for press of work he would be home in bed. All of the above mentioned symptoms were much intensified and an indescribable sickness all over him in addition." (Dr. A. H. Barker, Brooklyn, Ia.)

side of him was two of my patients. They in turn looked at him, felt the shotty eruption, etc., and both made the remark, "You have the smallpox." Sure enough the next day another M. D. pronounced it a genuine case of smallpox. I gave these men Variolinum 30x. Neither one contracted the disease. One of them was exposed the second time. More than 15 cases were exposed after using Variolinum and none were taken sick. Just a month ago the family washing was just being ironed,—finished, when the washwoman was breaking out with smallpox, also the husband at the same time. Washing stood there several days. Parties called for washing, also exposed at same time. Took washing home. Next day house was carded smallpox.



At the 1904 meeting of the Institute, one of our Professors of *Materia Medica* very properly expressed the wish that some one who was in charge of an asylum "would demonstrate this Variolinum say on 25, 30 or 40 of the children who have not been vaccinated and report whether there were manifested the direct results of febrile disturbances." While not aware of this suggestion, Dr. Messenger of my own city, in the ordinary course of service at the Home for Friendless Children, administered it to forty—not for experimental but for vaccination purposes. The 200th was used; with the result that ten of the forty developed the usual symptoms, including fever and a rash.

One test of the effectiveness of internal vaccination has been suggested which is erroneous, and the error involved should be pointed out. This suggestion is that if one has used Variolinum, a subsequent scarification should fail to "take." This is a mistake because in the majority of scarification cases the resulting infection is of a mixed type. It is the exception when the characteristic, small, pearly vaccine pustule results. Of course a preceding use of Variolinum would have no possible relation to a mixed infection, and therefore any such test would necessarily be fallacious.

As to the advantages of this internal vaccination, they will readily suggest themselves to all. Chief among them is the fact that by this method the septicemias, acute and chronic, following the scarification method, are avoided altogether. How deplorable these septicemias are, is witnessed by the great efforts made, by manufacturers of vaccine to contrive some way by which these mixed infections may be eliminated. One standard and reputable house advertised "antiseptic vaccine" (!); while one concern during the height of the epidemic, far out-stripped its competitors by advertising "sterilized vaccine!!"

Without entering a long discussion, suffice it to say that we all recognize that the substances, whatever they may be, which set up what we know as septicemia when taken directly into the circulation, are inoperative when introduced into the stomach. This

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In this family I gave Variolinum 30x, had washing put in boiling water, etc. No trouble as yet, and no indications of any. I only give you a few cases and only add a mite to your own experience. \* \* \*

Yours truly,

J. C. FAHNESTOCK.

Los Angeles, California, May 27, 1907.

My dear Dr. Eaton:

Yours of the 22nd is at hand and after carefully perusing it I am doubtful of satisfying your needs concerning my experience with Variolinum, for I

is well illustrated in the case of the septic products from an ulcerating tooth, or a discharging quinsy. They would be highly dangerous introduced into the circulation, but are harmless when finding their way, as they do, into the stomach.

In the use of Variolinum, extensive experience has shown that we reap the advantage of this provision. The essential smallpox virus makes its full impress upon the system, while any accompanying substances which might light up a septicemia if introduced direct into the circulation, are inert in the alimentary canal.

Again, the internal method eliminates all uncertainty as to whether the vaccination will "take." For with a preparation once proved to be active, there can be no question that it will "take" whenever administered, just as there is no question that a dose of strychnine will "take" whenever it may be swallowed.

As to the number of years during which the immunity conferred by Variolinum will remain in force, nothing can be said, because there have been no experimental researches which have settled this question regarding either form of vaccination. There has, however, been a great reduction in the *assumed* length of time during which protection continues after scarification. Originally it was said to continue as long as there was "a good scar," a manifestly ridiculous and puerile standard. This assumed length of immunity has gradually been decreased, until the United States Government re-vaccinates its soldiers every three years. It would seem that there would be no special difference in this respect between the scarification and the internal methods; but the whole matter is one of assumption and not of demonstrated fact.

Mention of the value of Variolinum in the treatment of smallpox itself should not be omitted, although aside from the direct purpose of this report. In the lower potencies it has proved itself a strikingly effective and satisfactory remedy.

At the risk of wearying you, I have tried to present for your consideration a report of the facts about Variolinum which should

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never have kept tally of the exact number of cases in which it has been used by me as a prophylactic. Speaking generally, however, will say that for over a quarter of a century I have used the Variolinum in lieu of other vaccinations, in hundreds of cases, and with a single exception not one of them had an attack of smallpox afterwards. This exception was in the case of the father of an infant of two and a half years, said infant had the confluent smallpox and had been sleeping with its mother until the fifth day of the disease when I was called and found the disease just verging from the vesicular to the pustular stage. Furthermore, the mother was in the seventh month of pregnancy, and none of the family had ever been vaccinated. The Varioli-

be thorough and exact. A review of the facts established by experimental research has shown that an individual may be rendered immune by inoculation with the virus of disease, and that such virus is effective when administered by the mouth; it follows, therefore, that the use of Variolinum is in exact line with modern physiological and pathological research, and is scientifically correct.

Proceeding then to the test of actual experience, we have passed in review a series of 2806 vaccinations with Variolinum, including 547 exposures and 14 cases of smallpox. Shown thus by clinical test to be remarkably effective in actual practice, as well as scientifically correct in principle, the demonstration stands complete. The use of Variolinum is sound in theory and conspicuously successful in practice. It therefore does not ask our acceptance, it demands it. As scientific men, we are not at liberty to indulge our whim about the matter. It is not something that *asks* our support. The demonstration is placed squarely before us, and a demonstration never requests, it demands. We must not do Homeopathy the injustice of giving this, one of its most successful and useful outgrowths, a partial and equivocal recognition, just because it happens to be strange to us. This splendid piece of practice is not new, it has its roots in the past, though we may not have known it. And we must not injure the cause by refusing to recognize its value, just because we happen not to have been conversant with it. We cannot afford to play with the question, and temporize with it, and half way repudiate it, until in the course of time some one

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num saved the infant, who was tabulated by the health officials as a necessarily fatal case; the mother in due time was delivered of a healthy daughter; the father alone contracted the disease which assumed the confluent and congestive form, but was speedily cured with Variolinum. He admitted to me that he had neglected to take the powders which were left for the family (the Variolinum) and was careless in taking up the floor covering where his son had been confined; that he breathed into his lungs clouds of dust mingled with the dessicated scales that had fallen from the patient. This experience was in the epidemic of smallpox here in Los Angeles seven years ago. Before coming to California, fourteen years ago, while practicing in Connecticut for twenty-four years, I also had ample opportunity to prove the efficacy of Variolinum both as a curative and a preventative of variola without a single disappointment.

To sum up then, the number whom I have protected by Variolinum, is all who have come to me in a continuous and extensive general practice in the past thirty years, with one exception, the circumstances of which were doubtful. The number that I know to have been exposed to smallpox after taking Variolinum, are the members of many households in which I have treated cases of smallpox of every degree of severity as well as others outside of the family who were exposed, including myself.

Very truly yours,

HERBERT MARTIN BISHOP.

of our opponents shall make a wonderful discovery, and cultivating the smallpox virus through old horses or prolific guinea pigs, produce an uncertain and inferior product combined with some secret antiseptic to preserve it, which yet shall retain sufficient activity to make possible the announcement of another great advance, to be used for the good of humanity,—and the discomfiture of Homœopathy.

Variolinum is distinctively our own, as distinctively as is aconite or lachesis or lycopodium, and its immense value should be gladly recognized and vigorously claimed. It is a high honor to Homœopathy, and we cannot, we must not, let our individual lack of familiarity with it bar it out from its proper place. An unfamiliarity that costs Homœopathy so much, is a heavy responsibility. When so much is at stake, it is not optional with us whether we will know or remain uninformed. In such circumstances, we are under the highest obligations to know; and failure to inform ourselves is, in the words of the *Organon*, “a crime.”

Let us take to ourselves the earnest admonition which a shrewd old Sioux Indian woman impressed upon her grandson,—“When you see a new trail, or a footprint that you do not know, follow it to the point of knowing.”

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#### STANDING RESOLUTIONS.

RESOLVED, That the American Institute of Homœopathy does not necessarily endorse the doctrine contained in the reports of the committees by accepting and publishing such reports with the Proceedings.

*Adopted June 4, 1867.*





## BACTERIOPHOBIA AND MEDICAL FADS

alive), powdered toads, the dried blood of black cats, "infallible powders," composed of the tails of lizards, snakes, white puppy-dogs and dried toads, pulverized asses' hoofs and mules' hoofs, "King's powders," made from dried toads and the spittle of a reigning king.

Dr. Thomas Sydenham was the father of allopathy and the most distinguished medical author of his time. He was called "the great physician" by his colleagues. In his work, "Processes Integri," page 177, he recommends the following remedy for "the palsy": "Mercurial purgativism, powder of viper's flesh and viper's bones, volatile salts of earthworms, man's hair and dried human flesh." For epilepsy he highly recommends (p. 86 *ibid*) the following elegant compound: "Man's skull, elk's hoofs, powder of the heart and lungs of a mole." The above named and many other even more vile and abominable substances, which decency forbids me to mention here, were kept in the drug shops and prescribed by the "scientific" doctors of that period. If any reader is skeptical as to the veracity or the accuracy of my statements, I invite him to examine a work which I have in my library. It is a copy of the second edition of "The New English Pharmacopoeia and Dispensatory," printed in London, England, in 1752 and edited by R. James, M. D., an eminent old school physician of that period. This work was the official standard authority in the "regular" school of medicine in those days and for many years thereafter. In this dispensatory I find all the above mentioned substances classified as officinal remedies and highly recommended as specifics for the various diseases which afflict the human family. These vile and poisonous substances were thrust down the throats of suffering human beings by the "scientific" (?) doctors of that period under the delusion that their patients would be benefited or cured thereby. As recently as the last part of the 18th century small-pox inoculation was recommended and practiced by the "regular" doctors to prevent small-pox, just as vaccination is practiced nowadays. The doctors said everybody is sure to catch small-pox in the natural way—unless rendered immune by being inoculated artificially with small-pox virus taken from a person suffering with the loathsome disease. By these means the doctors spread small-pox over the entire

while being consumed by a raging fever. Fathers, mothers and nurses each in turn opposed the agonizing appeals of their dear ones for this natural antidote, all because the doctors had forbidden it. The doctors of those days were laboring under the delusion that a drink of cold water was dangerous in fevers. The "learned" doctors said: "To the fever patient cold water is certain death. Do not give him a drop." Not only were fever patients denied water (nature's remedy), but sunlight and fresh air were also denied them, while they were doped with calomel, purged with jalap, depleted of their life-blood by the lancet, and starved until they were forced to give up the ghost.

Less than 50 years ago mercurial salivation and indiscriminate bleeding were the dominant medical fads. Old and young alike were subjected to indiscriminate blood-letting for the most trivial ailments. Hecatombs of human victims were sacrificed on the bloody altar of this disastrous delusion. The prevailing theory at that time was that diseases were due to the presence of a morbid humor in the blood and could be cured by drawing off the humor with the blood by tapping the patient's veins. This preposterous theory of the cause of disease prevailed in the medical profession for more than half a century.

Prof. H. C. Wood, M. D., an eminent allopathic authority, formerly professor of materia medica and therapeutics in the University of Pennsylvania, referring to the mutations of medical theories and practices in his work on "Therapeutics, Materia Medica and Toxicology," says: "Experience is said to be the mother of wisdom. Verily, she has been in medicine rather a blind leader of the blind; and the history of medical progress is a history of men groping in darkness, finding seeming gems of truth one after another, only after a short time to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities. In the past there is scarcely a conceivable absurdity that medical men have not tested and for a time found to be the thing desired. \* \* \* Narrowing our gaze to the regular profession and to a few decades, what do we see? Experience teaching that not to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching

THE BATTLE OF THE VACCINES.  
A KILKENNY-CAT FIGHT.

*"Glycerinated Vaccine Lymph," (an old dodge revamped)  
"Dry Points," "Liquid Expressed Lymph," etc.  
Each and All Denounced as Poisonous, by the  
Best of Pro-vaccinal Authorities.*

J. W. HODGE, M.D., NIAGARA FALLS, N. Y.

We have been hearing a good deal of late in this country about "glycerinized vaccine lymph" and "glycerinated calf-lymph."

"Glycerinated calf-lymph" although supposed by the laity and some physicians to be a new discovery, is nothing of the sort. It is only a resurrected fashion of the past century. It was known and used by the medical profession more than a quarter of a century ago; and so far back as 1885 a wholesale vaccinal disaster from its use, affecting 320 infants and adults, took place in the Isle of Rugen, North Germany, particulars of which may be found in the third and sixth Reports of the Royal Commission on Vaccination.

"Glycerinated calf-lymph," while new here, is old in other parts of the world. A patent was taken out on it in England in 1882, and it had been employed in Italy years previous to that time. In those days the various brands of vaccine viruses then in use had become so discredited that the manufacturers of vaccine stock for commercial purposes were driven to the device of inventing a new name for an old imposture. This was done by adding glycerine to "calf-lymph," which was named "glycerinated calf-lymph."

H. K. Mulford & Co., of Philadelphia, New York and Chicago, extensive manufacturers of vaccine virus which they call "glycerinized vaccine lymph," assert in their advertisements that "the virus from absolutely healthy animals is used exclusively" in their



vaccine nostrum. Nothing could be farther from the truth than this asseveration. It is absolutely impossible to procure vaccine virus from "absolutely healthy animals"; for the very conclusive reason that vaccine virus is an infective animal poison, and is necessarily a product of diseased animal tissues. Still these vaccine producers indulge in glib talk about "pure calf-lymph" from "absolutely healthy animals" (!) as if this disease-produced poison were a definite chemical substance whose composition had been so clearly made out that there could be no mistake about it.

Calves and other animals used as vaccinifers must have pox at the time they yield "vaccine lymph" so-called; and animals suffering with pox are certainly not "absolutely healthy animals." The so-called "glycerinized vaccine lymph" produced by vaccine establishments never was obtained from healthy animals, and in the very nature of the case never can be, notwithstanding the unwarranted assertions of enterprising firms who are engaged in the remunerative business of "calf-lymph" production. On the contrary, all vaccine "lymph" comes from a lesion (pock) on the body of a sick and diseased animal. "Pure calf-lymph" is the plausible but misleading phrase used by vaccinators to designate a morbid serum, mixed with various other disease products. Perhaps it would be expecting too much from human nature to ask those engaged in a lucrative enterprise to sacrifice business interests to strict truth-telling about their wares.

But, while the Mulford Co. enthuses on the alleged merits of its "glycerinized vaccine lymph," which it assumes to be without guile, it viciously attacks the vaccine "dry-points," the output of rival concerns, as being "poisonous" or "ineffective,"—in which statement it is doubtless correct.

We, also, find that "glycerinized calf-lymph" is emphatically condemned by so high an authority as Sir George Buchanan, M.D., F.R.S., as recorded in the Transactions of the Epidemiological Society; and by *The Indian Lancet*, as "septicaally dangerous"; by Dr. Wilson in the Journal of the American Medical Association (May 10, 1902) as causing a "greater tendency to sloughing"; and by German authorities (quoted editorially in the *British Medical Journal* of July 5, 1902) to the effect that these "bacteriologically sterile" stocks so boasted of are just the ones in which "nine tenths of all the cases of intense reaction" are found.

Then we have H. M. Alexander & Co., of Marietta, Pa., who manufacture and send out only the desiccated "lymph" on ivory

points, which they call "dry-points," the kind condemned by the Mulford Co. H. M. Alexander & Co. denounce in unmeasured terms the liquid "glycerinized vaccine lymph," so highly commended by the Mulford Co., and by implication impute to its use "tetanus," "blood poisoning" and "ulcerative results." In their advertisement in the *New York Medical Journal* (June 21, 1902) H. M. Alexander & Co. have this to say:

"In small-pox vaccination the greatest number of definite protective inoculations has followed the use of our lymph dried on ivory points, and the smallest number of failures. It is surely better to be taught by our experience than to follow blindly in the trail of a dangerous foreign fad. We know now that liquid lymph made from the pus and crust layers contains bacteria which glycerine has failed to destroy, and that every time we use it we are adding fuel to the flame of popular prejudice" [against vaccination].

Thus does the Alexander Co. roundly denounce as a "dangerous foreign fad" the liquid "glycerinized lymph" (the kind manufactured and commended by the other company.)

But in the *Cyclopædia of Medicine and Surgery*, one of the latest standard old school works, I find under the article Vaccination the following declaration:

"Virus dried on points cannot be sterilized by any process known at the present time, and under the strictest precaution that can be observed it will be contaminated in the vast majority of cases."

The above statement, as will be observed, is a flat contradiction of the Alexander Co.'s assertion.

Once more: In the pamphlet of the New England Vaccine Co. (Boston) we read: "The only pure virus is the expressed liquid from the vesicles" (without glycerine). This producer describes the glycerinized "lymph" and says of it: "It has not been, and cannot be sterilized." This company clearly discredits both the "glycerinized vaccine lymph" of the Mulford Co. and the desiccated "lymph" on "dry-points" of the H. M. Alexander Co.

In the *Lancet* (London), in the advertisement of the Jennerian Institute's "Aseptic Glycerinated Calf-Lymph" may be found this significant display line: "Free from Erysipelas and Tubercle." The evident charge here implied is that other "lymphs" are not above suspicion in this respect. When we consider the fact that

vaccination is an infective process performed with infective material, the absurdity of "sterile vaccine" becomes apparent.

Time and space forbid me to draw at greater length from the available squabble literature of vaccine manufacturers. I have already quoted sufficient to show the general antagonism existing among them on the question of a "safe and reliable vaccine lymph."

Dr. Edgar M. Crookshank, a master bacteriologist, professor of bacteriology and of pathology in King's College, London, says: "Vaccine lymph is a most suitable culture medium for micro-organisms, and bacteria invariably get access to the contents of the vesicles.." Thus "the expressed liquid from the vesicles," of the New England Vaccine Co., as well as the variously named "lymphs" of all other manufacturers, are discredited by the testimony of Prof. Crookshank, who is without doubt one of the ablest authorities on this subject.

Whose testimony are we to accept on this mooted question—that of enterprising manufacturers who have vested interests in the various "lymphs," or that of an unbiased scientist like Prof. Crookshank, author of the "History and Pathology of Vaccination"?

The gradual disintegration of the time-honored system of blood-poisoning is evidenced not only by the dissensions among its apostles but also by the various desperate tricks and devices practised upon the public in attempts to reinforce its flagging credulity. Let us for a moment examine some of the loose logic employed by the promoters of the "glycerinized lymph" delusion. The Mulford Co. declares:

"The purpose of glycerinizing lymph is to starve out such pathogenetic organisms as are invariably found in vaccine when it is first collected. Glycerine does not impair the value of vaccine, but does starve out other organisms."

This last assertion is purely gratuitous, being unsupported by anything having the semblance of proof. By the affirmation, "Glycerine does not impair the value of the vaccine, but does starve out *other* organisms," it is boldly assumed that the active principle of vaccine "lymph" is a micro-organism, an assumption of knowledge which nobody is known to possess. Even if it had been demonstrated that the active principle of vaccine is a living organism, the theory that glycerine would not impair the value of the *vaccine organisms* while it would starve out *other organisms* not wanted in the vaccine, would still be preposterous in the absence of any evidence of such a possibility.

Any evidence in substantiation of the starvation theory is conspicuous by its absence. In refutation of the assertion, I introduce the testimony of Samuel W. Abbott, M.D., writer of the article on Vaccination in the Reference Handbook of the Medical Sciences. Under the topic of disinfection as an additional means of security in connection with vaccination, in Vol. VII., page 548, Dr. Abbott says:

"In the lively controversy as to the propriety of mixing lymph with antiseptic fluids, the decision has apparently been made against such mixtures. There is probably no antiseptic agent, and no practicable solution of the same, which has not been experimented with and commended by some one or other in recent years. Almost everywhere, experience with these additions or mixtures, having the power to render pathogenic germs innocuous, shows that they also lessen, if they do not destroy, the efficiency of the vaccine lymph, while weaker solutions, which have no effect on the vaccine lymph, also have no effect on foreign micro-organisms."

This is sound logic and disposes effectually of the theories of the advocates of "glycerinized vaccine lymph."

"Pure glycerine added to vaccine lymph," declared Lord Lister, "kills all adventitious microbes," or as Dr. S. M. Copeman terms them, "extraneous micro-organisms." The employment of the terms "adventitious" and "extraneous" implies not only that these things are something apart from vaccine proper, but also that there are micro-organisms which are *not* "extraneous" and "adventitious."

But in view of the fact that the specific micro-organism, if such there be, of vaccine "lymph" has not been discovered, isolated or differentiated, and is therefore only hypothetical, the use of these terms (extraneous and adventitious) by Lister, Copeman and others, is nothing but pure assumption on their part; a mischievous pretense to knowledge which nobody possesses. Considering that vaccine has no known microscopic or chemical character of its own, one is amazed to find men who have professional reputations to lose, making such indefensible assertions.

The promoters of the "glycerinized vaccine lymph" theory claim that all the "pathogenic organisms" except those that are wanted in the vaccine will be starved out and die in the glycerine. If the germicidal properties of glycerine are admitted, the absolute inertness of the "glycerinized vaccine lymph" must also be conceded. It is simply preposterous to attribute to glycerine germicidal pow-

ers and still deny that it would render the vaccine sterile and consequently inert. What kind of vaccinal disease would inert lymph produce? What sort of protection could sterile vaccine be expected to confer? Did not the Lyons Vaccination Commission insist, as pointed out before the French Academy of Medicine in 1885, that the prophylactic virtue of vaccine lymph is in relation to its activity? Jenner denied prophylactic power to any virus that did not produce erysipelas. Will "sterilized calf-lymph" cause erysipelas? What is this innocuous virus we hear so much about? Isn't it all a hoax? The avowed purpose of the vaccinator is to introduce infective matter from diseased animals into the blood of healthy children, for the purpose of inducing the disease called "vaccinia or cow-pox." Of what possible use could "sterilized vaccine lymph" be for such purpose?

From an editorial on "The Bacteriology of Vaccinia and Variola," which appeared in *The British Medical Journal* (July 5, 1902), I take the following extract: "Pfuhl, writing in 1898 of his experience in the official station at Hanover, says: 'Strictly germ-free vaccine lymph will, in my opinion, always belong to the region of Utopia.' As the result of his own experiments he found that every sample of lymph contained bacteria in greater or smaller numbers."

#### VACCINATION AND 'SCIENCE.'

Notwithstanding the admittedly unknown nature and obscure origin of vaccine virus, and the empirical character of the practice of vaccination, we frequently hear physicians who assume to be scientific and intelligent referring to the discovery of vaccination as an achievement of 'science.' I cannot see that Vaccination has any scientific grounds on which to rest its claims. Science and Vaccination have never been reconciled. After a very careful and thorough survey of the literature on the subject I find that there is scarcely an affirmation made by any authority relative to vaccination that is not flatly contradicted by some other authority equally good. Without fear of successful contradiction, I venture the affirmation that no proposition can be framed by any pro-vaccinal authority with respect to the theory or the practice of vaccination, but its direct contradictory can be quoted from a medical writer of equal authority and of unquestioned vaccinal orthodoxy. Such being the case, how are we to affiliate Vaccination with Science? Science is defined as "verified and classified knowledge." If this definition is correct, what claim has the

empirical medley of theory and practice called vaccination to do with Science? The advocates of vaccination would do well to say as little as possible about Vaccination and *Science*. They had better be satisfied with Vaccination as a "Mystery, publicly endowed and privately lucrative." Some day the vaccinators will realize the fact that doctors are not miracle-workers, and that a filth disease cannot be avoided without removing its contributing causes, and that prophylaxis, if realized, must come through the attainment of health by natural means, and a wise compliance and co-operation with the ascertained laws of hygiene and sanitation. As well might doctors attempt to dodge gravitation as to try to improve on health by imparting disease.



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# The Battle of the Vaccines.

(A Kilkenny-Cat Fight.)

*“Glycerinized Vaccine Lymph” (a new name for an old imposture), “Dry Points,” the “Expressed Liquid from the vesicles”: each and all denounced as “poisonous,” or “dangerous,” by the highest pro-vaccinal authorities.*

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By J. W. HODGE, M.D.,  
NIAGARA FALLS, N. Y.

[Reprinted from MODERN MEDICAL SCIENCE for December, 1902.]





*to the pan*

# **Beware of the Vaccinator!**

**He is a Menace to  
The Public Health.**

***By J. W. HODGE, M. D.,  
Niagara Falls, N. Y.***

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Reprinted from the Daily Cataract Journal of Feb. 8, 1904.

# *Beware of the Vaccinator.*

The Niagara Falls Gazette, with its well known apish proclivities, continues to follow in the wake of fake news papers of the large cities by repeating the bold assumption that the prevalence of smallpox in Western New York is due to neglect of vaccination. This petty health-board organ is just now shouting itself hoarse in almonishing the credulous to "get vaccinated."

The average health-board organ under the hypocritical pretense of anxiety for the public welfare, seeks patronage, place and pelf for its own emolument. It is just as silly and illogical to refer the prevalence of smallpox to neglect of vaccination as it would be to ascribe the prevalence of cyclones in the middle west to the same neglect. Of course the Gazette knows no more about smallpox and vaccination than it does about first class journalism, and for that reason its noisy and presumptuous clap-trap advice to the public will, as heretofore, go unheeded by all intelligent people. The Gazette's stupid faith in the cow-pox doctrine furnishes an apt exemplification of the precept couched in the maxim, "Ignorance is the mother of devotion." This blatant organ, which is ever ready to espouse any cause that has a dollar behind it, has for the past four or five years been persistently urging our citizens to "get vaccinated." This circumstance no doubt accounts for the phenomenal neglect of the blood-poisoning rite in this city. The Gazette has long enjoyed the unique distinction of injuring any cause it attempts to support. Notwithstanding the organ's reiterated editorial admonitions to "Get vaccinated," Niagara Falls is undoubtedly the least vaccinated city in the United States. Yet it has not had a death from smallpox, nor an epidemic of this disease, during the last quarter of a cen-

tury, so far as I am able to ascertain, notwithstanding the significant fact that the contagion of smallpox has gained entrance into our city on five different occasions during the last five years. Each of these five outbreaks of the "dread" disease in a city not noted for its sanitary condition, has been readily controlled and its spread prevented by means other than vaccination. The "stamping out" process through the merits of the vaccine rite has been entirely ignored in this city.

Other cities, among which may be mentioned Boston, Philadelphia, Chicago, Cleveland, Buffalo, Pittsburg and Rochester, in all of which vigorous campaigns of vaccination had been carried out at enormous expense to the people, have had widespread epidemics of smallpox, with hundreds of fatalities therefrom, to which have been added many deaths from vaccinal tetanus (lockjaw). The more vaccination, the more smallpox cases, has been the general rule in these cities, as might have been expected from the fact that vaccination imparts diseases, thus impairing health and diminishing the natural resistance to infection. I challenge any health officer in this country to point out any well vaccinated population into which smallpox contagion has gained admission, for comparison with the city of Niagara Falls. If he will do so I will undertake to prove that the people of this city have enjoyed a far greater immunity from smallpox than have those of any well vaccinated city. Of course no health officer or other partisan of vaccination will accept my challenge. They will remain as dumb as dens of frozen adders.

Dr. Herman Spalding, chief medical inspector of the Chicago health department, and consequently a rabid partisan of vaccination, in a paper read

before the 53d annual meeting of the American Medical Association, deplores the failures of vaccination in the following words: "The report comes from London, England, that half the persons dying from smallpox had been vaccinated." Of course Dr. Spalding, in a futile attempt to save his lucrative hobby from reproach, tries to explain away the unwelcome facts. Spalding might truthfully have added that the report also comes from England that 95 per cent. of those attacked by smallpox had been previously vaccinated.

If there are in this city any parents who contemplate having their children vaccinated, I suggest as a precautionary measure that they first visit the home of Daniel O'Neill at No. 806 Niagara avenue of this city, or communicate with Mrs. O'Neill, the mother of Marie O'Neill, a child of 12 years, who had always enjoyed the best of health until she went to live with an aunt in New York City, where she was vaccinated without the knowledge or consent of her parents, both of whom are healthy people. Shortly after having been subjected to the vaccine operation Marie's health began to fail, running sores broke out on her body, she became emaciated, anaemic and debilitated until she was a physical wreck and a chronic invalid. It is just three years since this little girl, then in the bloom of health, was subjected to vaccine inoculation. I saw her last Friday at her home. She is thin, pallid and puny, presenting a striking contrast with her two sisters, who are hale and hearty, neither of the latter having ever been vaccinated. On Marie's body I found three running sores of long standing, which are painful and require the daily attention of her mother. The condition of this little sufferer is most pitiable and should be a solemn and lasting warning to all parents to guard their children against the assaults of the vaccinator's lancet as they would

guard them from the venomous fangs of a serpent. We are wont to read with feelings of amazement and horror the history of a superstition-crazed people of past ages who undertook to protect themselves by the sacrifice of their children on the altar of a carnivorous deity. That plan was tried by the worshipers of Moloch. It transcends belief to realize the fact that from 60 to 75 innocent boys and girls were immolated every year so long as their god could be made to behave. In times of war-scares the number of these victims was frequently doubled. The vaccine idol is the modern Moloch to which in times of smallpox-scares large numbers of human victims, mostly school children, are sacrificed.

Dr. Alfred Russel Wallace declares that "clearly ascertained facts render it in the highest degree probable that vaccination has actually increased susceptibility to smallpox infection and rendered epidemics more virulent."

The Jenner bigots should really apologize to the Moloch priests. The custom of sacrificing children in the vain hope of preventing war was certainly horrible enough, but what should we think of the morality or the intelligence of its advocates if they had continued to enforce the murderous rite after being confronted with proof that it tended to provoke war? Future generations will probably be struck with amazement when they read the sworn statement of a metropolitan registrar-general that "in the city of London alone an average of 200 children die annually from disorders initiated by the lancet of the vaccinator." The settlers of Salem appointed official witch-hunters, the Spanish West-Indian colonists heretic catchers. Even in this age of boasted enlightenment we have our official blood-poisoners. No Phoenician colony would have considered itself safe without an official expert in chaining and roasting children for the propitiation of

Moloch. We contemplate these horrors of the past with a shudder, while under our very eyes, in the Jennerized countries of Christendom, the vaccinators are sacrificing their helpless victims on the altar of ignorance and cupidity.

I cannot but think that coming generations while reading the history of medicine of the 19th and 20th centuries will ask: "Were those people crazy or were they such abject cowards and slaves to authority that they would submit to death and disease in their most disgusting forms rather than record an open protest against the arrogations of a gang of mercenary bullies and hirelings.

For the following reasons no parent should permit anyone to vaccinate himself or any member of his family.

1. Because vaccination, when it takes, is blood-poisoning, and may impart to the vaccinated a disease that is far more dangerous than the one it professes to prevent. We know what smallpox is, but we do not know what deadly poison my lurk in any specimen of vaccine virus.

2. Because it is an outrageous imposture to poison the pure blood of a healthy child with the impurities derived from a diseased beast.

3. Because nobody knows what vaccine virus, commonly mis-called "pure calf-lymph," is, and there is admittedly no known way of distinguishing the so-called pure from the impure.

4. Because vaccination has been the means of causing the deaths of many thousands of healthy children and ruining the health of other thousands.

Dr. Alfred Russel Wallace, LL. D., F. R. S., the distinguished English scientist and statistician, while referring in chapter xviii. of "The Wonderful Century," to vaccination in England says: "While utterly powerless

for good, vaccination is a certain cause of disease and death in many cases, and is the probable cause of about 10,000 deaths annually."

For every death from vaccination there are probably a hundred virus-blighted lives.

5. Because both the doctors who perform the vaccine operation, and the authorities who enforce the rite refuse to guarantee the result thereof or to indemnify a parent against the evils that so frequently result therefrom.

6. Because it has never been shown that vaccination has protected a single human being from smallpox except by killing him before the smallpox reached him.

7. Because there is not a scintilla of evidence on record in substantiation of the claim that vaccination mitigates smallpox.

All the evidence in support of the alleged preventive or mitigative efficacy of vaccination is only negative and indirect, while that against it is positive and direct.

8. Because the partisans of vaccination are not agreed among themselves as to which of the thirteen or more brands of vaccine virus now in use—each from a different origin—is the proper one or the best.

9. Because the intentional inoculation of the products of diseased animal tissue into the bodies of healthy children under the pretext of averting disease is wrong in logic, futile in practice, and is in direct conflict with the fundamental principles of aseptic surgery and sanitary science as at present understood. The foregoing propositions can all be proved.

J. W. HODGE, M. D.

Niagara Falls, N. Y., Feb. 8, 1904.

# Cupidity, Invincible Ignorance and Credulity, the Bases of Professional Faith in Vaccination\*

BY J. W. HODGE, M. D., NIAGARA FALLS, NEW YORK

## FOREWORD

Vaccination is a barbaric rite of superstitious origin, inherited from our ignorant forebears of a pre-scientific age. So-called "vaccine lymph" is a quack-nostrum of inscrutable varieties and of unknown composition, except that it is known to contain an indefinite mixture of the poisonous infective products of the undefined diseases of man and beast. The doctor who vaccinates enacts the role of the veriest mountebank, in that he prescribes and dispenses this dangerous nostrum without knowing what it is, who may need it, or what effect it will have upon its victim. In the Jennerian era the average doctor of medicine, of whom Jenner was a very ordinary specimen, knew nothing of hygiene and little of medicine, while the average layman of that period knew nothing of either hygiene or medicine, the latter of which he regarded as a sort of mystery.

In accordance with the prevailing custom of that time, everybody who was taken sick imagined that he must call in a doctor, swallow drastic drugs and be bled to insensibility. The patient just closed his reason, opened his mouth after the fashion of an unfledged birdling and implicitly swallowed the drastic dose of physic. If he died, his "taking off" was simply a dispensation of Divine Providence. If he fortunately happened to "pull through" in spite of the poisonous dosage and the depleting lancet, his recovery was hailed as an unmistakable and brilliant achievement of "scientific" medicine and a grand triumph of medical skill and acumen on the part of his attending physician. Since that time a century has rolled by, the dark mists of ignorance and superstition have been clearing away. People have learned to observe, to reason and to think. To-day the average intelligent man has his eyes and his reason open before he opens his mouth. He asks the doctor what he is giving him, why he gives it, and what effect he expects it to have. The average intelligent man of to-day has a mind and an opinion of his own. The days of mysticism and mystery in medicine are passing away, and professional authority is fast losing its grip upon the public mind. People nowadays are beginning to investigate, think and conclude for themselves. They are, at least, called upon to decide between the conflicting creeds of the different schools of medicine; and in order to intelligently decide, they must examine both sides, and, having examined both sides, they become entitled to an unquestionable right to an independent opinion of their own in matters medical, as in all other matters. If the doctors cannot agree with each other, the people surely have a right to disagree with the doctors.

After I had been forced by the stern logic of facts to surrender my faith in the Jennerian doctrine and began to write against vaccination, in the year 1883, I was regarded by my medical confreres as a medical heretic and was denounced as a fit subject for the services of an alienist.

I was gravely told by my professional colleagues that I might as well doubt the existence of the attraction of gravitation or the revolution of the earth on its axis as to doubt the efficacy of preventive vaccination.

These medical dogmatists declared that the efficacy of the Jennerian antidote for smallpox was a scientific fact as firmly established as is the attraction of gravitation, and that to question the former was quite as preposterous as to doubt the existence of the latter.

All this gratuitous advice tendered by my professional colleagues had but little effect upon me for the reason that I had demonstrated to my complete satisfaction the utter inefficacy of vaccination as an anti-variola measure. While officiating in the capacity of public vaccinator during an epidemic of smallpox in the city of Lockport, N. Y., in the year 1882, I personally vaccinated thousands of people with "pure" virus and good "takes" only to see scores of these "successfully" vaccinated and presumably well protected subjects come down with confluent smallpox only a few weeks after their "successful" vaccinations.

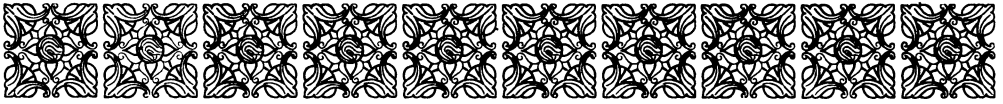
That gruesome experience utterly destroyed every particle of my long cherished faith in Dr. Jenner's quack-nostrum.

Since that time there has been a great revolution in the opinions of medical men and laymen in reference to protective vaccination. Thousands of physicians who were at that time ardent adherents of the Jennerian doctrine have since abandoned all faith in the Jennerian operation and are emphatic in their expressions of denunciation of Dr. Jenner and his great "discovery."

Distinguished scientists and philosophers, like Dr. Alfred Russel Wallace and Herbert Spencer, have investigated the practice of vaccination, only to denounce it *in toto* by characterizing it as a "gigantic delusion," a "disastrous delusion," and a "grotesque superstition." To-day vaccination stands condemned by the two most distinguished scientists and philosophers of modern times.

No man of science, who in modern times has investigated the subject of vaccination without having pecuniary or vested interests therein, has sanctioned the practice of this empirical art. On the contrary, every scientific investigator, who has turned his attention to the Jennerian practice, has thereafter disclaimed all belief in the alleged efficacy of vaccination as a prophylactic against smallpox. In consequence of the findings of these scientists I find now myself in the best of company.

\*Reprinted from *The Herald of Health* for January, 1911.



"The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom, and all the inconceivable abomination thus obtained thrust down the throats of human beings suffering from some fault of organization, nourishment or vital stimulation."

—*Oliver Wendell Holmes,*  
*M. D., LL. D.*

In the early years of his professional career, the writer of this paper was an implicit dupe of the medical delusion called "Vaccination." After a disappointing experience as official public vaccinator during an epidemic of smallpox in the City of Lockport, N. Y., in 1882, to which has been added twenty-five years' study of the vaccine treatment, the writer feels compelled to avow his settled conviction that the custom of "preventive" vaccination depends for support either upon the gross ignorance or the mercenary motives of those who advocate and practice the rite. When we consider the pecuniary emoluments which attach to the practice of vaccination, the medical treatment of its attendant ill-health and the enormous sale of vaccine "lymph", the suspicion that there is more at stake with its eager promoters than a consuming zeal for the public health, may be readily pardoned. The suggestive fact that the demand for legislation to enforce the vaccine operation upon those who do not wish it, has always come from the doctors of medicine, and not from the people generally, should be sufficient to arouse suspicion in the mind of any intelligent person.

In repudiating this virulent practice the writer feels that there are valid reasons for believing that the money-value to the upholders of the traffic in vaccine "lymph" and vaccination is by far the most potent factor in the maintenance of this disease-transmitting, health-blight-

ing practice. On the other hand, as is to be expected, the upholders of this health-destroying process indignantly pooh-pooh the imputation that the money-value of the practice has any influence whatever on their advocacy of it. One of the specious pleas habitually resorted to by the apologists for this pernicious practice, by which the infective poisonous products of undefined disease of man and beast are inoculated into the pure and wholesome bodies of healthy children, is the assertion that so far as pecuniary profit to themselves is concerned, it would be far more to their advantage not to advocate or practice vaccination at all, because, say they, the epidemics of smallpox which would surely prevail in the absence of preventive vaccination would bring to them and their colleagues far greater pecuniary profit than they are now accustomed to derive from the practice of vaccination and the treatment of its resultant ill-health. In the following pages I shall present evidence to prove that the above statement is not founded upon truth; that it is both false and misleading because it assumes first, that vaccination prevents smallpox, and secondly, that the spread of this disease in a community is not preventable except by vaccination—that in order to "*stamp out*" smallpox it is necessary to "*stamp in*" "cowpox". In this brochure, I propose to show that both the above-named assumptions are without warrant in fact.

### *No Available Proof That Vaccination Prevents Smallpox*

The postulate that vaccination protects from smallpox for any namable period of time has never been substantiated, except in those cases in which the vaccine treatment killed its subjects before smallpox reached them. From the very nature of the case it should be quite obvious to any logical mind that nobody can prove that vaccination ever did, or can, in a single instance, either *prevent*, or *mitigate* smallpox. To do so he must

be able to prove, first, that one or more persons *will certainly have smallpox unless vaccinated*, which, indeed, no one can prove, not even if gifted with prophetic power to an infinite degree, for although he might, if a true prophet, know of himself that the attack would take place at a certain time, he could not prove beforehand to another, not gifted like himself, the truth of his prophesy. I submit, therefore, that it would be the height of folly and presumption to claim that physicians can tell beforehand that anyone will ever have smallpox, whether he be vaccinated or not; much less can they tell beforehand what will be the degree of severity or malignancy of any attack in any particular case; and if they cannot prove that anyone will ever have smallpox *at all without* vaccination, how can they prove that vaccination ever prevents? And if they cannot prove, beforehand, what will be the degree of severity of any attack that may occur, how can they prove that vaccination ever mitigates? Let me repeat my statement: Nobody can possibly prove that vaccination ever prevents smallpox, for the obvious reason that no one is able to show in advance that any person would ever *have* smallpox if he were not vaccinated; and whether any case of smallpox, following vaccination, would have been worse or better without vaccination is impossible to know or to prove unless we can know and prove beforehand what the degree of severity of the case would have been *without* vaccination, which is utterly impossible.

In defiance of these obvious truths there are thousands of presumptuous medical professionals, complimentarily called physicians, who with brazen effrontery blatantly proclaim to their gullible clients that vaccination protects from smallpox, that nothing else does. These doctors either do, or they do not know better; but, do they observe, do they investigate, do they reason or think for themselves; or do they implicitly assent by an act of blind faith to Jenner's old eighteenth century trumpery which he borrowed from the milk-maids and farmers of his time and palmed off upon the world as a "great scientific discovery"?

#### *Natural Immunity From Smallpox*

It is a well-established fact which even fairminded vaccinists do not dispute, that many people possess a natural insusceptibility to smallpox infection, that thousands of unvaccinated people who have never had smallpox have been repeatedly and strongly exposed to variolous infection without contracting the disease. The writer, who does not bear "the mark of the beast" on his person, is one of that number. He has been severely exposed to smallpox infection on scores of occasions during the last quarter of a century without contracting the disease. That natural immunity from smallpox existed long before vaccination was known, and that very mild cases of smallpox were matters of common observation long before there was any alleged mitigating power in vaccination, is attested by the writings of medical authors who practiced medicine long before Jenner was born. Medical writers of the pre-Jennerian era tell us that in the period during which variolous inoculation was in vogue with the doctors, they came across numbers of subjects who refused to contract smallpox on having fresh variolous contagion of known activity and potency repeatedly and designedly ingrafted into their bodies by practiced inoculators for the specific purpose of inducing smallpox. During the period in which smallpox inoculation was being advocated and practiced by physicians under the same pretext that vaccination is now performed by designedly implanting the smallpox poison into the tissues of healthy people, it was a common occurrence in the practice of the variolators to meet with subjects who, never having had smallpox, were, nevertheless, insusceptible to infection thereby on repeated insertions of active variolous matter rubbed into abrasions on their bodies.

In a work entitled "Facts and Observations Relative to Inoculation in Berlin" (1781, pp. 132-144), by Dr. William Baylies, I find the following: "The King of Prussia, having given his sanction to inoculation in February, 1775, eight orphan children were chosen to commence the series, and only those were selected who were perfectly free from all marks or signs of their having ever gone



through the smallpox before; a thread was used which had previously been charged with fresh variolous matter at the London Smallpox-Hospital; the matter was inserted into both arms of the patients; yet we are informed that neither fever nor any other symptom followed in consequence of it, though the arms of two of them, on the third or fourth day from the operation, had a degree of inflammation for a day or two" (p. 138). Dr. Baylies tells us that he then "used a thread of much older matter, with which he re-inoculated these same eight orphan children, and also inoculated, for the first time, four others with a similar result; and lastly having learned that the child of a baker was down with the disease, he resolved to inoculate them with fresh variolous matter. The twelve children before mentioned, with seven others, were conducted to the baker's house, and they were all inoculated with warm fluid matter from ripe pustules, and for nearly an hour the children were kept in the infected atmosphere, and not one of the nineteen manifested the least symptom of the disease in consequence of it." (p. 143.)

Here is a record of nineteen children all of whom were not only inoculated with fresh variolous matter from smallpox pustules by a practiced inoculator, but were also caused to breathe a variolous atmosphere for nearly an hour, still not one of the whole number contracted smallpox, indicating that every one of these nineteen children was naturally insusceptible to that disease. Thousands of recorded cases of similar import might be adduced, but the above will suffice to show that there existed in many people a natural immunity to smallpox infection long before vaccination was known or practiced.

*Mild Cases of Smallpox Not of Unusual Occurrence Before Vaccination Was Known*

Thomas Sydenham, M. D., a distinguished old-school physician and medical author, writing about the year 1669, said of smallpox: "It is clear to me from all the observations that I can possibly make, that if no mischief be done by physician

or nurse, it is the most slight and safe of all disease."

The above was written 129 years before Jenner performed his first vaccination and 80 years before that unscrupulous charlatan was born. (Vide Works of Thomas Sydenham. M. D., Vol. 1, pp. 72-73.)

That which was observed and recorded by one of the best medical historians, Sir Gilbert Blane, is as applicable to existing populations as it was to those who lived more than 125 years ago. Speaking of smallpox, Blane says: "To some individuals the variolous infection produces a disease so malignant that nothing can stay its fatality, while in others the *disturbance is so slight as not to deserve the name of a disease*, so that there is every intermediate shade of severity and mildness, of danger and safety, in the cases of the individuals whom it affects. It is *clearly ascertained* that there are constitutions *entirely insusceptible* of smallpox, whether casual or inoculated, so that there is a series of constitutions of every possible gradation from the insusceptible, through all stages of mildness and severity to those in which it is irremediably fatal." (Vide Work on "Vital Statistics", by Chas. T. Pearce, M. D., M. R. C. S., p. 13.)

The fact that there are different degrees of natural susceptibility to smallpox, as to all other eruptive fevers, is ignored altogether by the advocates of vaccination who assume that in every mild case of smallpox which occurs in the vaccinated, the mildness is due to the alleged mitigative effect of vaccination. They also assume that the patient would have *died*, had it not been for his vaccination.

If physicians were able to ascertain beforehand who would take smallpox on exposure to its infection and who would not, there would then be some basis on which to determine whether vaccination protects; but no physician has ever shown the ability to foretell who is naturally insusceptible to smallpox. How then, I ask, can anybody know or prove that vaccination prevents smallpox? Profound silence is the only answer. To any one who can and will reason, it must be quite obvious, therefore, that by

no possibility can any benefit from vaccination be proven. In the face of this obvious fact the partisans of the Jennerian dogma have the assurance to persistently assert that vaccination protects from smallpox; that nothing else does.

On various occasions it has been seriously proposed by enterprising surgeons, having an eye to business, that all children should have their appendices removed so that they may not get appendicitis. Preposterous as this proposal is, it is far less unreasonable than the scheme of vaccinal prophylaxy, because appendectomy has some claim to being considered a preventive of appendicitis, while the asserted prophylaxy of vaccination is an assumption without warrant in reason, experience or common sense. After more than a hundred years of futile and cruel experimentation, it has never been shown that the recipients of the Jennerian treatment enjoy any greater immunity from smallpox than do those who have never received the alleged benefits of the rite. Although the old-school doctors of physic have been experimenting with vaccine virus during all these years, they have been unable to show a single good reason, or any kind of valid evidence that vaccination has ever benefitted the human race, or any member thereof (except themselves, the "lymph" manufacturers and the undertakers), in the slightest degree, or that a healthy child is in any way dangerous to anybody on account of not having been vaccinated (diseased). If general vaccination really had any effect in diminishing the liability to smallpox, we should certainly expect to find very much less smallpox in a *well* vaccinated community than in a *badly* vaccinated one. Leicester's great control-experiment, to which I shall again refer, has proved to a demonstration that the very reverse of this proposition is true. While there is no proof available that vaccination ever prevented smallpox in a *single instance*, or ever saved a *single life*, there is, on the contrary, ample and positive proof on record that neither vaccination nor re-vaccination can be depended upon to protect its subjects from smallpox for any namable period of time.

### *The Asserted Mitigative Effect of Vaccination, a Groundless Assumption*

Inasmuch as vaccination could have had nothing to do with mitigating the disease in those mild cases of smallpox, which medical historians tell us were of common occurrence long before vaccination was invented, on what ground of reason can vaccination be set forth as the cause of mitigation at the present time? Mild cases of smallpox in the unvaccinated are matters of common observation at the present day. Since the only proof that vaccination is capable of mitigating the severity of smallpox would be a lowered death-rate from that disease, the mitigation-dogma must be surrendered, *in toto*, for the sufficient reason that the death-rate from smallpox remains unchanged since the introduction of vaccination. It is a fact well known to those who have given attention to the history of smallpox that the case-fatality of that disease is no less at the present time, notwithstanding our advances in therapeutics and our improvements in hospital hygiene, than it was 150 years ago.

The general average death-rate over wide areas has remained, and now is, about 18.6 per cent. In support of the last two statements, I quote from page 43, par. 99, of the Minority Report of the Royal Commission on Vaccination the following extract: "The broad result is that when large figures are taken, the fatality of smallpox now (1896), with a large majority of the cases protected by vaccination, is about the same as it was last century, when none of the cases had received any protective rite."

From the article on Vaccination in Vol. XXIV of the ninth (last) English edition of the Encyclopedia Britannica by Prof. Chas. Creighton, M. D., A. M., I quote the following authoritative statement:

"The total death-rate from smallpox in modern times is almost the same as it was in the eighteenth century; large aggregates collected by Jurin and others in pre-vaccination times show a mortality of 18.8 per cent, and corresponding aggregates in English and American hospi-

tals, mostly since 1870, show a mortality of 18.5 per cent."

The significant fact that in spite of our hospital improvements, and the employment of more rational therapeutic methods, the death-rate from smallpox has not perceptibly diminished during the last 150 years, is strong evidence that vaccination has prevented a diminution. The other, so-called, zymotic diseases have diminished in their fatality-rate, *pari passu*, with the evolution of hygiene and sanitary science. The *only* disorder which vaccination is claimed to prevent, the *only* one for which it was considered necessary to provide a special prophylactic, the *only* one for whose prevention immense sums of public money have been expended, is the *very* one, and the *only* one which has failed to be ameliorated by the general improvement in the condition of the people.

From page 203 of a work entitled "Vaccination a Curse", by J. M. Peebles, A. M., M. D., Ph. D., I take the following:

"During the middle ages the nations of Europe were periodically devastated by four distinct forms of plague—the plague proper, the sweating sickness, the black death, and the smallpox. They were each about equally fatal and each most at home in the midst of squalor and filth. During the last century, in consequence of improved sanitation, three of these scourges have practically disappeared in the west, though they continue their hold upon the Orient where sanitary laws are quite unknown. In the west we have only smallpox left, which should have departed with the other three, and would have departed had the doctors and the state brought to the altar the same disinterested solicitude (?) to secure general sanitation, which they have displayed in the enforcement of vaccination."

#### *Disease, Suffering and Death, the Legitimate Fruitage of Vaccination*

If we sow the seeds of disease we cannot reasonably expect to reap a harvest of health. Blight and premature death are the legitimate fruitage of the tree whose root is disease. Official records bear testimony to the fact that thousands upon thousands of "successfully"

vaccinated children and re-vaccinated adults have contracted smallpox and died therefrom within periods ranging from a few weeks or months to a few years after having received the vaccine treatment at the hands of expert vaccinators. Vaccination annually destroys the lives of thousands of children. It should be borne in mind that for every death from vaccination there are scores of virus-blighted lives.

The official smallpox returns from the American Army in the Philippines for the period 1898 to 1901 show that there were 715 cases of smallpox among our recently re-vaccinated soldiers, and 249 deaths from that disease. This is a case-fatality of more than 35 per cent. Were vaccination either a preventive or a mitigant of smallpox these results would have been impossible. This sad experience of our completely re-vaccinated army proves that vaccination and re-vaccination, many times repeated, do not protect soldiers from attack, nor even from death, by smallpox when exposed to its infection. Modern disease-inoculators will, as a matter of course, deny the accuracy of the above statement with as much arrogance and as little truthfulness as their professional forebearers displayed when they strenuously denied the now universally admitted dangers of the arm-to-arm method of vaccination by which so grave and loathsome a malady as syphilis was transmitted to innocent little children as well as to the adult population in numerous cases.

The one circumstance that the so-called "calf-lymph" has been exclusively employed by vaccinators in this and other countries during the past twenty-five years is a tacit admission on their part that they blundered egregiously for nearly a century in pinning their faith to "humanized lymph" which they now emphatically taboo as dangerous and unfit for use.

#### *In Administering the Vaccine Rite, the Doctors of Physic Enact the Role of the Veriest Charlatan*

All vaccine substances, no matter by what names called, or from what sources derived, consist of indefinite mixtures of the poisonous, decaying products of ab-

normal and diseased animal tissues. Nobody knows, or can know, the nature, composition or vital chemistry of any of these compounds of the disease-products of man and beast. The physician has absolutely no means of ascertaining beforehand what the effect of any of these "vaccines" will be in any particular case. Every vaccine operation is a blind and dangerous experiment upon the health and the life of the vaccinated. In vaccination, doctors perform the role of the veriest charlatan in that they indiscriminately prescribe and administer the vaccine nostrum without knowing who may need it, what it contains, or what its effect will be. So empirical and uncertain is the vaccine practice that no physician is to be found who is either able or willing to guarantee in a single instance that vaccination *will protect* from smallpox, or that it *will not kill* the vaccinated or permanently destroy his health. The vaccinated must assume all risks. The disease-inoculator guarantees nothing but to take the fee for his reprehensible act of designedly imparting disease to a healthy person. There seems to be nothing certain about vaccination, save the vaccinator's fees.

Vaccination and re-vaccination periodically foisted upon the people through the machinery of corrupt laws with the frequency now declared necessary by its promoters constitute a perennial, perpetual and inexhaustible source of revenue to the vaccinating doctors and their accomplices, the "lymph" manufacturers. This is not all. There is still to be considered the enormous amount of ill-health, immediate and remote, which inevitably results from the virulent practice of systematically inoculating the infective products of the combined diseases of man and beast into the life-blood of the whole rising generation. William Tebb, F. R. G. B., a witness, who testified before the Royal Commission on Vaccination in 1890, gave evidence before that tribunal of 6,233 cases, with names and addresses, of victims of serious vaccinal injury, and 842 deaths shown to be due to vaccination. A rigid cross-examination failed to impugn any part of the testimony of Mr. Tebb. In view of the fact that it was possible for

such a formidable array of vaccinal injuries and disasters to come within the observation of one man, what must be the total aggregate of disease, suffering and death which results from vaccination in the world at large?

Dr. Alfred Russell Wallace, LL. D., F. R. S., "the dean of English scientists", writing of vaccination in England, says: "While utterly powerless for good, vaccination is a certain cause of disease and death in many cases, and is the probable cause of 10,000 deaths annually, by five inoculable diseases of the most terrible and disgusting character." If vaccination, as this distinguished scientist tells us, is the probable cause of 10,000 deaths every year in England, what must be the probable aggregate of disease, suffering and death caused by this virulent practice throughout the Jennerized countries of the world? The enormous pecuniary profit to the medical profession derived from the treatment of this enormous amount of unnecessary disease can hardly be overestimated.

Notwithstanding the utter failure of vaccination to prevent smallpox for any namable period of time, medical men who are committed to its emoluments have the brazen effrontery to tell the people that vaccination (disease) is a good thing for the public health and not a matter of pecuniary profit to the doctors.

Sir Lyon (now Lord) Playfair, M. D., of London, Eng., a rabid partisan of the Jennerian doctrine and a virulent advocate of compulsion, delivered a speech in defense of compulsory vaccination in the House of Commons on June 19th, 1883, in the course of which he is authoritatively reported to have said: "How can doctors all over the world benefit by keeping doctors poor through making their patients healthy?" Yes, how indeed! That the vaccine disease, unlike all other diseases, should make its victims "healthy" is surely extraordinary; but that doctors who transmit disease for fees should be kept "poor" thereby, and yet be so madly intent, as they show themselves to be, in extending the "impoverishing" practice by invoking the aid of Parliament to assist them in forcing it upon the unwilling and unconsenting

is still more extraordinary. Dr. Playfair's preposterous inference stamps him as a maladroit in human nature. Whatever of misery and disaster vaccination may inflict upon its innocent victims, it stands for anything but pecuniary loss to its practitioners.

*Vaccination Utterly Useless Except For Doctors' Fees and the Enrichment of Lymph-Manufacturers and Undertakers*

In the current (January, 1911) number of the *Medical Century* I shall present the case of Leicester, a manufacturing town of 250,000 population, from which smallpox was abolished without resort to vaccination and the general death-rate from all causes greatly diminished because of the abolition of this disease-imparting, death-dealing medical practice.

That smallpox can be readily controlled and its spread in a populous municipality prevented without recourse to vaccination has been clearly and repeatedly demonstrated on a large scale in Leicester, England, and other British towns.

It is the ardent desire of the writer of this brochure that all who read its

pages will carefully think this matter over and make themselves acquainted with the baselessness of the medical claims in behalf of vaccination. Parents, especially, should realize the vital importance of rescuing their children from the perils of this disastrous medical mal-practice which is sapping the lives of the rising generation, and filling thousands of tiny graves.

In concluding this thesis, I appeal to the vaccinating members of the medical profession to cut themselves loose from the trammels of "authority", tradition, precedent, and early education, to espouse the cause of humanity and common sense, study the case of Leicester and profit by her wholesome experience. If the profession of medicine is what it is claimed to be, the conservator of the public health, doctors should cease to worship the vaccine idol; they should abandon the senseless and disastrous practice of spreading disease in the name of health, cease to take refuge under pseudo-science, sophistry, dogmatism and technicalities, and make common cause with the people in their efforts to escape from the unhappy results of a century of medical mal-practice and professional misdirection.

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# THE DECLINE IN SMALLPOX

WHICH PRECEDED THE INTRODUCTION AND ACCOMPANIED THE  
ADOPTION OF VACCINATION—TO WHAT WAS IT DUE?

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BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

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A favorite and oft-repeated argument of the cowpox-propagandists in defense of vaccination is the allegation that the diminished prevalence of smallpox cases since the adoption of the Jennerian rite has been due to the protective influence of vaccine inoculation.

To ascertain whether there be any justification for this claim is the purport of this essay.

In entering the lists of those who antagonize and possibly unsettle a wide-spread medical faith, I am aware that I shall incur the charges of medical heresy and irreverence in thus presuming to question the assumed infallibility of a venerated medical dogma, which was inherited from a pre-scientific age, and has been implicitly accepted by the rank and file of the medical profession for more than a hundred years. If honest investigation be medical heresy, then I am pleased to be a heretic. While moving forward something must be left behind.

Progress is the watchword of the age. The world of thought and action must inevitably stagnate if fear of discerning errors of a reverend past denies the right of research, criticism and freedom of expression.

Involving as it does the welfare of the human race, either for good or for ill, vaccination deserves the calm and careful consideration of every thoughtful man and woman. I desire, therefore, to approach this vexed subject, not in a spirit of contentiousness, but with a sincere desire to get at the truth, even if, in so doing some unwelcome facts are revealed and some cherished ideals dissipated.

The first inquiry I shall make is: Has vaccination abated the prevalence of smallpox? Is there any competent and trustworthy evidence

on record in medical literature in support of the claim that the abatement of smallpox has in any measure been due to the effect of vaccination? In the prolonged controversy between the advocates of the Jennerian doctrine and the opponents of vaccination, this question has received both an affirmative and a negative answer.

The disciples of Jenner have contended that the lull in smallpox which characterized the early years of the last century was due to the introduction of vaccination, while the disbelievers in the Jennerian mystery of preserving health by propagating disease, have stoutly maintained that there is no evidence to warrant such an assumption.

From causes undefined and in their full extent probably undiscoverable, a subsidence of smallpox in London, over western Europe and the United States, set in towards the close of the eighteenth century and continued through the first quarter of the nineteenth.

To this subsidence, the favor which vaccination met was largely due. The decline in the prevalence of this disease concurrently with the adoption of a nostrum for its prevention was readily ascribed by its promoters to vaccination although the decline prevailed among an overwhelming majority who had never received the Jennerian rite. The decline in fevers as well as in smallpox and other zymotic diseases took place at the same time.

To make good their claims for vaccination, it would be necessary for its promoters to maintain that the Jennerian rite as applied to two or three per cent of Europeans effected the salvation from smallpox of 97 or 98 per cent.

To establish their claims in behalf of the alleged anti-variolous properties of vaccine virus when inoculated into the bodies of its subjects, the apostles of Jenner should be able to show that among populations on which vaccination was least practiced there was most smallpox, and where most practiced there was least smallpox. This the advocates of vaccination have never been able to do.

On the other hand the disbelievers in the Jennerian nostrum as a preventive of variolous infection have produced volumes of the most convincing testimony in support of their belief that the practice of vaccination has not been a factor in the diminution of smallpox, but on the contrary, has been instrumental in keeping this disease alive, so that it continues to infest the civilized world long after its allied filth-diseases of the middle ages have disappeared before the advance of civilization, through the good offices of hygiene, sanitation and the isolation of the sick.

Sanitarians agree in attributing to these powerful prophylactic agencies the extinction in civilized countries of the plague, the black death,

and typhus fever, which were the scourges of pre-sanitary times. By referring to the tables of vital statistics of London, as recorded by Dr. Wm. Farr, the registrar-general of England for the years 1629 to 1835 inclusive, it will be seen that smallpox, in common with other diseases, began to decline nearly thirty years before the introduction of vaccination, and was a part of a general improvement in the public health which was taking place about that time.

Commenting on this subject, Dr. Farr says: "Smallpox attained its maximum mortality after inoculation was introduced. The annual deaths from smallpox registered 1760-'79 were 2,323; in the next twenty years, 1780-'99, they declined to 1,740. Smallpox, therefore, began to grow less fatal before vaccination was discovered, indicating, together with diminution of fever, the general improvement of health then taking place."

*As the practice of vaccination became more general, each successive visitation of smallpox broadened and the disease became more virulent in proportion to the spread of vaccination.*

As evidence that the practice of vaccination is impotent to eradicate, arrest or mitigate smallpox, the opponents of the Jennerian rite present the following figures compiled from the reports of England's Registrar-General, by C. T. Pearce, M. D., M. R. C. S., and published by him in Feb. 1877, under the title, "Vital Statistics No. 1."

Dr. Pearce says: "Vaccination was made compulsory in England by an Act of Parliament in the year 1853; again in 1867, and still more stringent in 1871.

"Since 1853, we have had three epidemics of smallpox, each more severe than the preceding." Dr. Pearce's table follows:

DATE OF EPIDEMIC.	DEATHS FROM SMALLPOX.
1st—1857-59.....	14,244.
2d—1863-65.....	20,059.
3d—1870-72.....	44,840.

Increase of population from first to second epidemic, 7 per cent.

Increase of smallpox in same period nearly 50 per cent.

Increase in population from second to third epidemic, 10 per cent.

Increase of smallpox in same period, 120 per cent.

Deaths from smallpox in the first ten years of the enforcement of vaccination, 1854 to 1863, 33,515. In the second ten years, 1864 to 1873, 70,458.

"At the present time (Apr. 1877)," continues Dr. Pearce, "smallpox is raging unchecked among the well-vaccinated populations of London, Liverpool and Manchester. Prior to the passing of the Compulsory



Law, one smallpox hospital sufficed for the whole of London, now four are not sufficient to contain the victims."

These figures compiled from the official report of the Registrar-General were examined and verified at his office, Somerset House, Feb. 13, 1877. The facts they indicate have since been admitted in Parliament by the Right Hon. G. Slater Booth, M. P.

Assuming that increased stringency of the compulsory law represented increase of vaccination, which is a fair conclusion, we have positive statistical proof of the broad fact, that as vaccination became more general through the operation of more stringent compulsory legislation, smallpox became steadily more fatal. By referring to the London bills of mortality we find results similar to those for all England. Here are the figures from the Registrar-General's report of smallpox deaths in London:

YEARS.	DEATHS FROM SMALLPOX.
1851-60.....	7,150
1861-70.....	8,347
1871-80.....	15,551

During the last twenty years of the period covered by the above table every possible effort was made by the English government to secure perfect vaccination of the entire population. Armies of official vaccinators were deployed all over the kingdom provided with vaccine virus cultivated in an establishment under government control; extra rewards for efficient services were offered and paid; criminal prosecutions were brought against all those who objected to being thus parentally guarded by government. A sum aggregating many millions of dollars was spent to accomplish — what? To "stamp out smallpox," by the Jennerian method. How far all this paraphernalia of governmental interference succeeded, the statistics I have given show.

Herbert Spencer, in *Social Statics*, p. 367, while referring to this state of affairs says: "The measures enjoined by the Vaccination Acts were to have exterminated smallpox; yet the Registrar-General's Reports show that the deaths from smallpox have been increasing."

The official statistics show conclusively that concurrently with the extension of vaccination, smallpox grew more and more fatal, notwithstanding the wholesome and beneficent influence exercised by advancing sanitation and the employment of more rational methods of treating smallpox patients. Turning to Italy we find a record of an experience with vaccination and smallpox paralleling that of England.

Dr. Charles Ruata, M. D., professor of hygiene in the University of Perugia, Italy, declares that in his country compulsory vaccination has long been practiced with great care and assiduity. He affirms that in no country has enforced vaccination been more universally and thoroughly practiced

than in Italy. To use his own words: "Italy is one of the best vaccinated countries in the world, if not the best, and we can prove this mathematically." Prof. Ruata, who has made a very exhaustive study of the vaccination problem, gives the following facts and figures in an article entitled "Vaccination in Italy," which was printed in *The New York Medical Journal* of July 22, 1899, pp. 133-4.

YEAR.	DEATHS FROM SMALLPOX.	YEAR.	DEATHS FROM SMALLPOX.
1881.....	8000.	1885.....	12000.
1882.....	7000.	1886.....	19000.
1883.....	2000.	1887.....	16200.
1884.....	6000.	1888.....	18000.

In commenting on this great mortality from smallpox following recent and thorough vaccination which Dr. Ruata assures us "has been performed twice a year in the most satisfactory manner for many years past" he pertinently asks: "Can you cite anything worse than this before the invention of vaccination?"

"The above is the result," declares Dr. Ruata, "notwithstanding the fact that our nation has since 1865 been kept vaccinated in the proportion of 98.5 per cent of the entire population." Let any sane person ponder these official statistics and then ask himself the questions: Does vaccination protect from smallpox? Does it mitigate the disease?

While reviewing the statistics of the Italian Army in reference to the occurrence of smallpox among the soldiers, Dr. Ruata says: "All our young men, with few exceptions, at the age of twenty years must spend three years in the army where a regulation prescribes that they must be vaccinated directly on entering the service."

After commenting on the thoroughness with which vaccination is enforced in the Italian army, Dr. Ruata produces the government statistics to verify his statement that "the 'duly protected' soldiers were attacked by smallpox in a proportion double that among the 'unprotected' soldiers."

He also says: "The death rate among those (soldiers) vaccinated with good result was greater than in those vaccinated with bad result."

Prof. Ruata mentions the fact that the only vaccine lymph used in the Italian army is "animal lymph furnished exclusively by the government institute for the production of animal lymph."

In referring to the reliability of the above statistics Prof. Ruata says: "As you see, these are official statements, extremely trustworthy, because made in a country where, and at a time when, no one thought that it was possible to raise a doubt against the dogma of vaccination. In our country we have no league against vaccination, and every father thinks that is one of his first duties. For these reasons no bias could exist against vaccination in making these statistics."

Were time and space available, I could quote similar statistics by the

page, chapter, and volume, showing that in every country in which vaccination has been tried, and records kept, it has utterly failed to "stamp out" arrest, or mitigate smallpox.

Coming home to our own country and examining the statistics of recent years, this is what we find in the reports of the United States Marine Hospital service: "From Dec. 28, 1899 to May 31, 1900, there were 11,448 cases of smallpox." In view of such results occurring in a picked body of young men all of whom were "protected" by vaccination and re-vaccination, which is obligatory in our army and navy, what is the obvious conclusion? If there is anything in "protective" vaccination, why did not these young men obtain immunity?

Within a few weeks of the time that our army landed in Manilla, smallpox became epidemic among our much vaccinated men, and remained with them until it had a large number of deaths to its credit.

In its issue of August 2, 1899, the *Buffalo Courier* printed a statement taken from the records of the Surgeon-General's office at Manilla, showing the number of fatalities and their causes up to the 2d of June, 1899.

"According to this compilation," says the editor of the *The Courier*, "of 699 privates, 294 died of wounds received in action, 9 were killed accidentally, 23 were drowned, 7 committed suicide, 106 died of typhoid fever, 89 of smallpox and 14 of meningitis." By scrutinizing the above tabulation we find that the deaths from smallpox among our troops (all of whom without exception had been repeatedly vaccinated after leaving this country) constituted 3-7, or nearly 50 per cent. of the entire number of deaths from all diseases combined. In commenting on this fatality from smallpox among our well-vaccinated soldiers, *The Courier* frankly and truthfully remarks: "Opponents of vaccination find a good argument in this condition of affairs at Manilla."

When this great mortality from smallpox was brought to his attention, Chief Surgeon Lippincott, of the Philippine army, in a report to the War Department said: "I can say that no army was ever so thoroughly looked after in the matter of vaccination as ours.

Vaccination and re-vaccination many times repeated, went on as regularly as the drills at a regular Post."

The report of the Surgeon-General of the U. S. army up to June, 1901, records for the year 246 cases of smallpox, with 113 deaths, a mortality of about 46 per cent. During the three years preceding this report there were among the recently successfully vaccinated soldiers 705 cases of smallpox, with 220 deaths. Yet we are assured that "every enlisting soldier is vaccinated at the time of being recruited, and re-vaccinated, not only on entering the U. S. army, but also as often after as seems advisable to the army medical authorities." A smallpox

death-rate of 46 per. cent in a picked body of men, shows how vaccination mitigates.

It will be noticed that in the treatment of the subject of this essay, I have purposely derived my statistical data, mainly from countries in which vaccination has for long periods been enforced under the provisions of compulsory laws and in which the registration of vital statistics has long been in systematic operation.

But few statistics from the United States have been presented in the foregoing pages for the reason that in this country there are few vital statistics that are worthy of credence, and still fewer that are of material help in this inquiry.

I find that American statistics in regard to vaccination are wholly unreliable and in many instances purposely misleading. This is largely due to the baneful influence of mercenary political jugglers who hamper every department of our civil administration.

In America we are totally ignorant of vital statistics as they are understood in countries like Great Britain and Italy. Recognizing the great advantage in a statistical collection, of a settled population like that of England, over a growing and migratory population such as we have in this country, I have drawn copiously from the Reports of the Registrar-General of England.

#### SMALLPOX FATALITY-RATES IN THE VACCINATED AND THE UNVACCINATED.

A prominent feature in medical and official publications advocating vaccination is the presentation of comparative tables exhibiting the greater motality among the unvaccinated, especially when children. The fallacy of comparing the death-rate of the unvaccinated with that of the vaccinated when stricken with smallpox becomes apparent to any intelligent person who has given the subject a moment's serious consideration. Of course the death-rate is greater among the unvaccinated. This fact medical writers favoring vaccination construe as proof that vaccination mitigates the severity of the disease. This assumption, however, is wholly unwarranted for the reason that the unvaccinated are quite a different class from the vaccinated, and the former, therefore, afford no data for a just comparison with the latter. It is a fact admitted by many pro-vaccinal authorities that the unvaccinated belong to the poorer classes, while they also include most of the criminal classes, as well as tramps, and the nomadic population.

In the *British Medical Journal* of Oct. 23, 1880 (Vol. II, p. 672) this source of fallacy is pointed out by the editor who says: "It is probable that a large proportion of unvaccinated persons are to be found among

the ignorant, dirty and wretched inhabitants of the slums of London, and very few, indeed, among the educated and better fed members of society." And Dr. Gayton while testifying before the Royal Commission on vaccination (Q. 1,843) said that this would be likely to operate detrimentally by way of raising the unvaccinated mortality.

This is the case not only in London but also in every large city. The unvaccinated include children who, on account of tainted constitutions, or ill-health, have either escaped the vaccinator's lance, or had their vaccination deferred on account of their constitutional weakness or their suffering from other diseases. In the unvaccinated class of children, are found the waifs and strays of civilization, the offspring of vagabonds, the natural victims of disease.

The unvaccinated, therefore, are especially liable to zymotic diseases of any kind, smallpox included. Smallpox being a disease which is associated with unwholesome conditions of life, finds these very conditions among the unvaccinated.

There is no occasion to dispute the fact that in populous cities smallpox is commoner and more fatal among the unvaccinated than among the vaccinated since the unvaccinated consist mainly of the homeless, the outcast, the feeble and sickly children whose constitutions and environment predispose to smallpox and contribute to the worst results when smallpox occurs.

That the mortality from smallpox among this class should be greater than among the vaccinated, should excite no surprise. With whatever disease affected the unvaccinated would compare unfavorably with the vaccinated. The members of the former class would be expected to die at a greater rate from whatever disorder happened to strike them first, whether it was measles, whooping-cough or diarrhea.

In reference, therefore, to the repetition of an oft-corrected and obviously erroneous statement of the apologists for vaccination, it can easily be shown that the bulk of the unvaccinated are the very poor, tramps, beggars and criminals; the occupants of the tenement houses and slums of our large cities who are continually changing their residence. Since it is essentially among the lowest and poorest classes that the bulk of the unvaccinated cases is to be found, it is grossly unfair to compare them with the vaccinated as if all lived under like circumstances. It is, therefore, a gross fallacy to assume that the difference in mortality between the vaccinated and the unvaccinated is due to the fact of vaccination or the absence of it.

If it is (and it cannot be denied) the needy, the dirty, the disorderly, the intemperate and the unhealthy, who especially represent the unvaccinated, how can we for a moment be surprised that the mortality dur-

ing the prevalence of an epidemic of smallpox, or one of any other disease should be greater among persons of this class than among the well-to-do, or, at least, the less indigent classes? And while so much is said by the promoters of the Jennerian rite about the great lethality from smallpox among "unvaccinated children," it is obvious that they have neglected to take into account the factor of vitality, which independent of the question of vaccination, is likely to be found among those unhappy children of vice and want, with their constitutional weakness and their tendency to disease.

Is it necessary in order to explain the greater mortality among such individuals to seek for other reasons than simply those that have just been stated? I think not.

It is evident to any logical mind that so long as these circumstances are not taken into account, and so long as it cannot be demonstrated that the vaccinated and the unvaccinated are under similar conditions with regard to sanitary surroundings and bodily health, the comparison and the number in question, in reality, prove nothing except the futility of the argument advanced by vaccinists.

This circumstance renders the investigation of the question so much more difficult that we cannot, without hesitation, accept the returns which are made, be it by the hospital or by private medical practitioners, and unless a great number of observations can be made with perfect impartiality in the case of patients whose positions in life are at least tolerably equal, it will be quite impossible to arrive at any conclusions worthy of confidence.

In making a critical examination of the fatality statistics in the two classes (vaccinated and unvaccinated) it is quite obvious that their accuracy would depend on whether the statement as to alleged vaccination could be absolutely relied upon; and secondly, on whether the two classes were perfectly comparable in every respect other than their vaccination.

#### SMALLPOX AGE-INCIDENCE IN THE VACCINATED AND THE UNVACCINATED.

A few words as to the changed incidence of smallpox with respect to age.

A stock argument constantly employed by the advocates of Jennerism is the following:

In pre-vaccination times, smallpox was confined almost wholly to children. From 90 to 98 per cent. of all smallpox deaths were in children under 10 years of age. Since vaccination began, smallpox has in a great measure departed from childhood, and has transferred itself to adult life. The disciples of Jenner ask us to believe that this trans-

ference of the disease from childhood to later years is due to the protection afforded by vaccination to the young, and to the exhaustion of protection in adults. But the apologists for vaccination conveniently overlook the fact that the age-incidence of smallpox in the *unvaccinated* has *also* undergone the same transference from childhood to adult life.

Then again, it is a well-known fact that sanitation has a specially beneficial effect on the young, and this presumably accounts for the altered age-incidence of smallpox. Dr. William Buchan in his work on "Domestic Medicine" (10th edition), gives the key to this problem when he says: "Whenever air stagnates long, it becomes unwholesome. The low dirty habitations of large cities are the very lurking-places of bad air and contagious diseases. Such as live in them seldom enjoy good health, and their children commonly die young."

In the Forty-second Annual Report of the Registrar-General, London, p. 23, 1879, Dr. Farr says: "That the sanitary efforts made of late years should have more distinctly affected the mortality of the young is only what might naturally be anticipated; for it is against noxious influences to which the young are more especially sensitive that the weapons of sanitary reformers have been chiefly directed. The large proportionate smallpox mortality of children in the cities, compared with rural districts, is certainly not due to any difference in the amount of vaccination, and it is difficult to escape the conclusion that the young are more injuriously affected by over-crowding and other unsanitary conditions associated with city life, than adults."

#### THE EVOLUTION OF HYGIENE AND SANITARY SCIENCE AS A FACTOR IN THE DECLINE OF SMALLPOX.

While seeking the causes for the diminution of smallpox, the influence of sanitary efforts must not be overlooked. By improving the sanitary surroundings and the hygienic conditions under which people live, you thereby fortify them against infection; and by isolating the infected, you diminish the chances of attack. Writers on sanitary science tell us that the greater cleanliness of civilized people in their persons, their dwellings, their streets and their cities during the last two centuries has undoubtedly contributed largely to the decline of diseases generally, smallpox included.

There was evidently a great improvement in the health of London as measured by the fall of the death-rate from all causes, from its highest point in the plague-period to a rate of about one-third of what it had been.

As is shown by the reports of Dr. Farr, the Registrar-General of England, a great improvement in the public health took place between

the middle of the 18th century and the earlier years of the 19th. Dr. Farr, remarking on this improvement says: "The diseases of London in the 16th century still prevail in unhealthy climates; not only the diseases and the manner of death have changed in the metropolis but the frequency and fatality of the principal diseases have diminished."

In considering this part of the subject it is pertinent to ask: What most predisposes to the spread and perpetuation of smallpox infection? The answer is, insanitary conditions of life—the same conditions which favor the spread of other forms of zymotic disease. Smallpox, we may be sure, is no exception to the general rule.

Vaccinators, on the other hand, ascribe predisposition to inattention to their rite, and attempt to prove their case by asserting the greater liability of the unvaccinated, overlooking the fact that the unvaccinated are almost exclusively the poor, the sickly, and the miserable, who are surrounded by the very conditions which sanitarians contend especially predispose to smallpox. According to the unanimous verdict of writers on variolous epidemiology, a prominent feature of smallpox is that its most destructive epidemics have ever been confined almost exclusively to the lower strata of society. It has thrived among those who lived under the least favorable sanitary environment. It is a filth-disease. All the world over its most destructive epidemics have coincided with periods of sanitary neglect. Its principal victims have been the poor and uncleanly. In Australia smallpox is called the "beggars' disease." In this country it is largely spread by tramps and vagrants, who not only live under unhealthy conditions, but are frequently deprived of the common necessities of life.

The eminent English sanitarian, Dr. Edwin Chadwick, in formulating his conclusions on the prevention of epidemics, and urging the separation of the infected from the uninfected, when an outbreak occurs, declared: "Cases of smallpox, of typhus and of other of the ordinary epidemics, occur in the greatest proportion on common conditions of foul air from stagnant putrefaction, from bad house-drainage, from defective sewers, from excrement-sodden sites, from filthy street-surfaces, from impure water and from over-crowding in public institutions and private houses. The entire removal of such conditions by complete sanitation and by improved dwellings is the effectual preventive of diseases of this species, and of ordinary as well as extraordinary visitations."—("Prevention of Epidemics," pp. 22-23, 1881).

Another authority, Dr. August Hirsch, (in his "Handbook of Geographical and Historical Pathology," Vol. I, p. 481) maintains that "smallpox as well as typhus takes up its abode most readily in places where the noxious influences due to neglected hygiene make themselves



most felt." The two following statements, if taken together, almost entirely concede the case under consideration. The *British Medical Journal*, (Vol. II, p. 801, Oct. 21, 1882) stated that "all sanitarians are agreed that insanitary conditions greatly favor the spread of smallpox." Dr. W. B. Carpenter in "*The Nineteenth Century*," p. 527 (April 1882) admitted "that in the general mitigation in the type of this disease (smallpox) and in the enormous reduction in its mortality which has taken place during the last hundred years, the improved sanitary condition of our population (evinced by a reduction in the general death-rate) has had a large share."

There is super-abundance of convincing testimony on record to show that at the present time in countries where sanitation has made little progress, or where over-crowding, filth accumulation, non-isolation of the infected, and in some cases, the continued practice of variolous inoculation prevail, smallpox is still rife, in fact epidemic, and its persistence is mainly attributable to these causes, and where these causes exist, vaccination entirely fails to neutralize them.

Thus in the annual official sanitary reports from India, where for two generations compulsory vaccination has been rigorously enforced upon the native population, we find frequent references to the influence of insanitation upon the prevalence of and the mortality from smallpox.

In the official Report on Sanitary Measures in India in 1879-1880 p. 142, it is stated; "The vaccination returns throughout India show the same fact, that the number of vaccinations does not necessarily bear a ratio to the smallpox deaths.

Smallpox in India is related to season, and also to epidemic prevalence; it is not a disease, therefore, that can be controlled by vaccination, in the sense that vaccination is a specific against it. As an endemic and epidemic disease, it must be dealt with by sanitary measures and if these are neglected, smallpox is certain to increase during epidemic times."

Dr. W. J. Collins and J. A. Picton, two of the Royal Vaccination Commissioners have put on record (Minority Report, p. 86, par. 221) their joint opinion as follows: "We are quite unable to agree with those who have maintained that sanitary measures have little or no influence upon smallpox. We have already given our reasons for thinking that the teachings of the early sanitarians, like Howard and Haygarth towards the close of the last century, initiated a new line of thought in the prevention of disease, and we believe the general improvement of the public health which then set in was due, in a large measure, to a greater sanitary activity, and that the falling off of the death-rate of

fevers and smallpox, as well as in the general death-rate, is confirmatory of this view.

In speaking of sanitation, we use the word in its widest sense; we are not speaking merely of drainage improvements, but we include the prevention of overcrowding on areas, or within houses and rooms, the proper construction of dwellings so as to permit thorough ventilation; the promotion of cleanliness and adequate water supply, and the prompt removal of filth accumulations. Related to these measures but in a somewhat different category, are means directed against contagion, the speedy separation (in suitable hospitals) of the infected from the healthy, the disinfection of persons and things, and the prevention of the propagation of the disease by inadvertent carelessness, or by intentional inoculation," (p. 86, par. 221-2).

The Registrar-General of England has put the whole question of the relativity of sanitation to the zymoses very tersely in the following language, which I quote from his official report for 1880: "The decennium which closed with the year 1880 was one of lower mortality in London than any of the preceding decennial periods.

"These facts are strong evidence that the sanitary efforts of recent years have not been unfruitful. The evidence in support of this position is rendered still stronger, if, instead of fixing our attention upon the total mortality, we take into consideration its causes. For it will be found that the saving of life was almost entirely due to diminished mortality from causes whose destructive activity is especially amenable to sanitary interference—namely, the so-called zymotic diseases."

In this report Dr. Farr points out that, "The death-rate from fever during this decennium (1871-1880), fell nearly fifty per cent., that of scarlatina and diphtheria fell 33 per cent."

"One disease alone in this class," says the Registrar-General, "showed exceptionally a rise, and no inconsiderable one. This was smallpox, which owing to the two great outbreaks of 1871-2 and 1877-8, gave a death-rate of nearly 50 per cent above its previous average." During all this period, vaccination was rigorously enforced upon the people of London through the operation of stringent compulsory vaccination laws. What the result was, Dr. Farr, the Registrar-General has told us, viz.: The only disease that vaccination was claimed to mitigate, the only one for which it was considered necessary for the government to provide a special prophylactic, the only one for whose prevention enormous sums were voted out of the public funds, was the very one, and the only one, that failed to be ameliorated by the general improvement in the condition of the people.

THE CESSATION OF INOCULATION AS A FACTOR IN THE DECLINE OF  
SMALLPOX.

In the following paragraph I propose to indicate some of the other causes which have co-operated to decrease smallpox and to diminish the fatality from this disease.

In looking for the principal causes of the prevalence and fatality of smallpox, it will be convenient at this juncture to consider the effect produced on smallpox mortality by the displacement of variolous inoculation by vaccination. In this connection it should be recalled that in pre-vaccination times, variolous inoculation was as loudly lauded by the medical profession as a panacea for smallpox as vaccination is to-day.

Viewed from our present knowledge of infectious diseases, variolous inoculation is seen to be a gigantic blunder. Instead of being the entirely harmless invention that it was claimed in 1721 to be, it was found to be so pernicious a practice, and so destructive of public health as to be branded a crime in 1840. At the time of its adoption it was hailed by the medical profession as the greatest of medical discoveries, and the encomiums lavished upon it for more than half a century equalled those that have since been accorded to vaccination.

Inoculation was always spoken of by medical writers of its time as "*one of the best established facts of medical science.*" As it was only in rare instances that inoculated subjects were subjected to any form of isolation, it cannot be reasonably denied that they must frequently have served as centres of infection from which the disease (smallpox) was widely diffused.

Dr. William Farr, Registrar-General of England, has told us that "Smallpox attained its maximum mortality after inoculation was introduced." After the introduction of inoculation, the ravages of smallpox increased, not only directly as the result of inoculation, but each inoculated person became a focus of infection from which smallpox spread in every direction, often with great virulence.

From the article Smallpox by James Farness Marson, M. D., F. R. C. S., in Reynold's System of Medicine, Vol. 1, p. 157, I quote the following: "The great objection to inoculation was that it spread smallpox just as the natural disease did. It could be set going, by sending in a letter a bit of cotton thread dipped in variolous lymph for the purpose of inoculation; so that, although the practice was of great advantage to the individuals, it was very destructive to the public at large, and the general mortality from smallpox was thereby greatly increased."

Dr. Wagstaffe, an authority writing in 1722, instanced an occurrence in the town of Hertford, where in consequence of a few inoculations,

smallpox had spread and occasioned a considerable mortality.—“Moore’s History of Smallpox,” p. 242.

Dr. Moore alluding to these occurrences remarks, (p. 233) that “they should have induced the profession to pause ere they proceeded, or at least to have prompted them never to inoculate without adequate measures being adopted to prevent the infection spreading to others. The neglect of this easy precaution has occasioned the loss of millions of lives.”

In 1763, smallpox was unusually severe in Paris and on investigation, it was determined that this was owing to increased infection from the prevailing practice of inoculation. A decree was accordingly issued prohibiting the continuance of variolous inoculation in that city. There is recorded in medical literature abundance of evidence showing that where inoculation was restricted a diminished mortality from smallpox resulted. Calculations made by De Haen, Rast, Heberden and others, confirm the belief that variolous inoculation as practiced in London, kept in operation, a constant source of contagion and this naturally increased the prevalence of smallpox.

Dr. Heberden, writing in no controversial spirit, thus summed up the case in 1801: “The inoculation of smallpox having been first used in England since the beginning of the 18th century, and having been now for a number of years, generally adopted by all the middle and higher orders of society, it becomes an interesting inquiry to observe, from a review of the last hundred years, what have been the effects of so great an innovation upon the mortality occasioned by that disease.

“But however beneficial inoculation proved to individuals, or indeed to the nation at large, the Bills of Mortality incontestably show that in London more persons have died of smallpox since the introduction of that practice.”

In the Minority Report of the Royal Commission on Vaccination, p. 20, par. 28, is found the following: “We agree with those witnesses who are of the opinion that inoculation as practiced in this country and in many parts of Europe during the last century did tend to increase the prevalence of smallpox, that it introduced the disease into places that in all probability, would have remained exempt from it, and in some large towns like London, it tended to keep the contagion alive and to make the disease epidemic.” On p. 20, par. 29, the dissentient commissioners continue: “We are led to believe but for the disease (smallpox) being kept alive by inoculation, the improvement of the public health which set in towards the end of the 18th century, in obedience to the causes to which we have alluded, would have brought about an earlier and a greater decline of smallpox mortality. The mere substitution of a non-

contagious process like vaccination for the old inoculation in a population of whom some 80 per cent or more had acquired naturally or artificially such protection as previous smallpox affords, would have a striking effect upon the smallpox death-rate by reducing the liability to infection of the remaining susceptible."

The 18th century, during which inoculation was in vogue was pre-eminently the smallpox century. Dr. W. J. Collins and Mr. Picton, two of the Royal Vaccination Commissioners in their joint report (p. 12, par. 15) in referring to this subject thus express themselves: "Notwithstanding the extensive practice of inoculation, or, as has been alleged, in consequence of it, smallpox continued throughout the 18th century to be endemic in London and severely epidemic at frequent intervals in many towns and villages in this country and abroad. During the latter half of the century, attention was called by many writers to the serious evil to society of partial and indiscriminate inoculation.

It was shown that whatever advantages might result to the inoculated by way of protection from attack, the practice had frequently been the means of introducing the disease into towns and villages that were previously free from it and that it could only be worked at an intolerable cost of life."

In view of these facts it must be evident to any logical mind that the abatement and afterwards the discontinuance of variolous inoculation which occurred synchronously with the introduction of vaccination by checking a fertile source of the diffusion of variolous infection, brought about indirectly, a considerable reduction of mortality from smallpox. Great as such influence must have been, and great as were the efforts which were then for the first time being put forth to restrict the spread of smallpox by efforts directed against contagion and infection, there were in addition the influences of sanitary improvements which have been continued and intensified during the succeeding century, and which must also be credited with a considerable share in the reduction of smallpox.

The scope of this essay forbids me to enter further into this part of the subject; but I feel assured that anyone who has studied the history of smallpox and variolous inoculation must be satisfied that this practice did tend to spread and establish smallpox by introducing the contagion into many places which would probably have otherwise remained free from the disease.

#### ISOLATION OF THE INFECTED, AND DISINFECTION, AS FACTORS IN DIMINISHING THE PREVALENCE OF SMALLPOX.

When we advert to the fact that smallpox is an infectious disease, and that contagion from those suffering from it is the means whereby the

disease is propagated and diffused, we can appreciate the importance of the isolation of the infected as a means of restricting the spread of the disease.

Although reference to contagion appears in some of the Arabian writers, the infectious nature of smallpox attracted little attention in England and Western Europe until the 18th century. Although Sydenham had previously referred to the contagiousness of smallpox, Boerhaave was the first at the commencement of the 18th century to distinctly formulate the now generally accepted doctrine that smallpox arises only from infection or contagion.

No writer seems to have suggested methods of isolation, disinfection, etc., against smallpox infection prior to 1763. The earliest account of the practical employment of such means, however, is from Rhode Island in this country. Haygarth on the authority of Drs. Moffat and Waterhouse, states that "for many years prior to 1778, smallpox had been successfully prevented from becoming epidemic in Rhode Island by regulations for isolation of the infected on a neighboring island specially used for that purpose, and for quarantining infected vessels, destruction of infected clothing, etc."

When we recall the fact that not until the middle of the 18th century were any systematic means of isolation and quarantine adopted in the care of smallpox patients, we are not surprised that this communicable disease should have spread over vast areas through diffusion of the contagion.

To even a superficial observer, it must be apparent that the separation of those sick with smallpox from those not infected is a powerful factor in controlling the spread of this disease.

What would be the probable result at the present time if through habitual disregard of precautions against infection and contagion smallpox patients were suffered to mingle freely with those liable to the disease.

From the Minority Report of the Royal Commission on Vaccination p. 96, par. 245, I quote the following: "These figures confirm the conclusion to which the other evidence points, that while sanitary reforms have been followed by a reduction of the mortality from smallpox and fever, the recent development of hospital isolation has been most strikingly effectual in reducing almost to insignificance, the mortality from those diseases in the case of which it has been most largely resorted to." Again, on p. 107, par. 262, the commissioners say: "It is evident from the experience of Sheffield and Warrington that the most thorough carrying out of the vaccination laws cannot afford to neglect the provis-

ions of hospital isolation in order to prevent smallpox running riot in their midst."

In the following paragraphs (263-6) the commissioners jointly declare: "The evidence leads us irresistibly to the conclusion that the simplest and most successful method of limiting and stamping out smallpox outbreaks is and always has been, to separate the diseased from the healthy, and to disinfect infected places, things and persons. In so far as this is practiced, smallpox is restricted and extinguished, in so far as this is neglected, it tends to prevail, i. e., to become epidemic. The principle to aim at, then, is that of universal exclusion from opportunity of infection. It is the opposite of the principle underlying the practice of inoculation which is that of universal acceptance of the disease and its artificial 'sowing' or 'buying.'

The method of isolation or exclusion, although it has been suggested by a few, had not received much attention until after inoculation and vaccination had been tried, without achieving that success which it had been confidently hoped and asserted by the advocates of each was likely to result therefrom."

If the Royal Commissioners are correct in their high estimate of the value of isolation and disinfection as all sufficient means for controlling and stamping out smallpox epidemics, why resort to so dangerous and questionable a nostrum as the state-supported vaccination rite is known to be?

The methods of isolation of the infected, disinfection, and the observance of strict cleanliness are both successful and legitimate methods for the state to encourage. They have the obvious advantage of applying the preventive, only where it is required, and they do not necessitate the state-quackery of forcing a surgical operation upon the person of every healthy individual.

#### THE ADOPTION OF MORE RATIONAL METHODS IN THE TREATMENT OF SMALLPOX PATIENTS.

Another factor in the reduction of fatality from smallpox is found in the fact that better clinical methods of treatment than those which formerly prevailed are now in vogue. In earlier times the mortality from smallpox was no doubt augmented by the erroneous therapeutic notions then in vogue. In 1666 Dr. Thomas Sydenham published his celebrated "Treatise on Fevers," in which he demonstrated to the satisfaction of all rational contemporaries that refrigeration and not sweatbox torture is the true remedy in the treatment of pyretic disorders, including measles and smallpox. In every biographical summary of his medical career is to be found a paragraph in which it is stated that this great physician

and sanitarian "discovered the efficacy of a cooling regimen in smallpox, by which discovery he saved many thousands of lives." Any one who has read the works of Sydenham, can hardly fail to have been impressed with the distressing and disastrous results of the clinical treatment of smallpox patients which prevailed prior to, and during his time.

The treatment employed in those times was known as the hot regimen. The smallpox patient was put in bed, woolen blankets were piled up over him; every breath of fresh air, and every ray of sunlight were sedulously excluded from his room, and he was plied with hot cordials and denied cool drinks. In addition to this exhausting treatment, the smallpox victim was vigorously drugged with heroic doses of emetics, sudorifics and purgatives, and depleted of his life's blood by the lancet.

Dr. Felix Oswald, M. D., A. M., a writer who has made a careful study of the history of smallpox, says: "The mediæval plan of treatment consisted of clapping the patient in a vapor-bath chamber and trying to sweat the impurities out of his system at the risk of sweating out his life at the same time. If he shrieked for a drop of cold water, he was fuddled with hot elder-blossom tea. If he gasped for a change of air, they carried him into a dry hot room for a while, and then back into the steam trap again. Thus encouraged, the microbes multiplied like druggists in a Kansas temperance town, and if the martyr survived the ordeal, his face, neck and hands, resembled so many buckshot targets.

Sydenham in England, and Herman Boerhaave on the continent, introduced a better plan, and in the course of the eighteenth century, the fires of smallpox flickered down to the embers."

Thomas Sydenham, M. D., who earned the title of "the great physician," was one of the most eminent medical men of his time. This distinguished medical reformer protested against the clinical treatment then in vogue, in the following words: "We must take especial care lest the ebullition rise too high. This it may do under the weight of blankets, under the over-heated state of the air in the apartment of the patient or under the use of heating medicines and cordials."

In referring to his own more rational method of treatment (the cool regimen) Sydenham said: "This is the true and genuine method of treating this sort of smallpox, and however much it may be opposed by the great and unfounded prejudice of the partisans of an opposite practice, it is the method which will prevail when I am dead. I will not deny that many have been treated on a different principle, and that under such treatment they have recovered. On the other hand it must be confessed that many have died under it. And this when we consider that the disease of the distinct sort is in no wise dangerous of itself is a sad reflection."—("Medical Observations," Vol. I, p. 142.)



Sydenham must have deeply deplored the prevailing ignorance of his medical contemporaries when he wrote the following: "Considering the practices that obtain, both amongst learned and ignorant physicians, it had been happy for mankind that either the art of physic had never been exercised, or the notion of malignity never stumbled upon."

Sydenham was far in advance of his time and was consequently subjected to the unmeasured opprobrium of his medical contemporaries. "To crown my misfortunes," he said, "it has sometimes happened that after the standers-by had rejected my advice throughout the whole disease, I have still been held answerable for the loss of the patient; and this has happened after I have talked myself hoarse against the heating treatment of the friends and nurses. For reasons like this, I have often thought that it would be better for me never to undertake a case of smallpox, than to oppose the insuperable prejudices of the masses."

In spite of the teachings of Sydenham, these barbarous methods of treating smallpox patients continued to prevail, for in the eighteenth century we find much the same state of things recorded in medical literature.

William Buchan, M. D., in his "Domestic Medicine," tenth edition, London, 1788 pp. 241-244 remarks: "The good women as soon as they see the smallpox begin to appear, commonly ply their tender charge with cordials, saffron, and marigold-teas, wine, punch and even brandy itself. All these are given with a view, as they term it, to throw out the eruption from the heart." Dr. Buchan also observes: "A very dirty custom prevails amongst the lower class of people, of allowing children having the smallpox to keep on the same linen during the whole period of that loathsome disease. This is done lest they should catch cold; but it has many ill consequences. The linen becomes hard by the moisture which it absorbs and frets the tender skin. It likewise occasions a bad smell which is very pernicious both to the patient and those about him; besides the filth and sordes which adhere to the linen being resorbed, or taken up again into the body, greatly augment the disease."

Writing in the early part of the nineteenth century, John Cross, in his history of the Norwich smallpox epidemic, (pp. 11-12) stated that the disease was often aggravated and made to assume its worst characters by the most injudicious treatment. This he says was as follows: "At the commencement, to set the patient before a large fire, and supply him plentifully with saffron and brandy to bring out the eruption; during the whole of the next stage, to keep him in bed covered with flannel, and even the bed-curtains pinned together to prevent a breath of air; to allow no change of linen for ten or more days, until the eruption had turned; and

to regard the best symptoms to be a costive state of the bowels during the whole course of the disease."

Volumes of such testimony as the above are recorded but I shall not go farther into this phase of the subject. There cannot, I believe, be the shadow of a doubt in the minds of those who have studied the subject, that the displacement of the obsolete and deadly methods known as "the hot regimen" described by Sydenham and others, by the "cool regimen," fresh air, cooling drinks, judicious nursing, which supplement the modern treatment of smallpox has had a potent influence on its mitigation in recent times, although for some occult reason, vaccination has managed to obtain all the credit. In view of the improved therapeutic and clinical methods of treating smallpox which have been employed since the adoption of vaccination, who can doubt that the lessened mortality from this disease is in a measure due to these causes?

I wish at this juncture to insert a few words in reference to the blindness which smallpox of the past is alleged to have produced. We have always been enjoined by the advocates of vaccination to believe, and statistics have been ingeniously arranged to show, that the diminution has been brought about by the effect of vaccination. Obviously this is not so. Dr. Birchwood, one of the most eminent authorities of his time on smallpox, in his evidence before the Royal Commission on vaccination, Q. 31,146, said: "As to corneal ulceration, this affection is not a part of smallpox, but is accidentally associated with it. It occurs late in the disease, both in the vaccinated and the unvaccinated, the prevention of permanent eye mischief resulting more from altered methods of treatment, improved nursing, and hospital hygiene than from vaccination."

#### SUMMARY AND CONCLUSIONS.

Before summing up my conclusions, I will state that all the evidence on which they are based has been derived either from official documents or from medical authors who are avowed partisans of vaccination.

After a careful scrutiny of an enormous mass of statistics a few of which have been presented in the foregoing pages, I am fully convinced that the decline in the prevalence of and the mortality from smallpox has been due, not to vaccination, but to various causes already alluded to and prominent among which may be mentioned:

1. The general improvement that has been effected, especially in large cities, in the sanitary and hygienic conditions of life.
2. The abandonment of the practice of variolous inoculation.
3. The isolation in quarantine hospitals of the infected.
4. The cleansing and disinfection of infected persons and things.

5. The improved methods in the clinical and therapeutic treatment of smallpox patients.

The effect of the general improvement of sanitary conditions in reducing mortality has not been confined to smallpox exclusively. The mortality from fevers and other exanthems was also reduced, and to a greater degree than that of smallpox. In making this inquiry, I have been unable to find on record a tittle of trustworthy evidence to warrant the claim that the decreased prevalence of smallpox was brought about by the vaccine "prophylactic" (?). On the contrary, I find a superabundance of convincing testimony in support of the belief that the practice of vaccination, by blocking the way toward sanitary reform, and by deteriorating the public health, has done much to perpetuate the very disease which it professed to prevent.

The principle and the practice of vaccination involve the intentional introduction of the contagion of disease into the presumably healthy human organism with the purposeful result of inducing in the vaccinee, an actual diseased condition which causes an undeniable impairment of health and vitality.

This impairment of vitality by diminishing the natural resistance against the assaults of morbid agencies, predisposes to attack therefrom. Notwithstanding the claims of the apologists for vaccination, the truth is that the decline of smallpox had set in before vaccination was heard of, and long before it had been carried out to an extent which could have had any appreciable effect on the death-rate. Smallpox, during the last few years of the 18th century was trying hard to die out, and the inoculators were trying hard to perpetuate the disease by "ingrafting" its contagion into the bodies of healthy people; and vaccination got the credit of a change with which it was contemporary, although to that change it never was contributory. From the testimony presented in the foregoing pages it is apparent that vaccination was introduced into England, Western Europe, and other countries at a time when smallpox was a diminishing factor, and by checking inoculation, it withdrew a prolific source of variolous propagation.

The substitution of a non-infectious process like vaccination for the highly infectious one of inoculation necessarily assisted, indirectly, in checking the spread of smallpox from this cause. Sanitary improvements, and the discontinuance of inoculation, therefore, rather than the adoption of vaccination account for the lesser prevalence of smallpox during the first three decades of the 19th century.

The evidence at hand clearly indicates that both the decline in the prevalence and mortality of smallpox was due, not to vaccination but in a large measure to the abandonment of inoculation. Many present-day

vaccinists assert that inoculation had little to do with smallpox mortality. But the scientific sanitarian asks: "If the smallpox mortality of the 18th century was not largely due to the practice of inoculation with smallpox, to what was it due? Was it without cause? Also, why was it greater than in the preceding, the 17th century?" Whoever holds that inoculation did little to increase smallpox is bound to maintain that smallpox is not diffused by infection — an opinion the reverse of which is prevalent at this day.

Variolous inoculation probably contributed more than all other circumstances combined to keep smallpox alive, by constantly disseminating the infection of this disease.

Nobody, I believe, who has studied this subject, can doubt that the decrease in smallpox which characterized the early years of the 19th century was largely due to the abandonment of variolous inoculation in a population whose sanitary conditions were beginning to improve as evidenced by the declining mortality from fevers as well as from other zymotic diseases than smallpox.

During the 80 or 90 years which separated the introduction and abandonment of inoculation, there had been enormous improvements in the healthiness of large cities, the influence of which on smallpox in particular had been interfered with and masked by the propagation of this disease artificially through the practice of inoculation.

I am firmly convinced that an unbiassed scrutiny of smallpox statistics on a broad scale justifies the belief that the decline in smallpox which accompanied the adoption of vaccination was a mere coincidence, by no means involving any connection in the way of cause and effect. The success which vaccination met from the start exemplifies the ease with which an alleged prophylactic may acquire a great reputation as successful, especially if its adoption happens to coincide with a decline from other causes of the disease against which it is supposed to protect.

I find on record ample proof that sanitary improvements were the main cause of the decrease of smallpox in London early in the 19th century, namely, that the other zymotic diseases as a whole, showed a simultaneous decline to a nearly equal amount, while the general death-rate showed a decline to a much greater amount, both admittedly due to improved hygienic conditions, since there is no other known cause of the diminution. I maintain that there is ample direct evidence for those who look for it, of great improvements having taken place in the hygienic conditions of London and other large cities since the adoption of Jenner's vaccine nostrum as a panacea for smallpox quite adequate to account for the great decline in the general mortality, and therefore equally adequate to account for the lesser decline in zymotic diseases, and in small-

pox, both of which began in the 18th century, and only became somewhat intensified in the first quarter of the 19th.

Of course the advocates of vaccination (a lucrative branch of surgical practice) audaciously assert that to vaccination, and to it alone, has been due the decrease in smallpox; but the evidence they bring forward in support of the alleged preventive or mitigative efficacy of the vaccine operation is only negative and indirect, while that against both is positive and direct.

The alleged "proofs" in favor of vaccination are to my mind *no proofs* at all, being merely assertions based on fallacies and mis-statements of fact.

The early victories ascribed to vaccination were victories either over an imaginary or a retreating foe.

The assurance of the advocates of the Jennerian rite in unhesitatingly declaring that vaccination has been the cause of the decline in smallpox is a characteristic illustration of what logicians call the "*post hoc, ergo propter hoc*" fallacy, *i. e.*, the disposition to mistake incidental sequence of events for the relation of cause and effect.

The whole mass of what is regarded by its promoters as evidence of the value of vaccination has little weight and is unconvincing. It fails to bear close scrutiny and breaks down on all sides as soon as it is subjected to impartial investigation.

On the other hand, I have no hesitation in believing that the figures which I have presented in the foregoing pages from the Reports of the Registrar-General of England and other trustworthy sources, are conclusive evidence that the fall of the death rates in London and other large cities from fever and smallpox prior to, and concurrently with the adoption of vaccination, was largely due to the improvement in the public health through the efforts of sanitary reform. The affirmative of this proposition must, I believe, be allowed by all fair minded students of the question.

The vaccinators misled by their "*post hoc propter hoc*" method of reasoning have made the mistake of crediting vaccination with the results that have been clearly due to sanitation.

Other causes besides insanitation have, no doubt, had their influence in decreasing the prevalence of and in diminishing the mortality from smallpox. I am not aware that it has ever been seriously contended that the amelioration of insanitary conditions is the *only* cause of the decline of smallpox, as others to which I have already alluded, have been suggested; but that insanitary conditions are among the principal causes of the prevalence of, and the mortality from smallpox cannot be successfully denied.

The examples of Leicester and Keighley where vaccination has been all but entirely neglected for more than a quarter of a century, prove beyond question that a community may be thoroughly protected against the spread of smallpox by sanitary measures, even though the contagion of the disease be not infrequently introduced into its limits from the well vaccinated districts around.

It should require no argument to convince a physician that people who live in sanitary dwellings, on clean streets, and who eat wholesome food, drink clean water and breathe pure air are in a better position to resist diseases, smallpox included, than are other people living under opposite conditions.

From the Minority Report of the Royal Commission on Vaccination, (p. 86, par. 224,) I quote the following: "We agree with the epidemiologist Hirsch 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."

The vaccine nostrum which promises to protect its subjects from a filth-disease without removing its contributing causes, has done much to discourage efforts at sanitation, and has therefore been instrumental in perpetuating the very disease it is supposed to prevent. Probably one of the greatest evils of the Jennerian doctrine is the check which belief in it has given to the evolution of sanitary science. A belief in "the tradition of the milk-maids" by inducing a deceptive sense of security, diverts attention from the conditions of uncleanness which are among the predisposing causes of smallpox. In this way the disease is fostered and its results aggravated.

There can be no doubt that the displacement of the obsolete and deadly methods of treating smallpox patients as described by Sydenham and others, by fresh air, cooling drinks and judicious nursing which accompany the modern treatment of smallpox, has had a potent influence on its mitigation in recent years, although vaccination, through the efforts of its promoters has managed to obtain all the credit.

The last argument urged in defense of vaccination is the changed age-incidence. That this was not brought about by vaccination is clearly proven by the fact that a similar change from childhood to adult life has occurred in the *unvaccinated*, and therefore, independently of vaccination.

The plain and obvious lesson embodied in the British and Italian statistics already referred to, is that smallpox mortality is in no way influenced, except it be injuriously, by vaccination. The case of Italy alone furnishes a complete and crucial test of the utter uselessness, or worse than uselessness of this pernicious practice of intentionally *propagating* the *contagion* of disease on the plea of *preventing* disease.

The plague which in pre-sanitary times was a more formidable and

destructive disease than smallpox, has long since succumbed to sanitary influences in civilized countries without the intervention of any process like vaccination. Had the Jennerian nostrum for the prevention of smallpox been in vogue as a prophylactic for the plague concurrently with its disappearance from among us, how triumphantly it would have been pointed to by the apostles of Jenner as a proof of the "success" of their vaccine inoculation! A boast which no statistics could disprove, common sense alone refusing to connect the concomitance in relation of cause and effect.

Yellow fever which had flourished continuously in Havana for more than a century, has practically disappeared from that city although innocent of vaccinal expulsion. Had ~~some~~ yellow fever serum or lymph-nostrum been in use among the people of Havana synchronously with the disappearance of this scourge, what a reputation it would have acquired!

To-day after a century of preventive vaccination, what do we find? Smallpox prevailing all over the civilized world. Sporadic and epidemic manifestations of variola continue with marked persistence, seizing alike the vaccinated and the unvaccinated when under the same environment.

In The Journal of the American Medical Association of April 18th, 1903, we read under the headline, "Smallpox Alarming" the following: "The smallpox situation in the state of Ohio is causing alarm to the authorities. In the last eight weeks 1,363 cases have been reported, with 73 deaths. The state board of health is vigorously urging general vaccination." This is the same old story that has been reiterated for more than a hundred years. Vaccination and re-vaccination go merrily on as a remunerative branch of surgical practice, but the foe (variola) is still at our doors, "strong, hostile and malignant."

Considering the universal prevalence of smallpox all over this continent during the past year, and in view of such reports as the above constantly coming from many parts of the world, it would appear that Jenner's confident prediction that vaccination would totally eradicate smallpox, has not been realized. Smallpox has not been eradicated, and I venture the affirmation that scientific observation and logical reasoning give no countenance to the belief that it ever will be eradicated from civilized communities so long as the practice of vaccination prevails as an alleged prophylactic.

At the present day the profession of confidence in vaccination is little more than a make-believe coupled with mortal dread on the part of those who live and thrive by the practice, first that the vaccinated and re-vaccinated should catch smallpox, and second that the unvaccinated should multiply and prove themselves as little liable to smallpox as the

vaccinated, and thus by the double evidence, make an end of the Jennerian imposture and the gains annexed thereto. It was the promise of Jenner and the early vaccinators that the vaccinated might live for a lifetime in absolute indifference to smallpox. That promise has long since been exploded.

Smallpox was never held in such dread as at the present day, and by none more than the vaccinated and re-vaccinated themselves. What faith people have in vaccination is much like their religious faith, a sort of make-believe, never intended for serious use. To realize the force and truthfulness of this affirmation one has but to observe the timorous behavior of doctors and laymen who profess a belief in the Jennerian rite, when they are brought into practical relation with the "dread disease" (variola) during a "smallpox scare." If their faith in the vaccine prophylactic (?) were genuine, these people need have no fear of catching smallpox.

It is a hopeful sign of the times that there is a growing class of scientific physicians who regard vaccination as useless and dangerous, and refuse to practice the barbarous rite, and object to have the blood of their children polluted with the disease-products of a sick beast. To anyone who has studied the history of the methods of dealing with smallpox by inoculation and vaccination, and compared them with the Leicester method of dealing with it by sanitation, it becomes clearly apparent that the methods of isolation of the infected, disinfection, and the observance of strict cleanliness, are the legitimate methods for controlling this and other infectious diseases.

These methods have the advantage of applying the preventive only where it is required, and they do not necessitate the inoculation of the products of disease into healthy bodies, nor do they impose a surgical operation upon the person of every healthy individual.

In summing up my conclusions, I have the utmost confidence that I am warranted in maintaining that an impartial and comprehensive survey of vital statistics demonstrates conclusively that the extension of the practice of vaccination cannot be shown to have any logical relation to the diminished prevalence or the lessened fatality of smallpox. I am furthermore convinced that these same vital statistics establish indisputably the fact that smallpox, like other filth-diseases, is fostered by insanitary modes of life, and can only be effectually conquered by removing its contributing causes. It would seem then that it is to sanitation and cognate factors that we must turn for salvation from this loathsome disease that continues to afflict the human race in civilized countries after more than a century of "preventive" (?) vaccination.



the interest of vaccinating doctors and lymph-manufacturers, I became skeptical as to the truth of the allegation, and resolved to ascertain, if possible, directly from official sources at headquarters in Tokio what the real history of small-pox and vaccination in Japan has been.

Having this particular object in view, I recently addressed a letter of inquiry to the Central Sanitary Bureau of Japan at Tokio.

From S. Kubota, who is director of the Bureau of Vital Statistics of the Empire of Japan, I received a prompt, courteous, and complete reply to my request for information. I was supplied with a transcript of the official government records pertaining to the number of small-pox cases notified in the Empire with the officially recorded deaths from that disease for each of the twenty last preceding years. Some of the salient features of the true situation as respects small-pox and vaccination in Japan I have already pointed out in the foregoing article entitled, *The Failure of Vaccination to Protect from Small-pox in Re-Vaccinated Japan*.

From the data presented in the foregoing article which I contributed to the September, 1910, number of *The Twentieth Century Magazine* it may be readily seen that the thoroughly vaccinated and re-vaccinated Japs have suffered extensively and grievously from epidemic small-pox in its confluent form which as the official records show has during the past decade carried thousands upon thousands of these sturdy little people to premature and untimely graves. Instead of small-pox having been abolished from Japan as the partisans of vaccination would have us believe is the case, the dread disease in confluent form is rife among the thoroughly re-vaccinated subjects of Japan as has been pointed out in this paper. The case-fatality of small-pox in completely re-vaccinated Japan is far greater than it was in the pre-Jennerian period when nobody was vaccinated and at a time when people lived in filth and in gross ignorance of the laws of health, and knew little, if anything, about hygiene or sanitary science.

Bearing in mind the significant fact that the people of Japan, as a nation, are an abstemious, peaceable, industrious, thrifty, healthful and vigorous people who are accustomed to pay especial attention to personal and municipal hygiene, the circumstance that these hygienic temperate people have suffered so grievously from a filth-disease (small-pox) is all the more remarkable.

Had the contagion of small-pox not been forcibly infused into the life current of those sturdy people by the disease-infected lancet of the official vaccinator it is reasonable to believe that these temperate, hardy, healthful people might have entirely escaped the ravages of epidemic small-pox which has in recent years carried so many thousands of them into premature graves never opened by nature.

Japan's experience with "protective" vaccination has conclusively proven the very reverse of that which the fanati-

cal adherents of the Jennerian rite have been contending. Instead of small-pox being "all but unknown," or "non-existent" in thoroughly re-vaccinated Japan, as the promoters of Dr. Jenner's quack-nostrum would have us believe, the dread disease is, in reality, widespread and rife in epidemic form and very fatal in its effects after more than a quarter of a century of transcendental enforcement of "protective" vaccination upon the entire nation.

Racial blood-pollution of the entire Japanese population by the vaccinating doctors has conclusively proven itself, not only utterly useless as a preventive of small-pox, but it has demonstrated its ability to spread and intensify the very disease it is supposed to prevent, so that, the case-fatality of small-pox is today greater in hygienic Japan than it was before the invention of "protective" vaccination. The sad experience of Japan with Jenner's antidote for small-pox has routed the blood-pollutionists from their last ditch leaving them without the shadow of a leg upon which to rest their hopeless cause. One after another the supports have been knocked from under the antiquated vaccine idol until the worshippers of this medical Moloch and all the promoters of racial blood-poisoning as a sanitary measure lie hors de combat. "hoist by their own petard." The Jennerian dogma can no longer plead the privilege of an untested theory. Jenner's doctrine has been tried and persistently re-tried for more than a hundred years with the uniform result that it has proved an ignominious and a disastrous failure.

The practice of vaccination in this era of hygienic enlightenment and sanitary science is a veritable crime; to call it by any other name is only to temporize.

In view of the repeated demonstrations of the utter worthlessness of vaccination as an anti-varioleous agent and after all the gruesome disclosures of its baneful effects in blighting the health and destroying the lives of its confiding victims it is my firm conviction that every doctor who intentionally and premeditatedly puts vaccine virus into the blood of a child should himself be put into a penitentiary for the remainder of his life as a just retribution for his cowardly crime. This "argument from Japan" by which the unscrupulous promoters of Jennerism have been striving with might and main to sustain a discredited and waning cause, I have in the foregoing pages shown to be rotten with untruth. The members of the medical profession who have made, and are still making use, of this false and misleading argument have either displayed their phenomenal stupidity and their gross ignorance or else they have proven their eligibility to full membership in "The Ananias Club." These doctors are welcome to whichever horn of the dilemma suits them best. If they plead ignorance of the facts in the case, then are they guilty of criminal negligence in not having informed themselves before promulgating their Munchausen yarns to the credulous mob as being founded on facts.

J. W. HODGE, M. D.

in which vaccination is made compulsory and rigidly enforced."

The last two sentences of the above quotation from a health-publication committed to vaccination show to what extravagant lengths the partisans of the Jennerian delusion will prevaricate in their desperate efforts to keep the public in blissful ignorance concerning the real history of the effects of vaccination. During the very year (1908) in which the above quoted mendacious statements were printed in *Health*, small-pox attacked more than 18,000 vaccinally "immunized" Japanese subjects and destroyed the lives of nearly 6,000 of the duly "protected" in a single year. In the face of such a recent small-pox disaster in re-vaccinated Japan, *Health* displayed its ignorance or its mendacity by declaring that in Japan "small-pox is all but unknown."

The absurd contention that vaccination prevents small-pox is an assumption; that it has been the obvious cause of much unnecessary disease needless and undeserved suffering as well as of thousands upon thousands of unnecessary and premature deaths is a fact.

Even if it could be proven that vaccine inoculation is a real defence against small-pox infection, the position of the vaccinators would still be unreasonable and unjustifiable, because vaccination admittedly imparts disease, impairs health, jeopardizes life, and in innumerable instances, has caused death. When we consider that "efficient" vaccination is blood-pollution of the healthful body with the infective disease-products of decaying animal matter which were originally derived from the diseased human body and transplanted upon the body of a beast, and back again from the diseased beast to healthy human beings; and when we bear in mind that the avowed intention of the vaccinator is the purposeful implantation of undefined and indefinable morbid matter from the diseased body of a sick beast to the sound and wholesome body of a healthy human being; in other words, that it is a deliberate and premeditated attempt to impart undefined disease to a healthy subject, we are not so much astonished at the disastrous effects of this virulent disease-imparting practice. There are, in my judgment, valid reasons for believing that the injurious effects of vaccination when inflicted indiscriminately upon the entire healthy population, are vastly more dangerous and destructive to public health and life than epidemics of small-pox are, for the sufficient reason that variolous epidemics which occurred before vaccination was practiced were only occasional in occurrence, partial in extent, and at times extremely mild in character, whereas vaccination, especially since the fanatical clamor of its self-seeking promoters for re-vaccination more and more frequently imposed upon the healthy population, has become universal and perpetual.

Even if vaccination were capable of protecting its subjects from small-pox infection, the vaccinators, by exchanging a limited small-pox practice for the

perpetual privilege of performing an endless series of disease-imparting re-vaccinations upon the entire healthy population, would only be relinquishing a very small portion of their proper and legitimate field—the field of disease—for the boundless field which would be opened to them should we acknowledge their right to make perpetual patients of the entire community by inoculating into the blood of all healthy people, at frequently repeated intervals, the contagion of disease. In addition to the ordinary illness, intentionally caused by vaccination, there is to be considered the extraordinary unintentional and unavoidable sickness, suffering and death which inevitably result from this disease-transmitting practice. Along with the infective animal poison, falsely called "calf-lymph," the contagia of a number of virulent and fatal diseases have admittedly been transmitted to the confiding victims of this barbaric rite. The opponents of vaccination have for years been calling attention to the dangers of the vaccine practice, but their outcry has been unheeded or ridiculed by the self-serving practitioners of the unclean rite. Although for a long time strenuously denied by the vaccinists, it is now fully admitted by them that under the system of arm-to-arm vaccination generally practiced for nearly a hundred years, with the full sanction and ardent support of orthodox old school medical authority, syphilis, leprosy and other horrible and loathsome maladies were communicated to healthy human beings in numberless instances.

Professor Charles Creighton, M. D., A. M., in his classical article on vaccination in Vol. XXIV. of the ninth English edition of the *Encyclopaedia Britannica*, has presented a list of about twenty epidemics of syphilitic infection which followed closely on vaccination in different countries. The fact that syphilization has been one of the not infrequent results of vaccination is no longer seriously denied.

#### COMMENTS ON THE FOREGOING.

For years it has been the policy of the promoters of the Jennerian rite when challenged to substantiate their claims that vaccination protects from small-pox to exultantly point to far away Japan as the country in which vaccination is alleged to have wrought the miracle of saving its subjects from small-pox without removing its contributing causes. We are arrogantly told by the Jennerites that because of the rigid enforcement of laws which prescribe re-vaccination at frequently repeated intervals for every Japanese subject that small-pox has been extirpated from the Empire of Japan, that the dread disease "is all but unknown" in that nation, it having been "stamped out" through the agency of "efficient" vaccination.

Having witnessed the exploitation of this stock-argument on so many occasions in orthodox allopathic text-books of medicine and other publications committed to vaccination, and conducted in



# HOW SMALL-POX WAS BANISHED FROM LEICESTER

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## HOW SMALL-POX WAS BANISHED FROM LEICESTER

A STEREOTYPE assertion which is in frequent requisition with doctors addicted to the vaccine practice and its emoluments is that "vaccination prevents small-pox; that nothing else does." In the following pages I propose to prove that both these assertions falsify the facts.

The assertion that vaccination prevents small-pox is an assumption; that small-pox has been prevented without resort to vaccination is a fact. That small-pox can be readily and effectively controlled and its spread in a populous municipality prevented without recourse to "preventive" vaccination has been clearly and repeatedly demonstrated on a large scale for a long period of time in the town of Leicester, England.

### THIRTY YEARS OF RAPIDLY DECREASING VACCINATION IN LEICESTER AND THE LESSON IT TEACHES.

The big manufacturing town of Leicester with her resident population of 250,000 denizens affords most conclusive proof of the utter uselessness and the actual perniciousness of so-called "protective" vaccination.

The experience of Leicester has furnished evidence so convincing and so conclusive against vaccination that vaccinating doctors, health-board officials and vaccine manufacturers carefully avoid dealing with it except to prophesy evils for Leicester which have never come to pass.

Before me are the official government records of this big manufacturing town, which show that from 1853 down to the year 1872 Leicester was one of the most completely vaccinated towns in the British Kingdom, the number of vaccina-

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tions, owing to the alarm after severe epidemics of small-pox, having several times exceeded the number of recorded births. During the years which immediately preceded the year 1871, 95 per cent. of the births in Leicester were officially recorded as having been satisfactorily vaccinated. Yet, in 1871, when, at the very height of her good vaccination record, Leicester was rudely attacked by an epidemic of small-pox with extreme severity, its deaths from this disease during that year numbering more than 3,500 per million of population, or about a thousand per million more than the small-pox mortality in unsanitary London during the same epidemic. If ever a crucial test-experiment existed it was that of Leicester, in which an almost completely vaccinated community suffered far more from small-pox than did poorly vaccinated and terribly unsanitary London with her crowded slum-population on the average of the last forty years of the eighteenth century.

### LEICESTER LEARNS A WHOLESOME LESSON AND STRAIGHTWAY THROWS OFF THE GALL- ING COW-POX YOKE.

The fearful mortality from small-pox in completely vaccinated and presumably well "protected" Leicester during the years 1871-2 had the effect of destroying the people's faith in "protective" vaccination. The result was that poor and rich alike, the toilers, the aristocrats and municipal authorities began to refuse vaccination for their children and themselves. This refusal continued until 1890, when, instead of 95 per cent., the vaccinations reached only about 5 per cent. of the total births. As evidence of the rapidity with which vaccination fell off, it may be stated that of the children born in Leicester during the eight years, ending in 1895, only three per cent. were vaccinated, as is shown by the official records. As this ominous decrease of vaccination went steadily on despite the compulsory vaccination acts, the pro-vaccinists gravely prophesied again and again that, once

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### THREE

small-pox contagion gained entrance to this unvaccinated municipality with its great mass of "highly inflammable material" the "dread disease" would spread through the town like wild fire on a prairie and would surely "decimate" (that's the word) the population. But, alas, for medical prescience and professional wisdom! The dire predictions of the boomers of Dr. Jenner's quack-nostrum proved to be but silly croakings.

Small-pox has been introduced into unvaccinated Leicester again and again, but it has never spread beyond a few mild cases, and from the day she abandoned vaccination to this no other town in the British Kingdom of approximately equal population has had so low a mortality from small-pox as has this almost completely unvaccinated and, as the pollutionists contend, "unprotected" population. From the time at which vaccination was first abandoned to the present, the annual death-rate from all causes in Leicester has fallen from about 25 per thousand in the five years ending in 1875 to about 14 per thousand in the five years ending in 1906.

The official report on the health of Leicester for 1909 gives the general death-rate for that year as 12.9.

The very high standard of public health attained by unvaccinated Leicester since her "declaration of independence" and the failure of small-pox when introduced into the borough by vaccinated tramps to make any serious headway among her unvaccinated denizens, together with the extreme mildness of the few cases of small-pox which did occur among the unvaccinated, proved to a demonstration the utter uselessness of vaccination as a preventive of small-pox.

Although, as heretofore stated, it has been for many years predicted by the vaccine hypothesists that the introduction of a case or two of small-pox into unvaccinated Leicester would operate like "a spark in a powder magazine" and an overwhelming calamity would be the inevitable result, experience has completely falsified all



#### FOUR

these ominous predictions and entirely upset the Jennerian theory that small-pox is especially dangerous to the unvaccinated. Surely the experience of unvaccinated Leicester has clearly demonstrated that vaccination, if it does anything at all, increases liability to small-pox, and renders it more fatal, and that the only effective plan by which to abolish the "dread disease" (small-pox) from a municipality is to do as Leicester did; that is, abandon vaccination and devote attention and energy to sanitation and to the isolation of such few cases of small-pox as are wont to occur in the absence of "preventive" vaccination. The happy experience of this great and populous borough in her dealings with small-pox during the past thirty-eight years should be all sufficient to carry the conviction to any logical and unbiased mind that "preventive" vaccination is an absurd, senseless, futile and pernicious process. Yet, strange to tell, this wonderfully clear and conclusive test-experiment, which proved beyond peradventure the utter uselessness and worse than uselessness of vaccine inoculation as a prophylactic measure against small-pox infection, goes unheeded and ignored by the self-serving partisans of the Jennerian doctrine who, as a class, seem to be either phenomenally stupid and grossly ignorant, or else wilfully blind to the true history of the effects of vaccination. Any doctor addicted to the vaccine practice who has not studied these decisive statistics on this subject of vital importance to the whole human race is guilty of culpable negligence and is not entitled to hold an opinion on the subject of vaccination. Any candidate for election to a State Legislature who has not devoted the necessary time required for the careful study of the cases of Leicester and Japan, but is ready to vote for coercive legislation for the enforcement of this disease-transmitting practice upon those who know infinitely more of the question than he does, is an incompetent, utterly unworthy the support of any intelligent, self-respecting constituency. Regrettable as it is to have to say it,

there have been many such candidates elected to our State Legislatures.

C. K. Millard, M. D., medical officer of health for Leicester, who is an avowed adherent of the Jennerian doctrine, read a paper on "The Leicester Method of Dealing With Small-Pox" before "The Incorporated Society of Medical Officers of Health" on March 10, 1904. From Dr. Millard's paper, which was published in the July, 1904, number of "Public Health," I quote the following extract: "The people of Leicester, by abandoning compulsory vaccination, have taken the law into their own hands, and have set expert medical opinion at defiance; but that is no reason why we should refuse to study their experiment and learn from it all we can." (Vide, "Public Health," July, 1904, p. 627.)

In his "Report on the Small-Pox Epidemic in Leicester in 1903," at page 10, Dr. Millard says: "The name of Leicester has come to be inseparably connected with the agitation against compulsory vaccination, and in no other large town have the vaccination laws been so completely set at defiance. For the last twenty years, in fact, they have been practically a 'dead letter,' all attempts at compulsion having been openly abandoned. Prior to that period, however, Leicester ranked as a well vaccinated town."

During the quinquennium (1872-1876) when Leicester was a well vaccinated town the general average death-rate from all causes was 25.18. The population of the borough at that time was less than 100,000. During the last thirty-five years the general death-rate in Leicester has steadily decreased, *pari passu*, with the decrease in vaccination, until at the time of the Annual Report for 1908 it had reached the phenomenally low figure of 12.98, while in 1909 it had fallen to 12.90. Leicester's population in 1909 numbered nearly 250,000.

It is, therefore, seen that well vaccinated Leicester of 1872-6 had a general death-rate, almost double that of unvaccinated Leicester of 1909,

although the population had nearly trebled since 1876.

Since vaccination was abandoned in Leicester the infant mortality in that borough has been steadily decreasing until it reached in 1908 the unprecedentedly low figure of 129.7 per 1,000 births.

This control-experiment by unvaccinated Leicester, a town which has for a quarter of a century been declared by the partisans of the vaccine nostrum to be "a nidus for small-pox to settle in and propagate itself," has demonstrated beyond cavil that vaccination is not only wholly unnecessary and utterly useless as an anti-various measure, but also that it is actually pernicious and disastrous in its effects upon the public health. Dr. Millard tells us that "Vaccination reached its lowest point in Leicester in 1895, when only 75 vaccinations were registered out of 5,000 births." This means that only fifteen children out of every 1,000 born in Leicester were vaccinated. Dr. Millard says: "The last census taken showed that there were over 80,000 unvaccinated people in Leicester, consisting principally of children and young adults." In accordance with the Jennerian doctrine that the vaccinal condition of a community is the predominant factor in determining the incidence of small-pox and the severity of the disease, prophecies have been freely and confidently made as to the disastrous consequences which would surely and speedily follow on what the late Dr. Ernest Hart called Leicester's "gigantic experiment."

Retribution in the shape of a dire epidemic and a terrible "massacre" especially of the children, has been repeatedly and blatantly prognosticated by the wise wigs of old school physic; but up to the present time these grave prognostications have not only all been unfulfilled, but, on the contrary, Leicester, since having thrown off the cow-pox yoke, has enjoyed a phenomenal immunity from small-pox unequalled and unapproached by any well vaccinated municipality of its approximate size in the world.

On page 8 of his official "Report on the Small-pox Epidemic of Leicester in 1904," Dr. Millard says: "Probably the most noteworthy feature of the epidemic was the very mild type of the disease, as evidenced by its remarkably low fatality, only four cases proving fatal, which is equivalent to a fatality on 321 cases of only 1.24 per cent. Such a record is, I believe, almost unique. However, one of the four fatal cases was an imported one—the child of a tramp—which was not infected in Leicester, merely happening to sicken with the disease whilst passing through the town." "Such a small loss of life," observes Dr. Millard, "is, of course, very satisfactory, and is all the more remarkable, as occurring in Leicester where such a large proportion of the population is unvaccinated."

Think of a case-fatality from epidemic small-pox of less than one per cent. in a populous town which had repudiated Jenner's quack-nostum more than a quarter of a century previously and has persistently rejected it ever since!

When the small-pox epidemic of 1904 struck Leicester, had it been a well vaccinated borough as it was in 1871, when 95 per cent. of the births were cow-poxed, what high-sounding ecomiums would have been lavished upon the memory of the "immortal" Jenner and his great "life-saving discovery!"

#### THE UNVACCINATED NOT A SOURCE OF DANGER.

On page 12 of this same official "Report" under the sub-caption, "School Infection," Dr. Millard says: "In view of the fact that over 80 per cent. (probably nearly 90 per cent.) of the children attending the public elementary schools in Leicester have never been vaccinated, and that school attendance, as is well known, provides very favorable conditions for the spread of infection, it was certainly to have been expected that considerable spread of the disease would have occurred amongst children infected at school. Fortunately, however, such was not the case." "It will be recollected," adds Dr. Mil-

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lard, "that in the 1903 epidemic there was also surprisingly little infection through the medium of schools. On the other hand, *great spread took place through the medium of slight cases which had escaped detection*, and such cases usually occurred in *vaccinated subjects*." (The italics are mine.)

From the above official statement of a defender of vaccination it is obvious that the *vaccinated*, not the *unvaccinated*, constituted the real element of danger in the spread of small-pox. Here we have the recorded admission of an unflinching defender of Jennerism that vaccination utterly defeated the principal object it had intended to accomplish, the prevention of small-pox infection. In view of such testimony as this from the pen of a partisan of vaccination what respect can intelligent people have for the ignorant and absurd dictum of the Jenner-bigots that "an unvaccinated school-pupil is a focus of infection and a menace to the public health?"

These experiences which were about the same in both the Leicester epidemics which occurred long after vaccination had been abandoned conclusively prove the absurdity of the pretense that "an unvaccinated child is a focus of infection," or "a menace to the community in which he resides." That vaccinated subjects constituted the principal element of danger and were the real foci of infection in both the above-mentioned epidemics of small-pox is thus frankly attested by a staunch advocate of the Jennerian rite in his official reports as Medical Officer of Health for Leicester.

As a characteristic specimen of the wild and haphazard assertions of the medical promoters of Jenner's quack-nostrum, I present the following extract from a classical work, entitled "Vital Statistics," by Chas. Pearce, M. D., M. C. R. S.: "Sir Dominic Corrigan, M. D., when acting as one of the committee in 1871, on the Vaccination Act, said: 'An unvaccinated child is like a bag of gunpowder which might blow up the whole school, and ought not, therefore, be admitted to

a school unless he is vaccinated.' ” In my opinion this Dr. Corrigan is like a bag of wind which might blow up and blow out what little gray matter he has in his brain-pan. Bearing in mind the recorded experience of the 80,000 unvaccinated school pupils in Leicester during the small-pox epidemics of 1903-4, what could appear more monstrosly absurd than the above quoted quixotic deliverance of an otherwise presumably sane physician? Dr. Corrigan's case furnishes an apt illustration of the peculiar state of mind under which the victims of the Jennerian delusion are laboring in their efforts to bolster up a discredited and waning cause. Is it not passing strange that a presumably intelligent physician, apparently sane on other subjects, should cherish the obvious delusion that a healthy child is dangerous to anybody by reason of its not having been vaccinated (diseased)?

As additional proof of the absurdity of the claims of the vaccine theorists, I again quote from Dr. Millard's Report (page 6) the following extract: “It is a curious coincidence that in the two years, 1903 and 1904, in which the epidemics occurred, the general death-rate of Leicester was the lowest on record.” Had the vaccine bigots been permitted in 1903 and 1904 to foist their disease-transmitting imposture upon the people of Leicester, who can believe that such happy results as were achieved without vaccination could have been possible with it?

#### SURPRISINGLY SMALL MORTALITY AMONG THE UNVACCINATED.

On page 19 of his official report of the 1904 epidemic in Leicester, Dr. Millard tells us: “The loss of life caused by the epidemic was astonishingly small. There were only four deaths, one a man of broken down habits, and three children; one of the latter was a baby five weeks old, and one was the child of a tramp. The last case did not belong to Leicester, and was not infected in Leicester, so that this death might fairly be deducted. There was also, I am pleased to say,

very little disfigurement or injury produced by the disease in those who recovered, the great majority showing no scarring whatever. On the whole, therefore, Leicester is certainly to be congratulated on having once again escaped so lightly."

In view of these official data, recorded and vouched for by an ardent defender of vaccination, what becomes of the time-worn assertion that vaccination, when it fails to protect from small-pox, renders that disease milder and less fatal? Where is the well-vaccinated and re-vaccinated population in the world that can boast of a case-fatality in a variolous epidemic of less than one per cent., which was the rate in unvaccinated Leicester in 1904, a municipality having a population of about a quarter of a million? Will some obliging apologist for vaccination kindly tell us what it was that made small-pox so *mild* and *manageable* in unvaccinated Leicester? Will some promotor of the Jennerian delusion please refer us to some *well-vaccinated* population which can boast of a small-pox fatality-rate so "astonishingly small" as that of *unvaccinated* Leicester? In view of Leicester's experience, what becomes of the stock-argument of the pro-vaccinists that vaccination mitigates small-pox? Leicester's experiment flatly belies every claim that has ever been trumped up for vaccination as a preventive or a mitigant of small-pox and proves beyond peradventure that the vaccine practice is worse than useless except for the purpose of supplying doctor's fees and furnishing business for "lymph"-manufacturers and undertakers.

In view of Dr. Millard's official statement that there was in Leicester "very little permanent disfigurement or injury produced by the disease in those who recovered," what becomes of the stock-argument of the apostles of Jennerism that the disappearance of "pock-marked faces" at certain periods of time was the result of protective vaccination? If pock-marked faces after epidemics of small-pox in an unvaccinated popula-

tion are so rare as Dr. Millard tells us they have been in Leicester, how do the vaccine theorists account for the rarity of cases of facial blemish in the absence of vaccination? Had vaccination been in vogue in Leicester at the time referred to it would have been credited by its shifty advocates with the mighty achievement of having averted the dreaded facial disfigurement incident to unmodified small-pox.

In his official report Dr. Millard further says: "Leicester, as we have seen, is a notoriously badly vaccinated community, and probably contains a larger proportion of unvaccinated persons than any other large town." ("Public Health," July, 1904, p. 614.)

In referring to the Leicester-epidemic of 1904, Dr. Millard says: "The money cost of the epidemic to the rates was probably not much more than would have to be spent *every year* if vaccination and re-vaccination were systematically carried out on the whole healthy population." (Loc. Cit., p. 626.)

Such a damaging admission coming from the mouth of a medical man pledged to vaccination and presiding over the health department of a populous municipality which more than a quarter of a century ago discarded vaccination and has persistently refused it ever since, is pretty conclusive testimony against the contention of his fellow-vaccinists who assume that the prevalence which small-pox would attain in the absence of vaccination would bring to them far greater pecuniary profit than vaccination does. The experience of unvaccinated Leicester flatly confutes the preposterous claim of the disease-inoculators that health can be conserved by the propagation of disease.

Dr. Millard tells us further that, "in Leicester during the twenty-four years that notification has been in force, the average annual number of small-pox cases has been only thirty-seven. The average number of children born annually has been 5,000, so that (allowing for probable deaths) at least 8,000 vaccinations (including



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re-vaccinations) would have to be performed each year to prevent thirty-seven cases of small-pox." (Loc. Cit.) Even if vaccination were a certain preventive of small-pox, think of the glaring absurdity of imposing more than 216 disease-imparting operations upon healthy people to prevent one case of small-pox! What an act of insanity it would be to implant the infective products of undefined disease into the bodies of 8,000 healthy children in order to prevent the possible development of a very few mild cases of small-pox! Could absurdity go further than this?

Last year I received from Dr. Millard, medical officer of health for Leicester, a copy of his then last (1908) official report. In prefacing this report Dr. Millard says: "The retrospect is on the whole a satisfactory one, the death-rate being only 12.98 per 1,000. A comparison with other great centres of population continues to be very favorable to Leicester. During the ten dom had a lower average death-rate than years (1898-1907) only one town in the king-Leicester."

On page 26 of the same official report, Dr. Millard tells us that in Leicester "compulsory vaccination has practically been all but abolished," and that "there has in 1908 been a decrease in the number of vaccinations as compared with previous years." He remarks that "during the year (1908) no cases of small-pox have occurred in Leicester."

From Dr. C. Killick Millard who still holds the position of medical officer of health for Leicester I have just received his last report upon the health of Leicester for the year 1909. From page 27 of this report I quote the following extract: "The disease (small-pox) did not appear in Leicester during 1909 and it is now three years since the last case was reported and five years since a death from small-pox occurred in Leicester." "As the experience of Leicester during the epidemics of 1903 and 1904 was very different from what had been expected by many people,

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and as it has an important bearing upon the vexed question of the necessity of compulsory vaccination, it may be well to quote the figures of the epidemics. In the 1903 epidemic there were 394 cases of small-pox with 21 deaths, yielding a case-mortality of 5.3 per cent.

In the 1904 epidemic there were 321 cases with 4 deaths, yielding a case-mortality of only 1.2 per cent. Several of our large cities suffered from more or less extensive epidemics about this period, but in none other was there such a low case-mortality as 1.2 per cent. recorded. In view of the large proportion of unvaccinated persons in Leicester such a result is especially remarkable." Thus does unvaccinated Leicester continue to maintain her enviable position in the forefront as one of the two healthiest great manufacturing towns of the British possessions. Since having abandoned the Jennerian rite Leicester has uninterruptedly enjoyed greater immunity from small-pox and has had a lower death-rate therefrom than any well vaccinated great centre of population in the world into which small-pox has gained admission. The experience of unvaccinated Leicester is an eye-opened to the people and an eye-sore to the provaccinists all over the world. Here is a great manufacturing town having a population of nearly a quarter of a million which has demonstrated by a crucial test of an experience extending over a period of more than a quarter of a century that an unvaccinated population has been far less susceptible to small-pox and far less afflicted by that disease since it abandoned vaccination than it was at a time when 95 per cent. of its births were vaccinated and its adult population well re-vaccinated. More than this, Leicester's death-rate from all causes has been greatly reduced since vaccination was abandoned. If for the sake of argument it be conceded that vaccination is capable of protecting its subjects from small-pox-infection for a period of a few years, I submit to any intelligent, fair minded physician that "the Leicester method of dealing with small-pox,"

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a method in which notification, isolation, quarantine, disinfection and sanitation are the key-notes, having proved itself quite sufficient for the control of epidemic small-pox without resort to general vaccination, is a far more ideal method of prophylaxis and one infinitely more in accord with the recognized principles of preventive medicine, hygiene and sanitary science than the generally practiced system of "stamping out" a little small-pox by "stamping in" a great deal of vaccinia.

### EPITOMIZED STATEMENT OF LEICESTER'S EXPERIENCE WITH SMALL-POX AND VACCINATION.

The case of Leicester, which is of world-wide interest, may be summarized as follows:

(1) In 1872, with a population of less than 100,000, Leicester had several thousand cases of small-pox, 346 of which cases resulted fatally, notwithstanding a high vaccinal average of about 95 per cent. of the total births for the immediately preceding quinquennial period, as shown by the official records.

(2) The annual average death-rate at that period for all ages and from all causes was 27 per thousand, and from the seven principal infectious diseases (including small-pox) was over 8,000 per million. With such overwhelming proof of the absolute uselessness of vaccine inoculation as a prophylactic measure against small-pox, vaccination began to fall into disfavor and disuse with the people of Leicester.

(3) Concurrently with increasing vaccinal default and the carrying out of sanitary measures the general death-rate in Leicester steadily declined and the number of small-pox cases soon became infinitesimally small. During the last few years the general death-rate has averaged about 14 per thousand per annum, and in 1905 was only 13.4 per thousand, while in 1908 it was only 12.98 and in 1909 only 12.90 per thousand, so that Leicester, from having been one of the most unhealthy, now ranks among the healthiest

and cleanest of the great manufacturing towns of the British Kingdom.

(4) This astonishing hygienic progress and remarkably low fatality-rate in Leicester are largely attributable to a declining infantile mortality, which has, during the last thirty-three years, fallen from an average of over 240 deaths per 1,000 births, with a higher percentage of infantile vaccination (1868-72), to less than 150 deaths per 1,000 births in 1905 and 126.6 in 1909. During last year but 660 of the 250,000 citizens of Leicester were vaccinated. This means that only one out of every 378 persons was vaccinated.

(5) None of the credit for this improved state of affairs can be fairly ascribed to vaccination, seeing that during the fourteen years, 1891 to 1904, primary vaccinations amounted to only about 5 per cent. of the recorded births, and scarcely any re-vaccinations were performed. In the year 1909 the vaccinations in Leicester amounted to but 12.1 of the births registered.

(6) An unvaccinated child-population of vaccination-age of between 80,000 and 100,000 remains in town, declares Dr. Millard in his official report.

(7) Although small-pox has been frequently imported into Leicester, it has failed to "decimate" this alleged "inflammable material," and the people have the utmost confidence in "The Leicester system" of sanitation, notification, isolation and disinfection, which, without recourse to vaccination—has served them so well for so long a period of time.

(8) As proof of their great abhorrence of vaccination, I may state that thousands of otherwise law-abiding and blameless citizens of Leicester have submitted to insult, fine and imprisonment rather than submit their children to the Jennerian imposture. The homes of defaulters who were unable to pay repeated fines for their very natural and proper resistance to this cruel and despotic law have been seized and sold. Millions of pounds of the public funds have been

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squandered on this useless and mischievous medical fallacy.

(9) At the present writing the official records show the names of more than 15,000 parents in Leicester who are legally liable to be summoned to court for having refused to submit their children to the vaccine lancet. The feeling of repugnance against vaccination is stronger in Leicester to-day than ever before.

(10) Leicester stands out conspicuously at the present day a shining example to the whole world of the fact that prophylaxis against small-pox is to be realized through the attainment of health by means of personal hygiene, isolation and municipal sanitation and not by the inoculation of disease-products of man and beast into the healthy human body. Whereas, the legitimate aim of therapeutics is to restore the sick to a state of health, and that of hygiene to maintain our bodies in a state of health by right living and salubrious environment vaccination undertakes the absurd and dangerous experiment of modifying our robust, healthy bodies in order to adapt them to an insalubrious environment.





H 610.8

# Is the Practice of Corpse-Eating by Human Beings Expedient, Justifiable or Necessary?



BY

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One of the most interesting features of the intellectual development of the present era is the increasing interest being taken in nature and nature's methods, and the growing suspicion that a large share of the evils, physical, mental and moral, from which civilized man suffers, may be properly attributed to the artificial conditions imposed upon him by the state of civilization in which he lives.

That civilization, notwithstanding its priceless advantages and blessings is not an unalloyed good, is clearly evidenced by the fact that the human race is steadily deteriorating physically and morally, notwithstanding the marvelous achievements which the last few centuries have witnessed. That we are a deteriorating race is a fact that no student who has given the subject careful thought will deny. The causes of this physical and moral decadence include many wide departures from the simple customs and habits to which man by nature is adapted. One of the questions which arise in studying the perversion of the civilized state is the question relating to the use of flesh as an article of diet by human beings.

## WHAT IS MAN'S NATURAL DIET?

I shall consider this question very briefly from three viewpoints:

1. History, or the teachings of human experience.
2. Science, or the teaching of nature.
3. Ethics, or the study of moral obligation.

Does science teach that man is naturally a flesh-eater?

The basis of all study on this question, from a scientific standpoint, is the fact that the diet of an animal, in his natural state is invariably found to correspond with his anatomical structure and with his several physiological functions.

This fact is so universally recognized by comparative anatomists that animals have been classified in accordance with their dietetic habits into four

great groups—herbivorous, frugivorous, carnivorous and omnivorous.

In order to ascertain to which of these classes any animal belongs we have only to examine carefully the anatomical structure of his organism. Such an examination reveals the fact that the teeth of man have not the slightest resemblance to those of the carnivorous animals; and whether we consider the teeth or the digestive organs, the human structure closely resembles that of frugivorous animals. The frugivorous nature of man is, therefore, clearly established by the close analogy which exists between his anatomical structure and that of the anthropoids, who derive their nourishment from fruits, grains and vegetables. It may, therefore, be intelligently and confidently asserted that man is frugivorous. All the details of his intestinal canal as well as his dental structure point to this fact in the most unmistakable manner.

## VEGETARIANISM NOT A FAD.

Vegetarianism is not a modern cult or a fad. Eight centuries before the advent of the Christian era Hesiod pictured the "golden age" in which flesh-foods for human consumption were unknown and when a universal fraternity prevailed among mankind and his humble servants, the lower animals. Referring to this period the poet Ovid, writing of the views of Pythagoras, says: "Not so the Golden Age that fed on fruit,  
Nor durst with bloody meats their mouths pollute.  
Then birds in airy space might safely move,  
And timorous hares on heaths securely rove;  
Nor needed fish the gulleful hooks to fear,  
For all was peaceful, and that peace sincere."

There was a time when those who practiced and advocated vegetarianism were denounced as fanatics and cranks



by those who made use of epithets instead of arguments, but that day has passed away. The subject has won respect and is no longer a matter of scorn. Thousands of intelligent and educated men and women are getting their eyes opened to the baneful and demoralizing effects of flesh-eating, and are cutting off their butcher's bills to the great advantage of their health and finance.

### **WHENCE CAME THE BARBAROUS PRACTICE OF DEVOURING FLESH AND BLOOD?**

At what period in the world's history the practice of flesh-eating by the human family began it is difficult, if not impossible, to ascertain. Surely this debasing custom must be a relic of savagery. It is hardly conceivable that the revolting practice could have originated otherwise than in time of famine when no other food was obtainable. However this may be, there are at the present time millions of people in Christendom who habitually pollute their mouths and stomachs with the corpses of the lower animals, and many loathsome and fatal diseases among which may be mentioned, trichinosis, tuberculosis, cancer, Bright's disease, gout and scurvy, are results. In vegetable food-products we have a pure and wholesome source of stored energies. In animal bodies we have only vegetables at second-hand in process of retrograde metamorphosis or deterioration, going down the scale of disorganization, combined with the poisonous substances, which have resulted from the various forms of vital activity. In the flesh of even a healthy animal are always present considerable amounts of broken down poisonous tissue-products which are on their way out of the body as excretions, eliminated by the liver, the kidneys, the lungs or other excretory organs.

### **FLESH-EATING IMMORAL.**

In discussing the ethical phase of this question it is only necessary to state that the basis for argument against flesh-eating is to be found in the fact that the lower animals are, in common with man, sentient beings. In our supreme selfishness and egotism we have become accustomed to look upon our inferior fellow creatures as if they were inanimate things instead of living creatures: We treat them as if they were sticks or stones instead of sentient beings. These humble creatures have nerves and suffer pain just as we do. The lamb gamboling in the pasture, enjoys life much in the same way as does the little child chasing butterflies across the meadow. That

we are willing, in cold blood, to destroy the lives of these innocent creatures, then bury their dead carcasses in our stomachs as do the rapacious beasts of the forest, is made possible only by the fact that "the savage still leaps and dwells within our hearts." Flesh-eating is the logical outcome of that supreme selfishness that leads man to the egoistic belief that all things were created for his personal pleasure and use.

We often hear the heartless suggestion: "If the lower animal should not be killed for food, then what use shall we make of them?" The merciless people who ask this question seem to think it man's duty and privilege to kill and devour everything he can make no other use of. What a diabolical outrage to wantonly deprive these humble creatures of their lives on the selfish and gluttonous plea that they were created for our food, when nature has provided in her great storehouse of fruits, vegetables and cereals an abundance of wholesome food for the complete sustenance of mankind.

Well did Plutarch say: "Alas for our savage inhumanity! It is a terrible spectacle to see the tables of rich men decked out with the cadavers of animals by those layers-out of corpses—the butchers and cooks." These words of a pagan who lived 500 years before the dawn of the Christian era, should put to shame every human hyena in Christendom who habitually and wantonly pollutes his palate with the flesh and blood of his fellow creatures. The gorilla in the jungle chooses his food in accordance with his natural instincts. It is interesting to know that he invariably excludes flesh-foods from his dietary. The gorilla, the chimpanzee and the orang-outang, are, in fact adhering more strictly to natural laws in the matter of diet than is civilized man. What a sad commentary, this, on human weakness and perversity! Apologists for flesh-eating when compelled to admit the force both of the sanitary and ethical arguments against the debasing and inhuman practice of slaying and eating their fellow creatures, seek to find defense for their savagery in the scriptures. In the third verse of the ninth chapter of Genesis we are told that permission was given to Noah to make use of animal food in the following words: "Every moving thing that liveth shall be meat for you." The fallacious belief that the lower animals were created for the purpose of furnishing food for man is one of the many degrading superstitions which have been handed down by our ignorant and savage ancestors from generation to generation. It is high time that intelligent, civili-

zed people began to climb out of the barbaric conditions of ignorance and savagery into which we have fallen, through bad ancestry and heredity. The slaying for food of innocent animals is savagery and should not be tolerated in a civilized country. Flesh-eating is promoted by the instinct and partakes of the brutality and ferocity of the wild beast. The wolf, the tiger and the lion kill what they feed upon, just as the human flesh-eater slays and eats the horse, the cow and the lamb. The terrible pain and suffering inflicted upon the humble creatures that are most commonly slaughtered for food should excite the sympathy and appeal to the mercy of every civilized being who has a spark of humanity in his or her make-up.

Think of the hundreds of thousands of inoffensive animals such as horses, cows, oxen, lambs and sheep that are daily being slaughtered in Christendom to appease the blood-thirsty appetites of the human hyenas who feast upon their remains! In this age of boasted civilization it is a matter of amazement that so gross an inconsistency should be tolerated as the maintenance of slaughter-houses or abattoirs. In these bloody chambers of horror is carried on the wholesale massacre of helpless brutes to appease the unnatural cravings of human monsters who long for a diet of dead flesh. This depraved corpse-eating instinct in the human being is a relic of savagery. Yet among those who uphold the abominable practice of needlessly inflicting torture and death upon helpless and inoffensive animals, are found people who count themselves the most intelligent cultured, civilized, refined and religious of mortals. These inconsistent egotists do not seem to understand that the foundation of true civilization is not cruelty, but justice, generosity and mercy.

Young children because of their inherent innocence and their sympathy with their docile companions, the humble creatures that are most commonly killed for food, frequently manifest their repugnance and horror on beholding the cold-blooded atrocities perpetrated upon nature's inoffensive creatures. A Scotch clergyman relates a memorable experience he had while on a pastoral call in a rural district. On the occasion of making a second call at a farm-house where he had previously dined upon chicken, he noticed as soon as he came in sight a sudden activity on the part of the youngsters about the place, who, while making frantic efforts to get the chickens out of sight, were shouting at the top of their voice: "Rin, rin, here comes the fellow that ate your fayther."

This righteous protest against cruelty coming from the lips of an innocent child should bring the blush of shame to the cheek of every clergyman in Christendom who feasts upon the remains of yellow-legged chickens. Those people who are accustomed to appease their depraved and unnatural cravings for a flesh and blood diet by feasting upon the remains of murdered animals, evince in an unmistakable manner their utter lack of appreciation of the sacredness of life as well as their total disregard for the rights of their humble fellow creatures. The fact that our so-called Christian nations are far behind many heathen nations in the estimation they put upon life as manifested in the lower animals is without doubt one of the greatest obstacles that have impeded the progress of Christianity in China, Japan, India, Burmah and other foreign countries. A Christian missionary who had spent many years in India writes: "On one occasion when preaching to a large audience in the streets a Brahmin, who happened to be passing by shouted out at the top of his voice: 'That fellow eats pigs: he isn't fit to preach.'" With looks of intense contempt and disgust my audience fled from me as if I had been a leper." Civilized countries ought certainly to present before the world a higher type of manhood, a higher ideal of mercy and justice than are found in heathen countries. Certain it is, however, that the terrible butchery of innocents that is carried on in the abattoirs found in almost every large city, of so-called Christian nations from which streams of blood continually flow, while the agonizing cries and groans of the terrified and tortured beasts "ascend to Heaven," is the darkest blot on our modern civilization. These shrieks of agony with the awful scenes of carnage and cruelty seem but little short of wholesale massacre of human beings, and are a flat repudiation of that gospel which proclaims "peace on earth."

It is indeed strange that nations calling themselves civilized seem to be of all classes of people the most apathetic respecting the rights of the sub-human animals.

India, which we look upon as a semi-civilized country, has two hundred millions of men, women and children who look with absolute horror upon the taking of animal life. These peaceful and benevolent people would not more think of butchering one of the lower animals than they would of murdering one of their own people.

In this wholesale destruction of animal life even the noble horse, man's faithful friend and willing slave, does

not escape the assassin's axe and knife in many civilized countries, our own included. In the United States during the year 1899, 3,232 horses were slaughtered for food and officially inspected with other flesh-food. In Vienna during this same period there were slaughtered for food 25,646 horses and 458 donkeys. How many human pyenias and buzzards feasted upon the remains of these murdered horses and donkeys the statistical tables do not state. In Paris during the year 1898, 21,667 horses, 310 donkeys and 52 mules were slaughtered for food and their carcasses sepulchred in human stomachs. Think of the spectacle of human vultures devouring the remains of horses, donkeys and mules. In Paris there are hundreds of those butcher-shops in which only horseflesh is sold. In Prussia there were slaughtered for food in 1897 the enormous number of 53,484 horses besides large numbers of donkeys and mules.

### **INFLUENCE OF FLESH-DIET UPON CHARACTER.**

In this connection it is interesting to note the difference of character exhibited in flesh-eating human beings and carnivorous lower animals and in those men and animals who subsist only upon the natural products of the soil. That the ferocity of the lion, the tiger, the wildcat and the wolf which stands out in such marked contrast with the docility and amiability of the horse, the cow, the sheep, the deer, the elephant, the camel, the rabbit and other vegetable-eating animals is due very largely if not wholly to the difference in their dietary, has been clearly proven by the fact that tame bears and domesticated hogs, though gentle and tractable when confined to a dietary from which flesh has been excluded, when fed upon a flesh-diet become highly vicious and even ferocious. The prevalent idea among the misinformed that flesh contains valuable nutrient ingredients which are lacking in fruits, vegetables, nuts and cereals is entirely erroneous. On the contrary we find in plant foods such as those above mentioned all the different nutrient substances needed in the human economy in far purer and more assimilable forms than are found in any flesh-foods.

### **A LESSON FROM THE JAPANESE.**

The Japanese, who have since time immemorial been strict vegetarians have within the last half century taken vastly more rapid strides toward real civilization than has any other nation in either ancient or modern times. Japan is a vegetarian country. The Japanese live largely on rice, which they supplement with barley wheat rye, corn, sweet potatoes and other

vegetables and cereals that enter into their dietary. Peas and beans also constitute an important part of their dietary, especially the remarkable soy, or Soja bean, which is so rich in proteids that one pound of these legumes has more than the nutrient value of two pounds of the best lean beef.

The popular notion that a flesh-diet has in some way contributed to the intellectual superiority of the English speaking races can not be shown to have any foundation in fact. That the English and other flesh-eating nations have acquired commercial and political supremacy in modern times is not due to the fact that they have been flesh-eaters, but rather in spite of it. Thorough investigation of the subject shows that as a matter of fact the bone and sinews of the British nation—the peasantry, or farmers—make very little use of meat, while in Ireland and Scotland, with the exception of the wealthier classes (those who live in cities), flesh-food is used so sparingly that it must be considered as a luxury rather than a food. The advantages which the English-speaking and other civilized nations enjoy over semi-civilized and uncivilized nations and tribes are due to causes other than the use of flesh-food. As evidence of the truth of this statement it is only necessary to call attention to the numerous wild and savage tribes who subsist almost exclusively upon flesh-food, and yet are by all odds the most degraded, the most immoral and most rapidly perishing of all human beings, civilized or uncivilized.

That corpse-eating is not essential to intellectual progress is clearly enough shown by the fact that the people of India, who are practically a nation of vegetarians, have from the most remote ages maintained a very complete literature and a very high grade of civilization. In India the most cultivated and intelligent of all classes are the Brahmins and Buddhists, all of whom are strict vegetarians, as were their ancestors for more than 2,000 years.

In view of the foregoing reasons, and others which the limits of this paper forbid me to state, I am constrained to believe that the deplorable practice of corpse-eating to which so many presumably civilized nations are addicted is inexpedient, unjustifiable and wholly unnecessary.

This debasing and demoralizing practice is closely akin to, and quite as reprehensible as is the practice of cannibalism indulged in by the lowest savages on earth. The indulgence of the corpse-eating propensity by civilized human beings proves that "the savage still leaps and yells within us."

UNIV. OF MICH.

DEC 19 1906

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# PROPHYLAXIS

TO BE REALIZED THROUGH THE ATTAINMENT OF HEALTH,  
NOT BY THE PROPAGATION OF DISEASE.

BY

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NIAGARA FALLS, N. Y.

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READ BEFORE THE WESTERN NEW YORK HOMEOPATHIC MEDICAL SOCIETY IN  
BUFFALO, APRIL 11TH, 1902.

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REPRINTED FROM THE MEDICAL VISITOR FOR APRIL, 1902.





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# PROPHYLAXIS

TO BE REALIZED THROUGH THE ATTAINMENT OF HEALTH,  
NOT BY THE PROPAGATION OF DISEASE.

BY

J. W. HODGE, M. D.

NIAGARA FALLS, N. Y.

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# PROPHYLAXIS TO BE REALIZED THROUGH THE ATTAINMENT OF HEALTH, NOT BY THE PROPAGATION OF DISEASE.

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BY J. W. HODGE, M. D., OF NIAGARA FALLS, N. Y.

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In view of the fact that a bold attempt has recently been made by a representative of the self-styled "regular" profession to place upon our statute books a compulsory vaccination measure, the provisions of which mark a height of brazen effrontery which medical despotism has never before reached in the Empire State; and inasmuch as the public mind is largely occupied with the questions of smallpox and vaccination at the present, the discussion of some phases of these subjects seems timely and appropriate. I desire to treat this important topic, not in a spirit of contentiousness, but with a sincere desire to get at the truth even though in so doing some unwelcome facts are disclosed and some cherished ideals are dispelled. My aim is to consider facts as I find them and not as I wish they were.

The advocates of vaccination unhesitatingly assert that the vaccine disease protects its subjects from smallpox, but the facts, so far as we know them, do not warrant this assertion. Indeed, the theory which assumes to conserve health by propagating disease has always had a formidable array of facts to oppose it.

From the days of Jenner to the present time, cases of smallpox have appeared among those who were supposed to be protected by vaccination, and these in no small numbers. When Jenner began the practice of vaccination in 1798, he rashly assumed that one "successful" vaccination was a preventive of smallpox for an entire lifetime. This, it is readily seen, was a mere hypothesis on his part, because in the very nature of the case it was not possible to determine at that time that the artificial production of one disease would surely prevent, forever afterward, in that subject, the occurrence of another disease (smallpox). Assumption is not law, and Jenner lived to witness the folly of his error.

I here present a few examples out of many thousands which are at hand to warrant the affirmation that vaccination does *not* protect its subjects from smallpox.

The *London Morning Advertiser* of November 24, 1870, reports: "Smallpox is still making greater havoc in the ranks of the Prussian



army, which is said to have thirty thousand smallpox patients in its hospitals." These were all vaccinated and re-vaccinated. Dr. G. F. Kolb, of the Royal Statistical commission of Bavaria, officially states: "In the kingdom of Bavaria, where no one for many years, except the newly born, escaped vaccination, there were in the epidemic of 1871 no less than 30,742 cases of smallpox, of whom 29,429 had been vaccinated, as is shown by the documents of the State Department."

*The Lancet* (London) of July 15, 1871, editorially states: "The deaths from smallpox have assumed the proportions of a plague. Over 10,000 lives have been sacrificed during the past year in England and Wales. In London 5641 deaths have occurred since Christmas. Of 9,392 patients in the London Smallpox Hospitals, no less than 6,854 had been vaccinated, i. e. nearly 73 per cent. Taking the mortality at 17½ per cent. of those attacked, and the deaths this year in the whole country at 10,000, it will follow that more than 122,000 vaccinated persons have suffered from smallpox. This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly on this important matter."

Statistics of similar import might be quoted by the page, chapter and volume, but time and space forbid. One such fact is as good as a thousand, because it effectually destroys the foundation of the theory of preventive vaccination.

In the annual report of the Health Department of the city of New York, 1870-71, it is stated: "This extraordinary prevalence of smallpox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced; its occurrence in its most fatal form in persons who gave evidence of having been well vaccinated, and the remarkable susceptibility of people of all ages to re-vaccination, are new facts in the history of this pestilence, which must lead to re-investigation of the whole subject of vaccination and of its claim as a protecting agent."

A. M. Ross, M. D., A. M., an eminent old school physician of Toronto, in writing about the Montreal smallpox epidemic of 1885, said: "Whoever closely watched the course of the epidemic in Montreal must conclude that vaccination is utterly useless as a protection from smallpox. Much of what transpired in our smallpox hospitals was suppressed, especially whatever was likely to operate against the progress of vaccination, which proves a golden harvest to the vaccinators. But notwithstanding the conspiracy of silence, a few official reports came out pregnant with proof against vaccination and demonstrating beyond question that a large proportion of the patients admitted to our

smallpox hospitals had been vaccinated, and that many of them died, some with two and others with three vaccine marks upon their bodies.”

*The New York Medical Journal*, edited by Frank P. Foster, M. D., in its issue of July 22, 1899, contains an article, entitled “Vaccination in Italy,” written by Charles Ruata, M. D., professor of hygiene and of materia medica in the University of Perugia, Italy, in which he demonstrates by the presentation of the most trustworthy official statistics that preventive vaccination in that country has been a complete and certain failure.

Prof. Ruata prefaces his article with the following affirmation: “Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically.” He says: “Our young men, with few exceptions, at the age of twenty years must enter the army, where a regulation prescribes compulsory vaccination.” After having quoted the official statistics of the Italian government as proof of his assertion, he says: “For twenty years before 1885 our nation was vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics of smallpox that we have had have been something so frightful that nothing before the invention of vaccination could equal them.”

In Italy, having a population of 30,000,000, 98.5 per cent. of whom were officially declared vaccinated, Dr. Ruata goes on to say: “During the year 1887, we had 16,249 deaths from smallpox, in 1888, 18,110, and in 1889 13,413.” In referring to the Italian army, in which “vaccination had been performed twice a year in the most satisfactory manner for many years past,” Dr. Ruata says: “Now we see that soldiers not protected because vaccination did not ‘take’ were less attacked by smallpox than those ‘duly protected’ by the good results of their re-vaccination; and that the death-rate in those vaccinated with good results was greater than among those in whom vaccination did not ‘take.’”

In regard to the vaccine material used, Dr. Ruata says: “I have limited my analysis to the last six years, during which time the only lymph used in our army has been animal lymph, exclusively, furnished by the government institute for the production of animal lymph.” After having cited the government statistics, which sustain his conclusions, Prof. Ruata remarks: “The ‘duly protected’ soldiers were attacked by smallpox in a proportion double that among the ‘unprotected’ soldiers.”

“As you see, these are official statements, extremely trustworthy because they were made in a country where, and at a time when, no one thought that it was possible to raise a doubt against the dogma of vaccination. In our country,” he continues, “we have no league against vaccination, and every father thinks that vaccination is one of his first

duties. For these reasons no bias could exist against vaccination in making these statistics." The figures of these statistical records presented in *The New York Medical Journal* from the pen of an eminent professor in an Italian university stand as unimpeachable witnesses to the fact that preventive vaccination has been a complete failure in Italy, which we are assured is one of the most thoroughly vaccinated countries on the globe.

I now call another witness, Prof. Alfred Russel Wallace, LL.D., F. R. S., (co-discoverer with Darwin of the theory of evolution), an expert statistician and one of the ablest scientific men of England. In his latest great scientific work, entitled "The Wonderful Century," Professor Wallace has devoted a chapter to the consideration of the most trustworthy statistics on a large scale, as relating to smallpox and vaccination. He tells us that in April of the year 1889, Queen Victoria appointed a commission of eight of the most distinguished medical men of England and quite a number of eminent men in other professions, to investigate the question of the effect of vaccination. This commission, we are told, spent more than seven years in its investigations, held 136 meetings, examined about 200 witnesses, and investigated six epidemics which had occurred in recent years at Gloucester, Sheffield, Warrington, Devosberry, Leicester and London.

It is upon the evidence presented in the majority report of this commission that Prof. Wallace bases his statements and conclusions, some of which I herewith present. He has critically examined the early tests employed by the advocates of vaccination to prove the alleged protective influence of the practice, and has pointed out the fallacy and complete inefficiency of these tests. He has brought together an array of remarkable test cases which illustrate the utter worthlessness of vaccination. Of these crucial tests I shall be able to present but a few. "The first is that of Leicester, which for the past twenty years has rejected vaccination till it has now almost vanished and smallpox is almost unknown. The second is that of the Army and Navy in which, for a quarter of a century, every recruit had been re-vaccinated, unless he has been recently vaccinated or had smallpox. In the first we have an almost unvaccinated population of nearly 200,000, which on the theory of the vaccinators should have suffered exceptionally from smallpox; in the other we have a picked body of nearly 220,000 men who, on the evidence of the medical authorities, are as well protected as they know how to make them, and among whom, therefore, smallpox should be almost or quite absent, and smallpox deaths quite unknown. Let us see then what has happened in these two cases. In both it has been clearly proven that smallpox increased with the increase of vaccin-

ation, and decreased under sanitation, cleanliness, and hygienic living.”

After having set forth page upon page of these test cases, Prof. Wallace observes: “It is thus completely demonstrated that all the statements by which the public has been gulled for so many years, as to the almost complete immunity of the re-vaccinated Army and Navy, are absolutely false. It is all what Americans call ‘bluff.’ There is *no immunity*. They have *no protection*. When exposed to infection they *do* suffer just as much as other populations, or even more. In the whole of the nineteen years, 1878–96 inclusive, unvaccinated Leicester had so few smallpox deaths that the Registrar-General represented the average by the decimal 0.01 per thousand population, equal to ten per million, while for the twelve years 1878–89, there was less than one death per annum. Here we have *real immunity*, *real protection*; and it is obtained by attending to sanitation and isolation, coupled with the almost total neglect of vaccination. Neither Army nor Navy can show any such results as this. “Now,” says Prof. Wallace, “if there exists such a thing as a crucial test, this of the Army and Navy as compared with Leicester affords such a test. The populations concerned are hundreds of thousands; the time extends over a generation; the statistical facts are clear and indisputable; while the case of the army and navy has been falsely alleged again and again to afford indisputable proof of the value of vaccination when performed on adults.”

Prof. Wallace produces official statistics which verify his affirmation that “The town of Leicester is, and has been for the past twenty years, the least vaccinated town in the kingdom. Its average population from 1873 to 1894 was about two-thirds of that of the Army during the same period. Yet the smallpox deaths in the Army and Navy were thirty-seven per million, those of Leicester under fifteen per million.” Prof. Wallace justly declares: “It is not possible to have a more complete and crucial test than this is, and it absolutely demonstrates the utter uselessness or worse than uselessness of re-vaccination.”

“Before leaving Leicester,” says Prof. Wallace, “it will be instructive to compare it with some other towns of which statistics are available. And first, as to the great epidemic of 1871–72 in Leicester and in Birmingham. Both towns were then well vaccinated, and both suffered severely by the epidemic. Thus:

	Leicester.	Birmingham.
Smallpox cases per 10,000 population,	327	213
“ deaths “ “ “ “ “	35	35

But since then Leicester has rejected vaccination to such an extent that in 1894 it had only seven vaccinations to 10,000 population, while Birmingham had 240, or more than thirty times as many, and the pro-

portion of its inhabitants who have been vaccinated is probably less than one-half that of Birmingham. The commissioners themselves state that the disease (smallpox) was brought into the town of Leicester on twelve separate occasions during the recent epidemic, yet the following is the result:

1891-1894.				Leicester.	Birmingham.
Smallpox cases per 10,000 population,	-			19	63
" deaths " " " "	-			1.1	5

Here we see that Leicester had less than *one-third* the cases of smallpox and less than *one-fourth* the deaths in proportion to population than well-vaccinated Birmingham; so that both the alleged *protection* from attacks of the disease and *mitigation* of its severity when it does attack, are shown not only to be absolutely untrue, but to apply, in this case, to the absence of vaccination.

The last quotation from *The Wonderful Century* which I shall here present is as follows: "But we have yet another example of an extremely well-vaccinated town in this epidemic—Warrington, an official report on which has been issued. It is stated that 99.2 per cent. of the population had been vaccinated, yet comparison with unvaccinated Leicester stands as follows:

Epidemic of 1892-93.				Leicester.	Warrington.
Smallpox cases per 10,000 population,	-			19.3	123.3
" deaths " " " "	-			1.4	11.4

Here, then, we see that in the thoroughly vaccinated town the cases are more than six times, and the deaths more than eight times, that of the almost unvaccinated town, again proving that the most efficient vaccination does not *diminish* the number of attacks, and does not *mitigate* the severity of the disease, but that both these results follow from sanitation and isolation."

The history of smallpox in Leicester, England, has, as pointed out by Prof. Wallace, furnished conclusive testimony to the world that smallpox can be confined within very narrow limits without any assistance(?) from the vaccine operation.

In 1872, when Leicester was a well vaccinated city, it was visited by a smallpox epidemic and suffered a heavy mortality. The doctors had so overdone the business of coercive vaccination and public prosecution that the people arose, *en masse*, in open revolt against the propagation of the vaccinator's poison. This emphatic protest had the effect of checking vaccination and of diminishing the percentage of vaccinations to the number of births. From page 209 of "*The Wonderful Century*" I quote the following: "But immediately after the great Leicester epidemic of 1872, which was worse than in London, the people began to

reject vaccination, at first slowly, then more rapidly, till for the last eight years (1890-98) less than five per cent. of the births have been vaccinated. During the whole of the last twenty-four years smallpox deaths have been very few, and during twelve consecutive years, 1878-89, there was a total of only eleven smallpox deaths in this populous town." Thus we see the history of Leicester presents one of the best object lessons of the past thirty years; for since its smallpox epidemic of 1872 its citizens not only rose in open revolt and rid themselves of the incubus of vaccination, but also instituted as thorough a system of sanitation as their crowded population of nearly 200,000 would admit of.

Leicester, therefore, under the guidance of a creed the main articles of which are founded on the teachings of sanitary science and obedience to the laws of hygiene, stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from the contagion of smallpox lies in the direction of sanitary regulations and hygienic habits of life. In defense of the Leicester system, which is simply a system of thorough sanitation, the report of its medical officer for 1893 tells a story which should be emphatically and repeatedly impressed upon the mind of every health-board official throughout the civilized world. Addressing his townsmen, the Leicester health officer said: "You are entitled to great credit, more especially in the case of smallpox, which, by the methods you have adopted, has been prevented from running riot throughout the town, thereby upsetting all the prophecies which have again and again been made. I need only mention such towns as Birmingham, Warrington, Bradford, Walsall, Oldham, and the way they have suffered during the past year from the ravages of smallpox, to give you an idea of the results you in Leicester have achieved,—results of which I, as your medical officer of health, am justly, I think, proud."

The foregoing are a few of the hundreds of demonstrations that can be cited of the utter worthlessness of vaccination as a preventive of smallpox. If protection is good for anything, it should be effective during the prevalence of an epidemic; but, as we have seen, that is just where the unvaccinated enjoy the greater immunity from the variolous infection. Can any one explain why it is that the vaccine practice continues to be perpetuated, and the contagion of the cowpox disorder to be propagated by the medical profession in the face of such evidence as this? Considered in the light of these facts, the spectacle of health-boards enforcing their compulsory vaccination edicts is amazing.

The statement of such demonstrations as these puts the advocates of vaccination in a very awkward predicament, to say the least. A knowledge of such clean cut facts should be sufficient to destroy in unprejudiced minds all belief in the efficacy of so-called preventive vaccination.

The ancient theory which ignores the laws of hygiene and sanitation by teaching the absurd doctrine that the propagation of the contagion of disease by ingrafting it into the bodies of healthy people can be advantageous to the well-being of a community, should find no favor with the sanitary rationalist of the twentieth century, and, in my humble opinion, deserves the open condemnation of every scientific physician.

Belief in this curious dogma has tended to foster a disregard for cleanliness. By leading people to overlook the real cause and to neglect the true preventive of smallpox it has done much to obstruct the progress of truth, and to retard the evolution of hygiene and sanitary science.

Instead of having been instructed by their family physician to observe the laws of health and to avoid the causes of disease, people have on the contrary been taught, for a century, to rely upon a fetich for immunity from a filth-disease. The only measure which has been found competent to cope with smallpox and other zymotic diseases is cleanliness. As people learn to keep their dwelling apartments clean and well ventilated, their streets and alleys free from the accumulation of filth, their water supply pure, their food free from injurious adulteration, their bodies free from the accumulation of effete tissue, by taking plenty of exercise in the open air, they rise superior to the thralldom of zymotic disorders. There is no exception to this rule. Whom do these diseases attack? The untidy and unclean. What neighborhoods do they visit? The filthiest. What cities do they select? Those in which sanitary conditions are most neglected. Note the smallpox epidemic of Montreal of 1885, in which 3,400 people died of the disease. Who were the victims? The very lowest class of society, children who were filthy, neglected and ill-fed, who were living in houses that were overcrowded, destitute of proper ventilation, and in courts and alleys reeking with filth and where sanitation is a term unknown.

So-called "successful" vaccination is nothing less than the implanting into the healthy organism the virulent products of diseased animal tissue, with the effect of inducing actual disease. The performance of such an operation, in the very nature of the case, violates every principle of modern aseptic surgery, the legitimate aim of which is to *remove from* the organism the products of disease and never to *introduce* them. The chief aim of the modern surgeon is to make and treat wounds aseptically. The careful operator employs every means at his command to clear the field of operation of all bacteria, and he uses every available resource of the marvelously minute and intricate technique of asepsis to prevent the entrance through wounded tissue into the organism of any germ or morbid agent before, during, and after an operation. He fears sepsis

as he fears death; and yet under the blighting and blinding influence of an ancient and venerated superstition, he will intentionally inoculate into the circulation of a healthy human being the virulent animal poison, vaccine virus, the infective products of diseased animal tissues, under "strictly aseptic conditions."

Think of the unparalleled absurdity of deliberately infecting the organism of a healthy child in this era of sanitary science and aseptic surgery, with the poisonous matter obtained from a sore on a diseased calf, under the pretence of protecting the victim of the ingrafted disease against the contagion of another disease! Can inconsistency go farther than this? Inoculating an indeterminate lot of microbes into a healthy organism under "aseptic precautions!" Ladies and gentlemen of this society, just think of it!

In considering the subject of preventive vaccination the question arises: What is vaccinia? And what is it that the vaccinator implants into the healthy human organism? Into this part of the subject time forbids me to enter, except to point out a few brief quotations from high authorities on this subject. From the American Text Book of Diseases of Children, article, Vaccination by T. S. Westcott, M. D., ( p. 192 ) I quote the following: "The exact nature of vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present day no consensus of opinion has been reached." Many pro-vaccinal authorities aver the belief that vaccinia is smallpox modified or attenuated by passing through the system of the cow. This theory, however, rests on very inconclusive evidence and must soon be relinquished.

Dr. Chauven, in his notable address before the French Academy of Medicine, October, 1891, after detailing his elaborate experiments which had continued for years, concludes: "(1) Vacine virus never gives smallpox to man; (2) variolic virus never gives vaccinia to the cow; (3) vaccinia is not even attenuated smallpox."

Vaccinia is, in all probability, a modified form of syphilis, as has been clearly pointed out by Dr. Chas. Creighton, of London, and Dr. Crookshank, professor of pathology and bacteriology in King's College, London, two of the highest living authorities on these subjects. Dr. A. W. Hutton, another eminent authority, says: "The syphilitic nature of cowpox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics."

James Moore, assistant-director of The National Vaccine Establishment of London, says: "If the cow could plead her own cause, she might assert that what we call vaccine did not originate with her. She



might retort upon us that it was the contact of man which polluted her pure teats; for no cow that is allowed to suckle her own calf untouched by a milker ever has this complaint" (cowpox).

Dr. Charles Creighton, who was employed to write the article of Vaccination in the ninth edition of *The Encyclopedia Britannica*, because he was considered the ablest living authority on that subject, says: "The real affinity of cow-pox is not to smallpox, but to the great pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena." To the scientific physician, conclusive evidence of the real affinity of cow-pox is furnished at a glance by the pathological diagnostic table of M. R. Levenson, M. D., A. M., Ph. D., (author of the theory of the great antiquity of man on the earth), which formed the basis of his thesis read before the American Association of Physicians and Surgeons at Indianapolis in January, 1896, and which has been now for more than six years unquestioned by the profession. This table is a condensed statement in parallel columns of the primary and secondary symptoms of smallpox, cow-pox, and syphilis from the separate descriptions of the most renowned authorities upon these several diseases. It shows an almost complete likeness between the two latter and a total unlikeness of each to smallpox. Thus we come face to face with the gravest and, at the same time, the most disgusting aspect of the whole vaccination problem. Here we have some of the highest authorities who have produced the clearest evidence showing that vaccinia is modified syphilis. The chronic and protean manifestations which at times follow vaccination must have impressed us all with their close analogy to syphilitic lesions.

Prof. Alfred Russel Wallace has proven by the testimony submitted in the Majority Report of the Royal Commission of Inquiry on Vaccination, that the cow-pox practice instead of protecting its subjects from the contagion of smallpox, actually rendered them more susceptible to it. This conclusion based upon facts is in harmony with the physician's daily observations and experiences. Health is the ideal state to be sought for and obtained, not disease. Disease should always be avoided. Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and thus diminishes its natural resisting capacity. This fact is so well known and so universally conceded that it seems superfluous to cite authorities. Nevertheless, at the risk of being considered redundant I shall mention a couple. The American Text Book of Surgery, one of the latest standard works (p. 59) says: "The

healthy body is intolerant of bacteria and will resist the invasion of a mass of organism which an inflamed or diseased part may be unable to withstand."

Another of the latest works, *The International Text Book of Surgery* (Vol. I, p. 263), is authority for the following statement: "Persons weakened by disease or worn out by excessive labor yield more readily to infection than healthy individuals."

If this is true, it explains why in variolous epidemics, smallpox almost always attacks the vaccinated first, and why this disease continues to infest the civilized world while its allied "filth-diseases" have disappeared before the advance of civilization, through the good offices of sanitation, hygiene and the isolation of the sick.

In conclusion, I venture to think that I am warranted in maintaining that an impartial and comprehensive study of vital statistics gleaned from every reliable source, proves that the extension of the practice of vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox.

After a careful consideration of the history of vaccination and smallpox, and after an experience derived from having vaccinated more than 3000 subjects, I am firmly convinced that Edward Jenner saddled a legacy of disease and death upon the human race, and incidentally made \$150,000 by the transaction; that the practice of vaccination has been the means of disseminating some of the most fatal and loathsome diseases, such as leprosy, cancer, syphilis, tetanus and tuberculosis; that vaccination is not only useless, but positively injurious; that instead of protecting its subjects from the contagion of smallpox, it actually renders them more susceptible to it by depressing the vital powers and diminishing natural resistance; that vaccination was introduced at a time when smallpox was a diminishing factor, and by checking smallpox inoculation, withdrew a fertile source of variolous propagation; that the discontinuance of variolous inoculation, therefore, rather than the practice of vaccination, accounted for the diminishing prevalence of smallpox during the first three decades of the last century; that previous to the introduction of vaccination, variolous inoculation was unanimously believed in and generally practiced by the doctors of the self-styled "regular" profession in multiplying smallpox cases by spreading the contagion; that there is no evidence worthy of the name on record to prove that vaccination either prevents or mitigates smallpox; that many thousands of healthy children have died from the effects of vaccination; that millions of vaccinated people have died of confluent smallpox while having the plainest vaccine scars on their bodies; that smallpox epidemics almost invariably attack the vaccinated first; that smallpox is

a filth disease which ever follows closely upon flagrant violations of the laws of hygiene and sanitation; that the occurrences of all the great epidemics of smallpox have coincided with periods of sanitary neglect; that cow-pox and venereal pox have much in common; that the analogy between the manifestations of vaccine and those of syphilis is so close that several of the most eminent pathologists of the world regard cow-pox as a modified form of syphilis; that the condition set up by vaccinia is often chronic and as protean in its manifestations as is syphilis; that the identity of cow-pox and syphilis was first clearly pointed out by Dr. Hubert Boens-Boissan in 1882; that so-called "spontaneous cow-pox" is a myth; that cow-pox is a disorder not natural to the cow; that it never occurs in bulls or steers, nor in young heifers that have never been milked; that it is a disease of milch cows which has been communicated to them from sores on the hands of milkers who were suffering from the "bad disease;" that when these facts are fully realized by the medical profession and the public it will not take long to put an end to the crime of compulsory vaccination; that the community that has sanitary surroundings, a pure water supply, wholesome food, good health and freedom from the blood-poisoning incident to vaccination, need have no more fear of smallpox than of measles; that Leicester stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from the infection of zymotic diseases lies in the direction of sanitary regulations and hygienic habits of life; that the legitimate function of the true physician is not to *propagate disease*, but to *restore health* and *prevent* disease; that the attainment of health is the great desideratum; that a state of health is the ideal state to be sought after and attained; that no man can be truly said to be susceptible to the contagion of smallpox or to that of any other disease so long as he is in a state of perfect health; that such a state resists and repels the assaults of all morbid influences and is therefore the best protective against disease; that it is never necessary to actually set up one disease in a healthy organism to protect against another; that such a procedure is an appalling violation of the basic principles of hygiene and sanitary science; that immunity from the contagion of all diseases is to be realized through the attainment of health, not by the propagation of disease; that the performance of the vaccine operation, in the very nature of the case, violates the cardinal precepts of modern aseptic surgery, the aim of which is to *exclude from* the economy pathogenic bacteria and to remove the products of disease from the organism, and never to *introduce* them; that vaccination has utterly failed to fulfill the flattering promises made for it by Jenner and his followers; that a portly volume

could be filled with the records of these failures; that compulsory vaccination has been abolished in Switzerland and England, while laws sanctioning this crime still disgrace the statute books of "free" America; that compulsory vaccinations ranks with human slavery and religious persecution as one of the most flagrant outrages upon the rights of the human race; that the vaccine operation, which consists in abrading the epidermis and implanting an indeterminate lot of microbes into the organism of a healthy person, is opposed to the laws of hygiene and to all the teachings of modern surgical practice; that immunity from the contagion of smallpox is to be realized through the *attainment* of health, not by the *propagation of disease*; that attention to hygiene and sanitation, supplemented by segregation of the sick, have robbed smallpox of all its terrors; that enlightenment on these subjects is sure to bring the conviction that the *propagation of disease* under the pretext of *preventing* disease has been a *malefaction*, instead of a *benefaction* to the human race.

Under the irrational plea of prophylaxis, the vaccinators are sowing broadcast the germs of disease in the bodies of the rising generation. A harvest of disease and death is the legitimate fruitage of the seed thus sown. To the thoughtful sanitarian the widespread prevalence of smallpox during the past year, following a century of diligent vaccination, makes it evident that unless more energy is devoted by the health-boards of the future than has been devoted by those of the past, to the correction of sanitary defects, and less zeal displayed in propagating disease, the idea of abolishing smallpox must be relegated to a very distant period in the history of human progress.



# A REVIEW

OF

Some of the False Claims, Erroneous Deductions and Self-Contradictions of the Upholders of the Vaccination-Dogma.

BY

J. W. HODGE, M. D.,

Niagara Falls, N. Y.

Vaccination Is Unscientific, Unsanitary and  
Unnatural.

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**A REVIEW OF SOME OF THE FALSE CLAIMS, ERRONEOUS DEDUCTIONS AND SELF-CONTRADICTIONS OF THE UPHOLDERS OF THE VACCINATION-DOGMA.**

J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

A calm and dispassionate review of the practice of vaccination and the shifting and conflicting claims of its promoters is calculated to awaken some surprise in a logical mind.

It was the confident promise of Jenner and the primitive vaccinators that the vaccinated might live for a lifetime in absolute indifference to small-pox. That promise was long ago exploded. Let us see what Jenner himself taught. Here are his own words: "What renders the cow-pox virus so extremely singular, is that the person who has been thus affected is *forever after secure from the infection of the small-pox.*"

Again in the following words did Jenner declare "that the human frame when *once* it has felt the influence of the genuine cow-pox is *never afterwards*, at any period of its existence, assailable by small-pox."

Viewed from the standpoint of modern experience, what could be more preposterous than such an assertion? This assumption on the part of the "immortal" Jenner, it will be readily seen, was mere conjecture, because it was not possible at that time to determine that the artificial induction of one disease in an organism would certainly prevent forever afterward in that person, the occurrence of another disease. It was not only Jenner who was so positive and dogmatic in his assertions about the "life-long protection" claimed for vaccination.

His erroneous opinions were unhesitatingly and



blindly endorsed by some of the highest medical authorities, notwithstanding the significant fact that thousands of well-vaccinated subjects had died of small-pox while having typical vaccine marks on their bodies.

From the earliest days of vaccination numbers of cases have been recorded of every description of small-pox following vaccination, from the mildest to the most severe and fatal, and within the shortest periods of the "successful" operation.

To show how the mind of an otherwise sensible physician may be unconsciously warped by a blind and unreasoning faith in a senseless medical dogma, I present the following example:

Sir John Simon, an eminent medical authority, in his "Papers Relating to the History and Practice of Vaccination," p. 14, 1857, wrote: "On the conclusion of the artificial disorder (vaccinia) neither renewed vaccination, nor inoculation with small-pox, nor the closest contact and cohabitation with small-pox patients, will occasion him (the vaccinee) to betray any remnant of susceptibility to infection."

This statement is strangely out of harmony with the experience and practice of the present day.

Compare the above with the recent admission of Dr. Gayton, an eminent pro-vaccinal authority of London, whose testimony before the Royal Commission on Vaccination was that "primary vaccination is a very fleeting protection indeed. As to the time that primary protection lasts I do not know, but I think it is a very short time." (Q. 1,755 Royal Commission, Majority Report?)

Another authority, Dr. R. A. Birdwood, with an experience of 12,000 cases of small-pox, emphatically stated before the Royal Commission on Vaccination (Q. 31,191) that "vaccination cannot be relied on as an absolute protection up to any age

whatever." And lastly it may be stated that witnesses of the very highest professional standing testified before the Royal Commission on Vaccination to their belief that vaccination exerts no specific protective influence at all.

Jenner lived to see the error of his postulate. He learned that vaccination was not the certain and unfailing prophylactic which he had supposed. He found to his disappointment that the vaccinated were not only subject to small-pox, but that it sometimes attacked them twice. He thereupon advised re-vaccination. As "successfully" vaccinated subjects continued to die of small-pox, the dogma of "life-long protection" was found to be untenable and had to be abandoned. While the flattering promises of Jenner and other advocates of his theory that a single successful inoculation with cow-pox virus was an absolute and infallible protection against small-pox for a life time were being discredited and contradicted by the occurrence of numerous cases of post-vaccinal small-pox, it became necessary for the vaccinists to stem the tide which threatened to sweep away all confidence in the dogma of preventive vaccination. In an attempt to explain away the failures of vaccination to protect from small-pox the theory of re-vaccination was devised.

Of course nobody at the present time believes in the "life-long protection" theory, or re-vaccination would not be so urgently demanded. The admission of pro-vaccinists that re-vaccination is necessary is therefore seen to be a radical departure from the original position taken up by the medical profession, and surrenders the whole question of "preventive" vaccination. The admission is a complete "back down" from the *single* specific "protective" operation to the indefinite repetition of the operation. I can see no reason for believing that re-vaccination

can do what vaccination has utterly failed to accomplish.

At first it was confidently asserted that vaccination would exterminate small-pox. That claim has been abandoned by Jenner's most enthusiastic followers, and the claim that re-vaccination will exterminate small-pox set up in its stead. The proof that the theory and the practice espoused by Jenner have been everywhere abandoned is found in the fact that all vaccinists now admit the necessity of re-vaccination, but do not agree on the period that may be allowed between successive repetitions of the "protective" rite.

If you ask how often it must be repeated, you will be confronted with a babel of discordant replies. You can choose any answer you please from the "once only" of the original Jenner up to an indefinite repetition, "until it no longer takes," as now prescribed in the Chicago "Vaccination Creed."

It will be noticed that the failure of vaccination to procure the promised exemption from small-pox infection has been made a pretext for indefinite repetitions of the disease-bearing operation.

#### **Changing and Conflicting Claims of the Vaccinators.**

I will now review a few of the shifting and conflicting claims of the apologists for vaccination. Jenner, the promulgator of the vaccination-dogma, which he had borrowed from the rural dairy-maids of Gloucestershire, averred the belief and taught the doctrine that a single successful vaccination afforded complete protection for a lifetime.

The Jennerian claim of complete immunity for life was soon proved to be false; then another claim of one vaccination in infancy and another at puberty was next set up. This claim, like the others, proved to be a delusion.

Then followed the theory of re-vaccination which

has obtained ever since. The significant thing about this as showing the progress of truth is that the periods at the end of which re-vaccination has been advised have grown progressively shorter and shorter.

First, the period of protection was to last for an entire lifetime, then from childhood to puberty, then for fifteen years, then ten years, then seven, with an extra re-vaccination thrown in on the appearance of every epidemic of small-pox; then three, and now in the year of grace 1903, we find the highest provaccinal authorities, like Dr. Birdwood, admitting that "vaccination cannot be relied upon as an absolute protection up to any age whatever."

In the New York Herald of May 22, 1902, it was stated that all the doctors and nurses in the Harlem Hospital were re-vaccinated seven times in six months.

In the Boston Medical and Surgical Journal, December 25, 1902, Dr. Samuel H. Durgin, chairman of the Boston Board of Health, declared that a child should be vaccinated repeatedly "until it no longer takes effect."

"A Vaccination Creed" formulated in 1902 by the Chicago Health Department, and posted in public places about the windy city, contained the following articles of faith in the mysteries of the miracle of preserving health by the propagation of disease: "True vaccination repeated until it no longer 'takes' always prevents small-pox. Nothing else does."

The above dogmatic deliverances aptly illustrate the recklessness of the disciples of Jenner in making bold assertions in favor of vaccination which scorn the slightest attempt at verification. Now let us see how much truth there is in the tenet of the Chicago "Creed" that "true vaccination repeated until it no longer 'takes' *always* prevents small-pox."

The small-pox returns from the American army in the Philippines were as follows:

	Cases of small-pox.	Deaths.
1898 .....	76	21
1899 .....	267	78
1900 .....	246	113
1901 .....	125	37

These men were all vaccinated and re-vaccinated. In compliance with our army regulations, "every enlisting soldier is vaccinated at the time of being recruited, and re-vaccinated, not only on entering the United States Army, but also as often after as seems advisable to the army medical authorities." Chief Surgeon Lippincott, of our Philippine army, in his report referring to this great small-pox incidence and mortality, said: "I can say that no army was ever so thoroughly looked after in the matter of vaccination as ours. Vaccination and re-vaccination many times repeated went on as regularly as the drills at a regular post." Thus do the facts "give the lie" to the assertion that "vaccination always prevents small-pox." To what extent the disease was "mitigated" in the 249 fatal cases above noted perhaps the advocates of the mitigation doctrine can tell us.

It will be noticed that each recommendation of one of these shorter periods by the leaders in the vaccination movement necessarily involves the admission that vaccination does not protect for the longer periods.

Given the ratio of decrease of these periods in the past, it would seem to be a simple problem to ascertain how long it will be before it must be admitted by the present upholders of this practice that vaccination does not protect at all.

While contemplating the shifting and conflicting claims of the upholders of the vaccination-dogma one is reminded of the shifty and familiar tactics of quack medicine proprietors who warrant a cure to follow the use of their nostrum, and who, on being confronted with flat failures, reassure their credulous dupes that the dose must be repeated until the desired result shall have been obtained. "Another bottle" is always required to complete the cure.

Every time a case of small-pox breaks out re-vaccination is required, so that an endless repetition of the operation is now the "proper thing" in the estimation of those who propagate disease on the pretext of preventing disease.

#### **The Alleged Immunity of Re-Vaccinated Nurses in Small-Pox Hospitals as an Argument in Defense of Vaccination.**

A statement which is invariably quoted by writers favoring vaccination as indisputable evidence of the special protective power claimed for vaccination is the alleged immunity of re-vaccinated nurses in small-pox hospitals. If re-vaccinated nurses do not take small-pox, as affirmed, there is abundance of convincing evidence on record to show that this is not the case with re-vaccinated soldiers, and hence it is clear that the nurses' immunity, such as it is, must be due to causes other than vaccination.

Examples of immunity, even when strongly exposed to the infection of small-pox, have also been observed in the unvaccinated. Thousands of such cases are on record in medical literature. While it is not denied that re-vaccinated nurses have enjoyed a certain degree of immunity, unre-vaccinated nurses and attendants in small-pox hospitals have enjoyed a like immunity, as shown by the recorded testimony of many competent and trustworthy observers.

W. J. Collins, M. D., and J. A. Picton, two of the Royal Vaccination Commissioners, after weighing the evidence of the hundreds of witnesses who testified before the Royal Commission, have recorded their joint conclusions on this question in the minority report (p. 61, par. 152) as follows:

“When we consider the large number of attacks and deaths by small-pox which have occurred amongst our thoroughly re-vaccinated army on foreign service, the attack-rate of re-vaccinated persons living in houses invaded by small-pox at Warrington and Dewsbury, as well as the number and fatality of re-vaccinated persons attacked by small-pox in London, we are forced to the conclusion that the remarkable immunity recorded in the cases of nurses in small-pox hospitals cannot be accounted for by the fact that they have been re-vaccinated. In the hospital at Bicetre during the siege of Paris, in the midst of a larger accumulation of small-pox patients than has ever been known before or since, the immunity of those attendants and doctors who had neglected re-vaccination was even more marked than in the case of the orderlies who were nearly all re-vaccinated. We attach considerable importance to the narrative given by M. Colin of his experience as chief medical officer to the Bicetre Hospital during the siege.”

“The point of his narrative is that while fifteen of the re-vaccinated or well protected hospital orderlies took the disease, not one of the eighty who composed the medical and nursing staff, so many of whom had neglected re-vaccination, was attacked.”

“It is sufficiently clear,” declare the Royal Vaccination Commissioners, “that M. Colin, though an impassioned advocate of vaccination, was so struck with the complete immunity of the medical and

nursing staff, who by their neglect of re-vaccination appeared to offer less guarantee of protection than the orderlies, nearly all of whom had been re-vaccinated under his own eyes, that he thought it necessary to attempt an explanation."

The theory expounded by M. Colin was not original with him, it having been previously broached by other authorities, and is applicable to other infectious diseases besides small-pox. M. Colin suggests (*La Variola*, p. 39) that through "a certain tolerance by repeated exposure to contagion in those who are not attacked the receptivity to the disease becomes exhausted." This theory may, or may not, be true, but whether it be accepted or not, it is clear that some other explanation of the immunity of small-pox hospital attendants than that (vaccination) usually given by the partisans of the Jennerian rite must be sought for to meet all the facts in the case.

If it is to re-vaccination that nurses in small-pox hospitals owe their immunity, how shall we explain the immunity from small-pox of nurses which was notorious before vaccination was heard of, and the equal immunity of small-pox hospital nurses at the present day who have declined re-vaccination?

Notwithstanding the reiterated assertion of the advocates of vaccination that re-vaccinated nurses very rarely, if ever, contract small-pox, and still more rarely die of it, there are on record hundreds of authentic instances of re-vaccinated nurses having taken small-pox and died of it.

As regards the case of the immunity of nurses in small-pox hospitals for which so much has been claimed by the vaccinists for re-vaccination, it may be stated that there are on record absolutely no statistics in the proper sense of that term on this question, but only verbal assertions of medical men



speaking in defense of a lucrative branch of their practice.

In a fair consideration of the question of the immunity of small-pox hospital nurses, something is to be attributed to what may be termed seasoning or acclimatization. As a nurse endures the hospital atmosphere, she gradually acquires a tolerance to the morbid agencies encountered, small-pox infection included. Her system through continual exposure becomes fortified, as it were, against the infection.

#### **Re-Vaccinated Nurses Do Catch Small-Pox.**

In this connection it should be remembered that re-vaccinated nurses in small-pox hospitals do not always escape small-pox infection.

Many a re-vaccinated hospital nurse has contracted small-pox and died of the disease as attested by unimpeachable authorities, scores of whom I could mention did time and space permit. I here cite a few examples in support of my contention.

Writing in the *Star*, March 1, 1894, in reply to statements made in the *British Medical Journal*, J. T. Biggs, member of the sanitary committee of Leicester, said: "During the present outbreak, which began in September last, five of the nurses and attendants at the hospital, all well vaccinated (one of the nurses being re-vaccinated) have been attacked with small-pox. One of these, a very bad case, died of confluent small-pox."

Thorpe Porter, M. R. C. S., of the small-pox hospital of South Dublin Union (*Medical Press and Circular*, March 2, 1872) says: "With reference to re-vaccination I have no faith in it. Not one of the thirty-six attendants at the South Dublin Union Sheds has taken small-pox. Only seven of the number were re-vaccinated, and as the remaining twenty-

nine enjoyed the same immunity wherein is the necessity of the operation?"

Dr. Charles Ruata, Professor of Hygiene in the University of Perugia, Italy, bears testimony to the following: "In the spring of 1902 the hospital staff at Bologna were all re-vaccinated. It was composed of nine persons, and in all of them re-vaccination was beautifully successful. Of these nine persons, *five took small-pox, and one died.*" I could continue to quote testimony having the same import by the page, chapter and volume if it were necessary. One such fact, however, is as good as a thousand because it effectually destroys the theory that re-vaccination protects from small-pox.

From what has been said it will be seen how baseless is the argument for re-vaccination founded on the alleged immunity of re-vaccinated hospital nurses. Still the vaccinists regard this as one of their strongest arguments in support of the Jennerian rite, and they never fail to exploit it when attempting to defend their health-blighting practice.

Dr. Robert Cory, of London, England, a rabid pro-vaccinist, officially distributed cards to parents at public vaccinating stations, on which was the following inscription: "For fifty years nurses in small-pox hospitals have wholly escaped small-pox, owing to their re-vaccination." This card was at first printed: "Nurses at the small-pox hospital, Highgate." But by dropping out "the" and appending an "s" to hospital, a much stronger case for vaccination was made out. This same Dr. Cory was the man who inoculated himself with syphilis in vaccine obtained from a vesicle on the arm of a syphilitic child, in an attempt to prove experimentally that syphilis could not be communicated by vaccination. But its pos-

sibility was duly and painfully demonstrated in his person. The sad sequel need not be related here.

In discussing this part of our subject, it is well to bear in mind that small-pox is not the only infectious disease in which an immunity of hospital nurses has been noted.

Bacon observed: "The plague is not easily received by such as are continually about them that have the plague, as keepers of the sick and physicians."

Dr. James Cantlie, in his interesting report on the recent outbreak of bubonic plague in Hong Kong, specially alludes to the fact that "no nurse, male or female, concerned in attendance at the hospital devoted to plague contracted the disease." (Vide the *British Medical Journal*, Vol. II., p. 425, August 25, 1894.)

The following evidence from a standard medical work sufficiently disposes of the argument for vaccination based on the alleged immunity of re-vaccinated nurses in small-pox hospitals. In "Buck's Treatise on Hygiene and the Public Health," Vol. II., we find an article by Drs. Hamilton and Emmett on "Small-pox and Other Contagious Diseases," and on page 321 thereof we read: "It is a fact fully appreciated by medical men that persons constantly exposed to small-pox very rarely contract the disease. In the case of physicians, health inspectors, nurses, sisters of charity, hospital orderlies and some others, this is the rule, and of over 100 persons who have been to my knowledge constantly exposed, some of them seeing as many as 1,000 cases, I have never personally known of more than one who has contracted the disease; but there are many writers who believe perfect immunity to be extremely rare.

In this connection attention may be called to the

exemption of certain persons who occupy the same room and perhaps bed with the patients, and though, sometimes, never vaccinated, altogether escape infection."

When it is claimed that re-vaccination saves nurses from small-pox the claim by its extravagance defeats itself, for if it is re-vaccination that saves nurses under the highest exposure to variolous infection why does it fail to save soldiers and other re-vaccinated persons whose exposure is much less intense? If it be the vaccine disease that saves *re-vaccinated* nurses from small-pox, what is it that saves *unvaccinated* nurses?

The advocates of vaccination when confronted with these questions discreetly remain dumb, a sharp stroke of policy on their part. Every one who can think logically must recognize the fallacy involved in an argument so foundationless, and perceive that if nurses do not contract small-pox it must be for reasons other than their vaccination or re-vaccination.

A nurse in a small-pox hospital, it is scarcely necessary to observe, is not an ordinary woman. Her choice of such repulsive work evinces her unusual courage and force of character, and her appointment to the place by those who are not likely to favor feeble or sensitive organizations is an additional guarantee of that health and vigor which more than anything else enable her to withstand the aggressions of morbid agencies. Nurses as a class are vigorous young women who are chosen in view of their good physique and excellent health. It is not therefore surprising that they possess an extraordinary capacity for resisting infection. Nurses are habituated to fatigue, are cheerful in disposition, little given to worry, and have little idea of fear of infection.

It is altogether more likely that to these conditions, rather than to the depressing influence of a whimsical operation like vaccination, nurses owe their immunity from small-pox. There are thousands of authentic instances on record to show that the unvaccinated when exposed strongly to the infection of small-pox do not contract the disease.

W. Scott Tebb, M. D., A. M., in his recently published work, "A Century of Vaccination," cites case upon case of unvaccinated persons who were strongly exposed to the infection of small-pox without contracting the disease. I note here a few of these cases. In "A Century of Vaccination," pp. 170-171, Dr. Tebb says: "In the Sheffield report (p. 46, footnote) Dr. Barry, in referring to the case of Mary P., aged 24, who took small-pox after vaccination, says: 'Of five other children in this family, three, aged eleven, fifteen and sixteen, who had been vaccinated in infancy, all suffered from small-pox; the last two were badly pitted. Two other persons, aged 14 and 20, who had never been vaccinated, and who slept with the others, did not contract small-pox.'"

The above instances together with thousands of others which have been recorded by competent observers go to show that immunity in the unvaccinated, even when strongly exposed to small-pox infection, is not nearly so rare as has generally been supposed.

As vaccinators can scarcely afford to ignore the authority of so faithful a vaccinator as Dr. Henry D. Littlejohn, of Edinburgh, medical officer to the Scotts Board of Health, I here present his testimony in his own words. In the annual report for Scotland, 1879-'80, he delivers himself of advice, the fruit of twenty-five years of active sanitary service. Mark his words: "All medical authorities are agreed that the risk attending the entering of a

room in which there are cases of infectious disease, is infinitesimally small to the healthy individual."

"As a rule," he says, "it is rare to find nurses affected who live for hours and days at a time in the same atmosphere with the sick, and who at the same time make use of the simplest precautions."

It has not been shown that re-vaccinated nurses enjoy greater immunity from small-pox than from other infectious diseases.

Do vaccinists claim that repeated cow-pox inoculations protect hospital nurses from other infectious diseases as well as small-pox? If not, will they please tell us what it is that protects nurses from plague, diphtheria, cholera and other infectious diseases?

#### **The Mitigation Dogma Founded on Assumption.**

In consequence of the numerous cases of post-vaccinal small-pox constantly occurring in the duly "protected," it is now asserted by its upholders that while vaccination does not always *prevent* small-pox, it *renders it milder* and less fatal.

From the latest (1902) edition of an old school standard work, *Practical Hygiene*, by Charles Harrington, M. D., p. 727, I quote the following statement "It cannot be claimed that vaccination confers absolute immunity against small-pox; but it is true that those who have been vaccinated and then acquired the disease have it in a much milder form and are more likely to recover than those who have not been vaccinated." Now I submit that this statement that vaccination renders small-pox milder and less fatal is purely assumptive.

No one can prove that vaccination ever did, or can, in a single instance, *prevent* or *mitigate* small-pox.

To do so he would have to be able to prove that

one or more persons would certainly be attacked by small-pox unless vaccinated, which no one can prove, even if he were gifted with prophetic power, for although he might, if a true prophet, himself know that the attack would take place at a certain time, he could not prove beforehand to another, not gifted like himself, the truth of his prophecy.

It is said we cannot refute a prophet, but we may disbelieve him; and I utterly disbelieve the assertion that small-pox is either prevented or made milder by vaccination. For either statement, in no single instance, is there a vestige of proof on record.

It is arrant folly to claim that physicians can tell beforehand that any one will have small-pox, whether vaccinated or not. Much less can they foretell what the degree of malignancy will be, or what the severity of an attack will be in any specific case; so if they cannot prove that any one will ever have small-pox at all without vaccination, how can they prove that vaccination ever prevents? And if they cannot prove beforehand what will be the degree of severity of any attack of variola that may occur, how can they prove that vaccination ever mitigates?

Let us recapitulate: Nobody can prove that vaccination ever prevents small-pox for the obvious reason that no one is able to show in advance that any person would ever have small-pox if he were not vaccinated; and whether any case of post-vaccinal small-pox would have been milder or more severe without vaccination is impossible to know or prove unless we can know and prove in advance what the severity of the case would have been without vaccination, which is impossible.

To any one who can reason it should be perfectly clear that by no possibility can any benefit from vaccination be proved.

There are several ways of testing the claim of mitigation, one of which is to compare the case-mortality or fatality of small-pox before, with that after, the introduction of vaccination.

**It Has Not Been Shown That the Death-Rate From Small-Pox Has Diminished Since the Adoption of Vaccination.**

It is a fact well-known to those who have studied the history of this disease that the case-mortality of small-pox is no less at the present time, notwithstanding our advances in therapeutics and our improvements in hospital hygiene, than it was 150 years ago. The general average death-rate over wide areas has remained, and now is about 16.7 per cent.

One of the most trustworthy accounts of small-pox in pre-vaccination times is that of a very severe epidemic in Boston, Mass., in 1752, which may be found in the Gentleman's Magazine of 1753. The population of Boston was then 15,684. Its sanitary condition was, like most cities of that period, extremely bad, and variolous inoculation was freely practiced, as it had been for nearly thirty years. Over one-third (5,545) of the inhabitants were attacked with small-pox. The fatalities among these were 539, or 9.7 per cent. This was previous to the introduction of vaccination. As it is now freely admitted that inoculation conduced to the intensity of the disease, it is probable that natural small-pox, uninfluenced by inoculation, would have shown a still lower death-rate than 9.7 per cent.

By referring to "A History of Epidemics in Britain," by Chas. Creighton, A. M., M. D., London, 1894, Vol. II., pp. 518, 519, I find a table which presents the censuses of small-pox epidemics that occurred during the decennium 1721-'30. This table shows that during this period there were in all



13,192 cases of small-pox, with 2,264 deaths—an average fatality rate of 17.2 per cent. This was in pre-vaccination times when variolous inoculation was being freely practiced, and at a time when London was in a horrible state of filth as attested by Macaulay and other historians. Let us compare this death-rate from small-pox in pre-sanitary and pre-vaccination times with the death-rate from the same disease in post-vaccination periods. In the small-pox epidemic of 1870-'71, the *Lancet* (London), of July 15, 1871 (Vol. II., p. 94), estimated the fatality of small-pox at 17.5 per cent. The official records show that "during this epidemic (1870-'72) a total of 14,808 cases of small-pox were admitted to the hospitals of the Metropolitan Asylum Board. Of these, 11,174 or 75.5 per cent. occurred in vaccinated persons." Thus after nearly twenty years of compulsory "protective" vaccination the large proportion of vaccinated cases does not appear to have diminished the severity of the disease as compared with the preceding century when nobody was vaccinated. In the Minority Report of the Royal Commission on Vaccination, p. 43, par. 99, the commissioners in comparing the death-rate from small-pox before vaccination was adopted with the present (1896) mortality-rate say: "The broad result is that when large figures are taken the fatality of small-pox now, with a large majority of the cases protected by vaccination, is about the same as it was last century when none of the cases had received any protective right."

Since the only proof of "mitigation" is a lowered death-rate, that claim must be abandoned *in toto*.

The significant fact that in spite of all our hospital improvements and the employment of more rational therapeutic methods the death-rate from small-pox has not perceptibly diminished is strong

evidence that vaccination has prevented a decline. The other zymotic diseases have diminished in their fatality-rate, *pari passu*, with the evolution of hygiene and sanitary science. The *only* disorder which vaccination is claimed to mitigate, the *only* one for which it was considered necessary to provide a special prophylactic, the *only* one for whose prevention immense sums of public money have been expended, is the *very* one, and the *only* one, which has failed to be ameliorated by the general improvement in the condition of the people.

Another refutation of the claim of vaccinal "mitigation" is found in the fact that for the past four years in this country thousands of people, the *vaccinated* and the *unvaccinated* alike, have had small-pox in its mildest type, so mild in fact that they refused to take their beds.

The claim that vaccination mitigates small-pox has nothing to substantiate it. Medical history tells us that mild cases of small-pox were of common occurrence before vaccination was heard of. Can the vaccinists tell us what made them mild?

The following quotations from the Works of Thomas Sydenham, M. D., Vol. I., pp. 62-63, bear on this point: "As it is palpable to all the world how fatal that disease (small-pox) proves to many of all ages, so it is most clear to me, from all the observations I can possibly make, that if no mischief be done, either by physician or nurse, it is the most slight and safe of all diseases."

In his "Medical Observations," Vol. I., p. 160, Sydenham observes that in 1669 "small-pox appeared in some few places, but in mild and manageable form."

In Vol. II., p. 65, *ibid*, he says: "As for the distinct (discrete) sort, even if it can be seen beforehand, bed is so much out of the question that injunctions

against it are superfluous. The scanty number of the exanthemata makes matters safe either way."

Many other authorities have testified to the mildness of cases of small-pox occurring before the advent of vaccination. Thus W. Wagstaffe, M. D., F. R. S., of London, physician to St. Bartholomew's Hospital, writing in 1722, said: "There is scarcely, I believe, so great a difference between any two distempers in the world as between the best and worst sort of small-pox, in respect to the danger which attends them. . . . So true is that common observation that there is one sort in which a nurse cannot kill and another in which even a physician can never cure."

Mr. John Mudge, a surgeon of Plymouth, writing in 1777, in his "Dissertation on the Inoculated Small-pox," pp. 1-2, said: "There is not perhaps a disease to which the human race is exposed that differs more from itself at different times than the natural small-pox. We sometimes see this disorder so mild and benign, as scarcely to expose the patient to more danger than a common cold, and at others exasperated by a degree of malignity and virulence, little, or perhaps not at all, inferior to the plague itself." This matter was also alluded to by Jenner. Of course the promulgator of the "life-long protection" theory never dreamt in the first ardor of his "discovery" (?) that the advocacy of vaccination would be reduced to a petty plea for mitigation, and thus we obtain the following interesting confirmation of the painstaking and carefully recorded experience of Sydenham.

In his work, "An Inquiry Into the Causes and Effects of Variolæ Vaccinæ," p. 54, Jenner wrote in 1798: "About seven years ago a species of small-pox spread through many of the towns and villages of this part of Gloucestershire; it was of so mild a

nature that a fatal instance was scarcely ever heard of, and consequently so little dreaded by the lower orders of the community that they scrupled not to hold the same intercourse with each other as if no infectious disease had been present among them. I never saw nor heard of an instance of its being confluent."

Bear in mind these are the words of Jenner, and these extremely mild cases of small-pox occurred before vaccination had ever been practiced. What made them mild? At present when an epidemic of small-pox cases of a similarly mild and harmless character occurs vaccinists unhesitatingly and without reason attribute the mildness to the effect of vaccination. At the present day mild cases of small-pox if previously vaccinated are miscalled "varioid." By the use of the term varioid, which means resembling *variola*, vaccinists lead the people to believe that this disease is not *small-pox*, but something *resembling* it. The truth of the matter, however, is that so-called "varioid" following vaccination is small-pox and nothing else. It differs in no respect from *variola vera*.

This identity of "varioid" and small-pox is abundantly shown; first, by the occurrence of intermediate forms of every grade, from the mildest evidence of variolous poisoning to typically developed cases of confluent small-pox; second, by the fact that patients affected with so-called "varioid" are capable of transmitting small-pox to the susceptible; third, by the anatomico-pathological fact that the structure of the pock, when it appears, is the same in small-pox and in "varioid."

"Varioid" is said by the profession to be modified small-pox and the modification is claimed to be due to previous vaccination; in other words, it is small-pox which occurs after vaccination.

To show that this opinion or dogma of the profession as regards alleged vaccinal modification has no foundation whatever in fact, I refer my readers to the definition of varioloid as given by those who espouse the cow-pox practice.

In "Wood's Practice of Medicine," Vol. I., p. 376, the author in describing varioloid says: "Different writers on small-pox had recognized various modifications of the disease occurring especially during its epidemic prevalence, *long before vaccination* was known. There is, in fact, every shade between the slightest symptoms, scarcely recognizable as having affinity with small-pox, and the nearest possible approach to the regular disease." Then, referring to varioloid, the author says: "Not infrequently the eruption is copious and in some instances it is confluent;" that is to say, the pustules are so numerous as to merge or run together. "In many instances," he says, "the eruption runs its regular course, in all respects like that of genuine small-pox."

"There are two signs," he says, "that distinguish varioloid, one is the shorter duration, stopping on the sixth or seventh day of the eruption instead of the eighth or ninth day as in small-pox, and the other is the comparative absence of odor."

"Any case without these two signs," he tells us, "must be looked upon as true small-pox." Now mark, if the pustules mature a day earlier than is usual in small-pox, and the odor is a little less perceptible, the disease is to be called varioloid. Then again, he says, that varioloid is seldom dangerous but may prove fatal, and that varioloid is less apt to leave pits behind; nevertheless, he says, these do occasionally take place. Now I submit to any physician whose mind is not warped in favor of vaccination, that these distinctions are insignificant, and

that there is no possibility of differentiating so-called varioloid from natural small-pox. All the difference is simply this, if a patient having a mild type of small-pox is known to have been previously vaccinated the disease is called varioloid (a misnomer), but if not vaccinated, then the disease is admittedly small-pox. But when a previously vaccinated person, as frequently happens, suffers from a severe form of small-pox, it is explained that the vaccination in his case was not properly performed, or it had "run out," or the virus used was not good.

Whatever happens vaccination is not to blame. This is all done to impress the public with the idea that vaccine inoculation in some way or other modifies or mitigates, when it fails to protect.

In compiling vaccination statistics the pro-vaccinists go about it after the following fashion: If a person has been vaccinated only once and does not take small-pox "he was successfully vaccinated;" but if he had been vaccinated a score of separate and distinct times, and takes small-pox, "he was not successfully vaccinated," and all official reports place such a person in the unvaccinated lists. If he had been admittedly successfully vaccinated one month before being attacked by small-pox, "his disease was mitigated by vaccination," and is called "varioloid."

In the article "Variola and Varioloid," by C. G. Jennings, M. D., in "An American Text-book of Diseases of Children," edited by Louis Starr, M. D., on page 187, we find varioloid defined in the following words: "Varioloid is variola modified in its course, duration or intensity by vaccination, previous attacks of variola or inherited insusceptibility." If cases of varioloid are sometimes due to "inherited insusceptibility," while other cases are due to the effect of vaccination, how are we to de-

termine in any single case whether "varioid" is due to vaccination or to inherited insusceptibility? And how are we to differentiate a mild case of natural small-pox from one of varioid?

On this question the advocates of the mitigation dogma are significantly silent.

#### **Insusceptibility to Vaccinia.**

The failure of vaccination to "take" is now utilized as a pretext for urging an indefinite repetition of the vaccine operation, thus increasing the trade of the vaccine producers and the business of the vaccinators. The old theory that insusceptibility to vaccinia meant immunity from small-pox has been conveniently discarded and a new theory invented in order that everybody may be re-vaccinated over and over again *ad infinitum*.

Dr. Herman Spalding, Chief Medical Inspector of the Chicago Health Department, who poses as an omniscient and infallible authority on all matters pertaining to vaccination and small-pox, read a paper, entitled "Some Facts About Vaccination," at the fifty-third annual meeting of the American Medical Association, 1902, in which he delivered himself of the following dogmatic assertions: "No person is insusceptible to vaccination. That is, vaccinia can be induced at least once in every person." How does Dr. Spalding know that "vaccinia can be induced at least once in every person?"

Such a broad statement is easy to make, but exceedingly difficult, or, indeed, impossible to substantiate. The assumed omniscience of this man Spalding is truly amazing. His reckless and sweeping assertions are unworthy of the serious consideration of people who are accustomed to reason and discriminate.

Notwithstanding the recorded testimony of many

of the most eminent physicians who declare that they have found persons who were naturally immune to vaccinia, this man Spalding arrogantly asserts that "It is mischievous and untrue to teach that there is such a thing as insusceptibility to vaccinia."

Physicians who have seen persons who were insusceptible to vaccinia will, of course, refuse to ignore the evidence of their own senses by accepting Dr. Spalding's *ipse dixit* on this matter. These arrogant assertions of Chicago's Chief Medical Inspector are fair specimens of the character of the "arguments" which have ever done service in the interest of the propagandists of the dogma of maintaining health by propagating disease

#### **The Alleged Horrors of Small-Pox in Ante-Vaccination Times**

Notwithstanding the fact that all of the early writers on variola agree in their testimony that this disease occurred in its mildest and simplest types long before vaccination was heard of, a prominent feature in medical and official publications advocating vaccination has been to paint the horrors of small-pox in pre-vaccination times in the most vivid colors. After having surrounded variola in its natural state with a haze of horror the vaccinators triumphantly point to vaccination as the cause of the present amelioration of small-pox, and exultantly sing the praises of the "immortal" Jenner.

Vaccinists, apparently for the purpose of scaring people into vaccination, have resorted to the grossest exaggeration regarding the dangers of this disease, of which the famous "father of medicine," Dr. Sydenham, who practiced in the 16th century, wrote: "If no harm be done by doctor or nurse, it (small-pox) is the most safe and slight of all diseases." This is the disorder that vaccinators now call the



"dread disease." It is arrant folly to tell any one who understands the science of sanitation and the laws of health that such a disease as small-pox can be either averted or mitigated by an unsanitary device like vaccination.

**Belief in Vaccination Founded on Ignorance.**

It is to be feared that vaccination is one of the subjects prominently before the public mind on which very little original thinking is done either by the medical profession or the laity. Judging from interviews which I have had with hundreds of physicians on this subject, I am convinced that the majority of medical men accept vaccination as a medical dogma without having given it a critical examination. They accept this medical dogma just as people accept religious dogmas, on faith. They have been taught that vaccination protects from small-pox, and have accepted the doctrine without question.

In Chicago the popular faith in salvation through the Jennerian rite has waned to such an extent that the department of health of the Windy City has found it necessary to do some revival work. Consequently the high priests of the vaccine cult, who assume to expound to the people the mysteries of the doctrine of the prevention of disease, by the dissemination of disease, have formulated a medical confession of faith, which they call a "vaccination creed," in which is summarized the several articles of faith in the revised Jennerian doctrine as promulgated and preached by the Chicago high priests of the vaccine cult. Posters containing the Chicago "vaccination creed" have been placed in public places, such as railroad stations, coaches, street cars, etc., while vaccination tracts and flyers containing this "creed" have been sent broadcast over the country.

The word creed means belief, from Latin *credo*, I believe. Credulous is derived from the same root and is thus defined in Webster's dictionary, "Apt to believe on slight or insufficient evidence; easily convinced or imposed upon." "A Vaccination Creed" is good.

The Chicago high priests of the cow-pox cult "builded better than they knew" when they formulated and adopted a "vaccination creed." The propagandism of revised Jennerism should be greatly facilitated by this step. A belief in the miracle of preserving health by disseminating disease may now be inculcated by an appeal to *faith* instead of *reason*. Reason and vaccination have always been irreconcilable.

#### **The Argument of Majorities.**

"But," it is said, "vaccination must be good, because the majority of the medical profession believe in it," that "the preponderance of medical opinion is in its favor." Very true. But let us recall the fact that there was never an abuse, never an outrage on suffering humanity in the name of physic, that did not in its day enjoy the sanction of this same "majority of the medical profession." Indiscriminate blood-letting, mercurial salivation, variolous inoculation and many other horrible medical delusions of the past were believed in and practiced by the "majority of the medical profession."

Referring to this question in the preface to the second edition (recently issued), of his great work, "A Century of Vaccination and What it Teaches," W. Scott Tebb, M. A., M. D., D. P. H., of London an eminent physician of the "regular" school, says: "That the movement against vaccination will spread and will ultimately triumph everywhere is certain. The alleged unanimity of the medical profession on

the subject—the argument on which pro-vaccinists mostly rely—is far more apparent than real. That a majority of medical men would, if polled at this moment, pass a vote of confidence in vaccination is probably true. But votes need to be weighed as well as counted, and I am satisfied that if the poll were confined to those practitioners who have studied the subject, and have honestly endeavored to form an independent judgment on the evidence, the majority would be the other way.

Even now very few care to defend the practice openly. And it must be remembered that it has never been the way of the medical profession, as a body, to confess to doubts as to the value of any established medical practice. They will allow such practices gradually to fall into desuetude when they no longer command confidence, and this is especially the case when other methods of treatment can acceptably be substituted; but a positive declaration against any doubtful practice is not to be looked for."

From the work already referred to, "A Century of Vaccination and What it Teaches," I quote the following from pp. 399-400: "Although there does not appear to be trustworthy evidence to show that vaccination possesses any influence over the prevalence or mortality of small-pox, it is unfortunate that a too implicit belief in its efficacy has given rise to the pernicious doctrine that sanitary measures are of no avail in preventing this disease.

We can quite understand that the owners of filthy rookeries and other unsanitary premises are only too ready in their own interests to welcome such a theory, but for a great profession to have become wedded to the doctrine has, I believe, greatly impeded the progress of sanitary reform; for while

outbreaks of other diseases, such as typhus, typhoid, cholera and scarlet fever, have proved valuable object lessons for municipal sanitary amelioration, each epidemic of small-pox appears to have taught the profession little or nothing but the necessity of repeated vaccinations. It is true that there have been occasional gleams of light from the more independent thinkers in the medical and lay press, but these have been unequal to direct public authorities toward the only remedial and scientific preventive, personal and municipal sanitation."

On pages 402-403 of the same work Dr. Tebb says: "At the present time compulsory vaccination by paralyzing efforts in other directions, blocks the way toward sanitary reform. When the laws are abrogated vaccination must, like all other medical prescriptions and surgical operations, rest on its own merits, or, in other words, on its inherent persuasiveness, unaided by the arm of the law. The practice will then, in my opinion, in the not very distant future be surely abandoned.

"This will prepare the way for a new era of improved health and human happiness, the result of scientific sanitary amelioration in all departments of our social, domestic and municipal life. In due course of time the tradition of the dairy maids of Gloucestershire will take its proper place among the legends and folk-lore of the past; and if allowed to prophesy, I cannot help thinking that another generation will look back with amazement and incredulity that for a hundred years the people of these islands should have worshiped at the shrine of a strange, unreasonable and mischievous superstition."

Charles Creighton, M. D., A. M., demonstrator of anatomy in Cambridge University, and surgeon to St. George's Hospital, London, author of a num-

ber of scientific medical works, among which may be mentioned "Jenner and Vaccination," "Cow-pox and Vaccinal Syphilis," is a distinguished old school authority on vaccination. No more eminent expert on this subject lives, unless it be Dr. E. M. Crookshank, to whom I shall presently refer. In his testimony before the Royal Commission on Vaccination, in answer to question 5,126, Dr. Creighton said: "In my opinion vaccination affords no protection against small-pox."

I will conclude my quotations with a brief extract from a work acknowledged throughout the scientific world as being of standard character. It is the "History and Pathology of Vaccination," 1889, by Edgar M. Crookshank, A. M., M. D., Professor of Comparative Pathology and of Bacteriology in, and Fellow of, King's College, London, an investigator to whom there is none superior in the world today, Great Britain's highest authority on this and kindred subjects. This extract is from Vol. I., pages 464, 465 and 466.

"Jenner's substitution of cow-pox inoculation was a purely empirical treatment based upon folk-lore, and involved a totally different pathological principle—the protection from one disease by the artificial induction of a totally distinct disease—a principle which was not, and has not been since, supported by either clinical experience or pathological experiments. The Jennerian method has for nearly a century struggled for existence with the support of the cow small-pox theory, and the numerous and ingenious explanations of failures embodied in the assertions of spurious cow-pox, inefficiently performed vaccination, inferior quality of lymph, deficiency in the number and quality of marks, and the misinterpretation of statistics.

"Inoculation of cow-pox does not have the least

effect in affording immunity from the analogous disease in man, syphilis, and neither does cow-pox, horse-pox, sheep-pox, cattle plague, or any other radically dissimilar disease exercise any specific protective power against human small-pox.

"There can be no doubt that ere long a system of compulsory notification and isolation will replace vaccination. Indeed, I maintain that where isolation and vaccination have been carried out in the face of an epidemic, it is isolation which has been instrumental in staying the outbreak, though vaccination has received the credit.

"Unfortunately a belief in the efficacy of vaccination has been so enforced in the education of the medical practitioner, that it is hardly probable that the futility of the practice will be generally acknowledged in our generation, though nothing would more redound to the credit of the profession and give evidence of the advance made in pathology and sanitary science. It is more probable that when, by means of notification and isolation, small-pox is kept under control, vaccination will disappear from practice, and will retain only an historical interest."





Some Observations and Reflections  
on the Theory of the Microbic  
Origin of Disease.



BY  
J. W. HODGE, M. D.,  
NIAGARA FALLS, N. Y.

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—VIRCHOW.

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## **SOME OBSERVATIONS AND REFLECTIONS ON THE THEORY OF THE MICROBIC ORIGIN OF DISEASE.**

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

The history of medicine abounds in examples of curious and grotesque pathological doctrines. It has been marked by epidemics of medical fashions and fads, as well as by epidemics of disease. For more than two thousand years medical men have vied with one another in attempts to discover the cause of disease. Countless theories have been devised, each for a time having had a following of those who accepted it as the thing to be desired. It is a deplorable fact that many a fallacious theory has for a considerable time attained the reputation of a well-founded truth.

The history of medical theories has been a history of errors and blunders rather than one of discovery. This statement applies with especial fitness to the history of so-called "regular," "rational" or "scientific" medicine, as its exponents are pleased to call it.

The closing decades of the nineteenth century are destined to become memorable in the annals of history for the rise and spread of the most delusive pathological doctrine that has ever been devised.

This doctrine, commonly known as the "germ theory," of disease, ascribes the cause of infectious diseases to the invasion of the body by, and the development therein of "pathogenic" micro-organisms, or "disease" germs. For the last few decades the doctors of the self-styled "regular" school of

medicine have been industriously inculcating this doctrine which postulates that most diseases are of microbic origin and may be cured by the use of microbe-killers or germicides. The adherents of this doctrine emphatically declare that the origin and development of all infectious diseases are certainly due to the growth and multiplication within our bodies of micro-organisms which have gained entrance thereto. With an assurance born of enthusiasm the germists declare that bacteria not only cause disease, but also convey it from one person to another through the medium of the air we breathe, the water we drink and the food we eat. The micro-organisms to which many diseases or morbid processes are alleged to owe their origin have been differentiated, isolated, cultivated, studied, described and pictured in vast numbers and great varieties. Indeed they have become so numerous that they bid fair to outnumber the "legion of devils," which Jesus is said to have cast out of the man with the "unclean spirit."

The study of these minute organisms is called bacteriology. The literature of this so-called "science" is prodigious, many elaborate works on the subject having been written and published. Orthodox medical journals teem with lengthy dissertations on this fascinating subject which seems to have captivated the majority of medical men. Every medical school and hospital has its professional bacteriologist who devotes himself almost exclusively to the study and cultivation of these supposed causes of disease, and to expounding to his classes the mysteries of this perplexing subject, the most striking features of which seem to be uncertainty, mutation and variability. After all the learned researches and elaborate dissertations on this vexed subject, there appears to be no general

agreement among bacteriologists respecting any particular phase of this pretended science.

I have been unable to observe any unanimity of opinion as to what bacteria are. There seems to be no scientific definition or classification of these minute organisms. There is no consensus of opinion as to what names they should receive. They are called by many and various terms, such as disease-germs, bacilli, bacteria, microbes, et cetera. There appears to be no general agreement among bacteriologists as to the real meaning of the above mentioned terms, which are based upon the morphological characters of these organisms which are subject to great variations. Bacteriologists after all their "learned" researches and brilliant discoveries are not yet agreed as to whether these tiny creatures belong to the vegetable or the animal kingdom. I have been unable to find any unanimity of opinion in the writings of those who contend for the pathogenic properties of these micro-organisms, as regards the precise role they play in the production of disease.

Some of the germists regard them as being distinctly and essentially disease-germs, each species being capable when implanted into the tissues of the body under favorable conditions, of bringing forth its peculiar disease, just as seeds implanted into the soil of the earth reproduce their respective plants. Others contend that these bacteria cause disease by a sort of fermentation. Still others, like Lister, in his Liverpool address, assert that "the secretions of the bacteria possess poisonous qualities of astonishing intensity" and cause disease by the toxic action of these secretions. The pathological absurdity of attributing to organless bacteria the function of secretion is another example of the gross inconsistencies involved in the "germ-theory" of disease.

The conclusions which Pasteur arrived at in his investigations were to the effect that "not the bacteria but the toxins produced thereby were the cause of disturbances in the human organism.

Others again contend that bacteria do not produce disease in the human subject until the diseased human body has poisoned the bacteria which feed upon its toxic excretions. Thus it is claimed that a bacterium which is non-virulent at the time it effects an entrance into the body may thereafter become virulent by absorption of the poison from the diseased tissues of its host.

In this theory it is postulated that the majority of bacteria are filth-eaters and that a non-virulent bacterium may become virulent after having been poisoned by the toxins or disease products it has gathered in its capacity of scavenger. In other words, the bacterium was incapable of inducing disease until it got sick itself. Finally other bacteriological authorities declare that virulence or non-virulence of bacteria depends upon their ability or inability to produce toxin, some having this property and others lacking it. But all who denominate bacteria "pathogenic" thereby imply that in some way or other they are generators of disease. So great is the confusion that reigns among the adherents of the "cult of the microbe" that the expectation that order will ever come out of such chaos seems well-nigh hopeless.

Bacterianism seems to be synonymous with variability. Whereas, the earlier bacteriologists considered the microbe, per se, to be the "whole thing" in the causation of disease, and conceded nothing to predisposition or personal susceptibility, now the most radical hotspurs of the "cult of the microbe" maintain that nobody ever doubted the significance of external and internal influences. This admission is

in line with the same drastic shifting of attitude towards the fundamental problem as was ushered in by anti-microbic therapy with the transition from antisepsis to asepsis.

**Is There Any Rigid Proof Available in Substantiation of the Claim That Micro-Organisms Are the Essential Etiological Factors in the Generation of Disease?**

The presence of these tiny organisms in the lesions of a diseased body is not of itself sufficient evidence of their etiological relation.

Should one espy tadpoles in a mudpuddle he could not logically charge the pollywogs with having produced the mudhole wherein they were hatched. If the mudhole be abolished, tadpoles and mosquitoes will no longer be propagated in that particular locality.

Proof of the dependence of an infectious disease upon a given micro-organism as its essential cause requires the firm establishment of the three following fundamental conditions:

1. The constant presence of the specific micro-organism in the lesions of the particular disease it is supposed to cause.
2. The identification and isolation of the specific micro-organism in pure culture.
3. Evidence of the infective nature of the isolated specific micro-organism obtained by inoculating into the bodies of healthy human beings pure cultures thereof with the definite result of reproducing the essential lesions which characterize this specific disease.

Have these conditions been established?

It is a generally conceded fact that there have been many cases of disease ascribed to particular "pathogenic" micro-organisms in the lesions of which diseases the specific bacteria could not be



found. It is admitted by orthodox bacteriologists that many cases of undoubted diphtheria, for instance, have been met with in which not a single Klebs-Löffler bacillus was found after careful and repeated examinations by competent investigators. This circumstance, considered with the fact that "fully virulent" Klebs-Löffler bacilli have been repeatedly discovered in the throats of large numbers of healthy children and adults who had not suffered from diphtheria and did not get it afterwards, makes it difficult for a logical mind to believe that the bacilli are the cause of this disease. Bacteriologists now generally concede that the germ of tuberculosis is seldom found in a tuberculous patient during the first three months of the disease, and conclude, therefore, that the absence of the specific bacillus does not insure against the development of this disease.

It is held by most bacteriologists that infection in the great majority of cases of consumption occurs through inhalation of the dried tubercle bacilli, and, farther, that the lungs are the initial point of attack, and that the sputum is the chief vehicle by which the bacilli are discharged. If these conclusions of the bacteriologists are correct, is it not far more probable that the bacilli are a coincident, an effect, or a sequela of tuberculosis, than that they are its cause?

#### **A Hopeless Muddle.**

• No better illustration of the chaotic condition of the teachings of the school of so-called "rational" medicine could be imagined than is to be found in the recorded statements of its leading exponents when these statements are compared one with another.

For instance, W. T. Councilman, M. D., writer

of the article on Tuberculosis in the last edition of the Reference Handbook of the Medical Sciences, defines tuberculosis as "An infectious disease caused by the bacillus tuberculosis." The statements throughout his article rest upon the unwarranted assumption that consumption owes its origin to the tubercle bacillus and that in the absence of this parasite tuberculosis can not occur.

In the Medical Record of July 29, 1905, p. 166, was printed a paper from the pen of Henry P. Loomis, M. D. (of New York), whose opportunities for investigating tuberculosis have been, perhaps, as extensive as those of any man in America, in which he says: "The analyses all showed that three and one-third months were the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination and the first time tubercle bacilli were found in the sputum. The presence in the sputum of tubercle bacilli is not by any means an early development in my estimation." Here we have from two orthodox allopathic authorities, statements which to the discriminating mind convey ideas which are diametrically opposed to each other; the one teaching that in the absence of the bacillus the disease can not develop, while the other declares that the disease is usually in the fourth month of its development before the bacilli appear in the sputum of the patient. How is Dr. Loomis to escape the inevitable conclusion deducible from his own postulates, that the bacillus is a result, a sequela, or an incident, rather than the cause, of tuberculosis?

He tells us that the bacilli were not discoverable in the sputum until the patient had had the disease three and one-third months. If the bacilli could not be discovered what evidence was there for believing they were there? On no grounds can it be

maintained that the bacilli were present in these cases prior to the beginning of the disease; and as it can not be demonstrated that they were present prior to the onset of the disease, how can they logically be assigned as its cause? Who shall say that these bacilli which do not make their appearance in the sputum of the patient until months after the disease has manifested itself, are not scavengers, and, therefore, conservers of life?

The logic of the germ-hypothesis is past all understanding. The germ-theorists should keep constantly in mind the sapient words of their high-priest, the scholarly Rudolph Virchow, who recently said: "Microbes are always found where there is disease. They are also found where there is no appreciable disease and may be the result, and not the cause, of disease."

Another instance:

Professor William H. Park, M. D., in his work on bacteriology, unequivocally declares: "Diphtheria does not occur without the presence of the diphtheria bacilli." Contrast this arbitrary pronouncement with the statement of Professor William Osler, who says: "The clinical and bacteriological conceptions of diphtheria are at present not in accord. On the one hand there are cases of simple sore throat, which the bacteriologists, finding the Klebs-Löffler bacillus, call true diphtheria. On the other hand, cases of membranous sloughing angina, diagnosed by the physician as diphtheria, are called by the bacteriologists, in the absence of the Klebs-Loeffler bacillus, pseudo-diphtheria, or diphtheroid angina. The term diphtheroid may be used for the present to designate those forms in which the Klebs-Loeffler bacillus is not present. Though usually milder, severe constitutional disturbances and even paralysis may follow these so-

called pseudo-diphtheritic processes." (Practice of Medicine, p. 138).

Professor Osler's language just quoted clearly shows that he regards these bacteriologically diagnosed cases of "pseudo-diphtheria" as genuine diphtheria, notwithstanding the absence of the Klebs-Loeffler bacillus in the patients' throats.

As an adept clinician and an expert diagnostician Osler easily holds the first place in the ranks of the allopathic faculty.

Nothing could be more obvious to the experienced physician than the fact that these so-called "diphtheroid" cases are cases of true diphtheria, which, on account of the absence of the Klebs-Loeffler bacillus, have misled the diagnosticians of the laboratory.

#### **Inoculation Experiments Upon the Lower Animals.**

I am aware that there are on record reports of numerous inoculation experiments performed upon lower animals, such as rabbits, guinea pigs and white mice, with results which were alleged to be positive and decisive. Even canary, and other small birds have been made the victims of these experiments. But of what use are such experiments? In considering them it should be borne in mind that canary birds, and the small animals above mentioned, have but a feeble hold on life, and that each experimenter sees what he wishes to see, and his conclusions are sure to be contradicted by other experimenters in the same field of investigation. It should also be remembered that inoculation experiments on birds and lower animals are extremely untrustworthy for the further reason that experimenters pay little or no attention to the important fact that these birds and animals differ very materially from human beings both in anatomical

structure and constitution, as well as in their habits of living. Lower animals and birds are not human beings; and experiments made upon them are well-nigh worthless as evidence of what the results of similar experiments would have been had they been performed upon the human subject. The results of experiments which have been already made upon the lower animals I regard as sufficient proof of the futility of any further attempt to explain the effects of so-called "pathogenic" bacteria upon man by experiments upon these animals.

Notwithstanding the fact that many human beings have submitted to inoculation experiments performed upon their own persons for the specific purpose of proving that bacteria are the cause of disease, the results of these experiments so far as I have been able to ascertain have been uniformly negative. I have yet to learn of a single instance in which the essential lesions of a specific disease have been indisputably produced in the human subject by inoculating into his body pure cultures of the specific organism which is supposed to cause such disease.

In medical literature I find a number of recorded instances of the apparently healthy human body having been repeatedly inoculated hypodermically with pure cultures of the active bacillus typhosus, the supposed cause of typhoid fever. The bacillus typhosus in cultures has also been injected into the rectum of the human body, and applied to large abraded areas from which the cuticle had been removed for the purpose of facilitating absorption, with no other effects than those usually resulting from the puncture of the hypodermic needle and the abrasion of the integument.

In like manner cultures of the "fully virulent" bacillus anthracis have been introduced into the tissues of the healthy human organism—in every case

without having produced any apparent morbid effect. Into the apparently healthy human subject cultures of the so-called "virulent" Klebs-Loeffler bacilli have been inoculated without any apparent effect. The bacilli have also been applied to the mucous membrane of the human fauces as well as to abrasions of the skin without having been followed by any appreciable effect.

There are also recorded instances in which it is stated that the tubercle bacilli in pure cultures have been repeatedly introduced into the body of the human subject by the various methods above mentioned without apparent effect. Dried tuberculous sputum, which is regarded by the germ-theorists as the common vehicle of infection, has been introduced by insufflation into the lungs of the human body, and always with negative results. It is stated that the sputum used in these experiments was procured by a competent bacteriologist from a patient dying of phthisis pulmonalis, carefully desiccated and ten grains of the dried sputum taken by direct insufflation into the lungs.

In all these experiments with the various "pathogenic" bacilli not a single instance has been recorded of any disease whatsoever having thus been induced.

In the light of these experiments it would seem to be apparent that the germ-hypothesis of disease is a snare and a delusion.

The germ theorists when confronted with these facts set up the plea that all the persons inoculated with "pathogenic" organisms were insusceptible to infection by the above named diseases. Such a plea can, however, be regarded by a logical mind only as a silly subterfuge invented for the purpose of escaping from an embarrassing predicament. A bacteriological authority of such eminence as

Metchnikoff tells us that he found the bacilli of cholera widely distributed in many places throughout the world, in which the inhabitants are practically free from cholera.

Metchnikoff also says: "The bacilli of typhoid fever have been found in inhabited localities where typhoid fever has never been known to occur." These statements have been corroborated by many other bacteriologists and disputed by none.

Is it possible that the immunity dogma can be sufficiently stretched to explain all these exemptions?

Löffler himself admitted his inability to find the diphtheria bacillus in all cases of clinically diagnosed diphtheria, and beyond stating the "possibility" of the bacillus being the virus of diphtheria he did not go. In 1884 he made the following statements concerning the bacillus of diphtheria which have never been disproved:

a. The bacillus is absent in a number of cases of typical diphtheria.

b. The bacillus as typically observed in man is not found in the pseudo-membranes of inoculated rabbits and chickens.

c. On being brought into contact with the healthy mucosa of the throat, respiratory tract, eyes and vagina of animals otherwise susceptible of inoculation, the bacillus was without effect.

d. Animals that survived inoculation (injection) developed no paralysis.

e. In the mouths of perfectly healthy children bacilli were found identical morphologically and physiologically, with the diphtheria bacillus.

Statistics show the absence of the Klebs-Löffler bacillus in cases of undoubted diphtheria, as follows:

In New York City, absent in 32.5 per cent. In-

vestigations of Roux and Yersin showed the absence of the specific bacillus in 32.5 per cent. of diphtheria cases. Martin reports the bacillus absent in 36 per cent. of cases which he investigated, while Hullock and Park found 66 per cent. of cases without the bacillus. The official Prussian report (1902) states that of 1,789 examinations for the bacillus only 864 (less than 50 per cent.) were positive.

The above quoted statistics from many of the most distinguished bacteriologists in the world indicate that the Klebs-Löffler bacillus, which is supposed to be the cause of diphtheria, is absent in a large number of genuine cases of this disease, and cannot, therefore, be its cause.

In the face of this testimony Professor William H. Park, M. D., a bacteriologist of repute in this country, makes the following arbitrary statement: "Diphtheria does not occur without the presence of the diphtheria bacilli, but there have been many cases of diphtheria in which for one reason or another no bacilli were found in the cultures by the examiner. In many of these cases later cultures revealed them." Reference (Handbook of the Medical Sciences, 2d edition, 1904. Vol. III., p. 487, Art., Diphtheria.)

Professor Park's arbitrary pronouncement that "diphtheria does not occur without the presence of the diphtheria bacilli," considered in connection with his admission that "there have been many cases of diphtheria in which no bacilli were found in the cultures by the examiner" furnishes an apt illustration of the loose logic employed by the professional bacteriologist.

It would be interesting to hear Professor Park explain how he ascertained that "Diphtheria does not occur without the presence of the diphtheria



bacilli." Bacteriologists bend all reasoning to the curves of dogmatic theory.

Professor Park writes with an air of one who believes that his dictum should settle a problem beyond all cavil. Modesty is an element which seems to be found in very small quantities in the make-up of the professional bacteriologist. Professor Park's statement that "there are many cases of diphtheria in which no bacilli are found," while "in many of the cases later cultures reveal them," corroborates the contention of those who hold that bacteria are not the cause of disease, but the result thereof.

If the disease is established before the bacilli appear, is it not more reasonable to infer that the bacilli if not the result of the diseased-process are at least an incident thereof?

The original contention that Loeffler's bacillus is found only in genuine diphtheria has been so often refuted by its demonstrated presence in the lesions of all sorts of diseases, as well as in the tissues of the perfectly healthy, that its ubiquitous distribution is to-day generally recognized.

#### **Bacteriophobia and Health-Board Folly.**

By means of false premises and erroneous deductions the bacteriologists have established, in opposition to all reason and common sense, the dogma that all infectious diseases are due to bacteria, and that all diseases in the lesions of which so-called "pathogenic" bacteria are found are infectious diseases. This unsubstantiated teaching has unfortunately become so popular that it is a matter of common comment in the daily press, and the gullible public are driven to a morbid bacteriophobia lest some microbe alight upon them and set up disease. The bacteriophobists who scent the bacillus everywhere tell us that we are constantly sur-

rounded and menaced by these insidious foes ; that the air we breathe, the food we eat, the water we drink, and the clothes we wear all swarm with these invisible enemies ever ready to assault us. By this pernicious teaching the credulous public are led to believe themselves the defenseless prey of unseen enemies which constantly surround and threaten them. On the baseless assumption that bacteria are the sole cause of disease many silly, obnoxious and oppressive health-board measures have been inflicted upon the public, and many laws antagonistic to public health and personal liberty have been passed by legislative incompetents at the instigation of medical factions. I here recount a few of the many farcical and nonsensical proposals and recommendations that have from time to time been seriously advocated by the adherents of the absurd hypothesis called the "germ-theory." It has been proposed and recommended that the hundreds of thousands of consumptives in the United States be removed from their homes and segregated in State sanatoria ; that pest-houses for consumptives be established to which these unfortunates shall be transferred (by force if necessary). and that everybody and everything in the remotest degree related to consumption be placed under health board surveillance ; that every house in which a consumptive has lived or died be destroyed by fire ; that the clothing of consumptives be fumigated and boiled before being sent to the laundry. Many such preposterous measures formulated by health-boards, coupled with their hysterical declamations about the communicability of tuberculosis, have put consumptives before the public in the attitude of criminals, besides inflicting upon this class of patients many other genuine hardships. It has been recommended that all domestics be examined by

official inspectors before being admitted into a household; that all school pupils have their throats officially inspected every morning before entering school; that all the children in our public schools be injected at stated intervals with antitoxin in order to immunize them against diphtheria; that it is dangerous for even a healthy person to spit upon the sidewalks; that it is not safe for men to wear whiskers; that it is dangerous to frequent the town post-office or the court-room unless these are daily disinfected; that it is not safe to enter a department store, a theatre or a trolley car that is not daily fumigated; that it is dangerous to receive letters written by a consumptive, or handled by consumptive clerks or carriers; that it is not safe to use plates, cups, knives, forks, or spoons in restaurants or hotels because the simple rinsing of these articles in boiling water is not sufficient to kill the microbes; that it is not safe to drink water which has not been sterilized; that it is unsafe to eat vegetables that have not been washed in sterilized water; that it is dangerous to eat the flesh of the bovine species until it has been cooked sufficiently to destroy the tubercle bacilli; that for the same reason it is dangerous to eat butter, cheese, cream or milk that has not been Pasteurized. This last warning is given by the bacteriophobists notwithstanding the fact that Koch, one of their high priests, emphatically declared in 1901, after a thorough investigation, that the bacillus of bovine tuberculosis is a specific variety which does not produce human tuberculosis. Koch further announced that the bacillus of human tuberculosis does not cause tuberculosis in cattle.

From American Medicine of December 31, 1904. I quote the following:

"Recent news from Berlin states that the Imperial Commission appointed by the government to

investigate bovine and human tuberculosis reports that investigation shows that bovine and human bacilli are absolutely distinct, biologically, and that one never changes nor develops into the other."

It has been gravely recommended that young children be fed exclusively on sterilized goat's milk; that ice should be made from sterilized water. M. Rich, a French physician, in an article which appeared in "Modern Medicine," stated that he found 175,000 microbes in a cubic centimeter of ice, and recommended, therefore, that no ice be used until it has been thoroughly boiled. Not wishing to question the sanity of Dr. Rich, it is my opinion that he was burlesquing the germ-enthusiasts. The Medical Times gravely suggests that as Dr. Nelpasse, a French physician, has figured out that there are 80,000, more or less, microbes to the square inch on the surface of a person's hand, the customary salutation of hand-shaking be abolished, and the Chinese custom (shake your own hand and bow) be adopted in its stead. The Medical Times was guilty of unpardonable negligence in failing to include in its sapient advice the additional important precaution: Remember when shaking that your back must be turned toward your friend, as there are several billion bacteria in each breath we exhale. Haven't the bacteriologists told us so? In the ignorant and blissful pre-microbial past no doubt millions of our youth unwittingly exposed themselves to every disease from tic douloureux to elephantiasis!

Some time ago kissing was put under the ban through the startling "discoveries" of a Missouri doctor who acquired considerable newspaper notoriety thereby, and now a young fellow can no longer squeeze the hand of his best girl without incurring the ghastly risk of exposing himself and

his sweetheart to infection by the agile and omnipresent germ.

Notwithstanding all this bacteriophobic excitement, lovers who remain true to the eternal laws of nature and ignore the changing postulates of medical theorists do not appear to be more frequently the victims of so-called germ-diseases than are the rest of mankind.

It now remains for some germ-crazed enthusiast to make the startling discovery that this germ infected planet is no fit abode for human beings who would better make haste in "getting off the earth" than to remain here in constant dread and danger of being pounced upon by the ever-present disease germ.

All the above-mentioned recommendations and many more equally absurd and senseless have been seriously advocated in medical journals, orthodox medical works, and in treatises on bacteriology.

It has also been urged from the same quarters that for the purpose of carrying out these various recommendations a special corps of salaried medical directors, inspectors, assistant inspectors, fumigators and disinfectors be appointed by the health boards and paid by the people.

With such measures in operation the medical profession would bid fair to become as attractive to the ambitious youth as the Standard Oil Trust, and "health" (?) officials would soon become as numerous and pestiferous as the locusts of the fabled Egyptian plague. Through meddlesome officialism life would become unendurable.

If one-half of what the microbe-hunters say about the dangers of these tiny creatures is true, the doctor is the greatest hero the world has ever seen. He is almost continually in the midst of

these formidable enemies, gallantly fighting the invincible foe; still he always comes out of the battle unscathed, thus proving that he is a good fighter so far as keeping the germs away from himself is concerned. Unfortunately, however, he has never found anything to keep them away from his patients.

If the probabilities of infection were even approximately as great as the adherents of the germ doctrine depict them, few physicians and nurses would be willing to expose themselves to such danger. But as a matter of fact we observe that infection of those who are engaged in nursing the sick and of those associated with them, although they usually do not, and can not, act with great precaution in their intercourse with patients, occurs by no means more frequently than is the case among those who have nothing to do with infected patients. One has only to note the patent fact that physicians and the members of their families are not by any means more frequently attacked by infectious diseases than are other individuals, who have nothing whatever to do with infectious maladies. These facts show that there is a wide gulf between the possibility and the probability of becoming infected.

When one stops to soberly think it over, he wonders how all the world's population from Adam to Brigham Young, and from the latter to the apostles of the cult of the "pathogenic" microbe, ever managed to pull through life in such mighty numbers, although in blissful ignorance of the omnipresent bacillus which threatened to blot out human existence.

In addition to being a terror to the non-medical world the microbial theory of disease has been a source of great annoyance to medical men who had

no faith whatever in it. Believing no more in the power of microbes to cause disease than in the ability of mites to cause decay in cheese, and convinced of the utter futility of bacteriology to render the slightest assistance either in the prevention or the cure of disease, these physicians had, nevertheless, to learn the jargon of that pretended science through fear of appearing to be deficient in the knowledge of what its numerous adherents deem the perfection of pathological science.

**Has the Discovery of the So-Called "Pathogenic" Bacteria and the Employment of Anti-Microbic Measures Been of Any Appreciable or Demonstrable Value in the Prevention or the Cure of So-Called Parasitic Diseases?**

Let the adherents of the bacillary theory compare the situation of the tuberculous, for instance, in the ante-bacterial period with that of the post-bacterial.

Let them compare the measures employed in the pre-microbial era against consumption, pneumonia and typhoid fever with those now in use. Let them furnish positive proof that these diseases have decreased in frequency or diminished in fatality in consequence of the employment of germicides and disinfectants. When Koch, in 1882 announced his wonderful discovery of the tubercle bacillus, and shortly thereafter introduced his wonder-cure (the tuberculin treatment), great were the hopes entertained that "the white plague" was soon to be banished from the earth. But, alas, for medical theories and human prescience! What was proclaimed as the savior proved to be the destroyer. Tuberculin and all its modifications were found to be worse than useless to the phthisical patients on whom it was employed. It was for a time, however, a great bonanza for the proprietor and pur-

veyor of this high priced nostrum which at first commanded exorbitant prices. Similar failures followed the use of all the antitoxic serums and antiseptic injection-preparations for the treatment of tuberculosis. One after another was tried upon the sick with such positively baneful results that they had to be discarded. Medicated inhalants, creosote, guaiacol, id genus omne, as well as scores of other nauseating "antiseptic" and "germicidal" remedies based on the theory of the bacillary origin of disease, have been tried upon the sick with injurious effects. All the "specifics" and "sure cures" for consumption have one after another been relegated to the vast heap of forgotten baubles that in their day had also been mistaken for verities.

During the last two decades billions of dollars of the people's money have been expended by our government in waging a relentless warfare against the invincible microbe, and in carrying out absurd health-board measures based on the germ-theory, for the prevention of this disease.

What has been the result of all this anti-microbial activity? Has tuberculosis, pneumonia, typhoid fever or any other disease been "stamped out" or mitigated by this germicidal crusade?

William Osler, M. D. (allopath), in the recent (fifth) edition of his "Practice of Medicine," pp. 258-259, says: "At a low estimate one can say that at least 150,000 persons die annually in the United States of some form of tuberculosis." I have been unable to find any estimate of the annual death rate from consumption in the United States during the pre-bacterial period which at all approximates in magnitude Dr. Osler's estimate for the present post-bacterial period. Mortality statistics on a broad scale gleaned from all parts of the civ-



ilized world show that at the present time about one-seventh of the deaths from all diseases are due to tuberculosis. In the United States Census Report for the year 1890, 102,188 deaths were stated to have been due to consumption. The last decennial census of the United States shows no decrease in the prevalence of this malady, nor does it indicate that there has been any diminution in the number of deaths therefrom.

To-day after the lapse of nearly a quarter of a century since the discovery of the tubercle bacillus (the supposed cause of consumption), and after the assiduous employment of anti-microbic therapy and the use of prophylactic measures based on this "discovery," what do we find? Tuberculosis is still the greatest scourge of the human race. Never in the world's recorded history have the victims of "the white plague" been more numerous than they are to-day. In the expression of these views concerning the inutility and the danger of modern "scientific" phthisiotherapy as practiced by the self-styled "regulars" I am not by any means alone.

Many physicians, even among the unsuspecting adherents of the microbial doctrine, share these same views. From the November (1905) issue of the "Medical Times," a staunch adherent of the "germ-theory" of disease I quote the following extract from an editorial on "The Trend of Modern Phthisiotherapy:"

"It is indeed an odd phase of medicine that the specific cause of consumption having been so brilliantly discovered, no means designed essentially for its destruction and elimination has been successful. Nay, worse than this, it is now generally agreed that such therapeutics has been actually baneful."

At the present writing I believe I am safe in stating that the consensus of opinion among the ablest exponents of old school therapy is that drugs of all kinds are worse than useless in the treatment of consumptives. One allopathic authority whom I have already quoted goes so far as to declare that in his opinion not a case of consumption has ever been cured by any drug in the *Materia Medica*.

Cyrus L. Topliff, member of the "National Association for the Study and Prevention of Tuberculosis," in speaking of consumption, says: "After several generations of study and experimentation the medical profession of the entire world has finally come to the conclusion that this disease is not amenable to drug treatment."

The advocates of anti-microbic phthisiotherapy are welcome to whatever cold comfort they can extract from these frank utterances of one of their distinguished colleagues. It is a sad commentary on the medical profession that notwithstanding the fact conceded by the ablest physicians of the old school that their drug-treatment of tuberculous patients is worse than useless, still the rank and file of allopathic practitioners go right on drug-ging, *secundum artem*, the unfortunate victims of this disease.

It is now generally agreed among the ablest practitioners and teachers of the old school that the only hope of salvation for the tuberculous patient is to be found in the remedies of old renown, viz., fresh air, sunshine, nutritious food and out-of-door life.

### **Pneumonia.**

Let us next turn to pneumonia. Has this disease diminished in prevalence or lost any of its

terrors in consequence of the discovery of the pneumococcus, and the introduction of prophylactic measures based upon the theory that this disease is infectious, and the pneumococcus its cause? In April, 1884, it was announced by A. Fraenkel that he had determined that the previously discovered micrococcus lanceolatus (pneumococcus) was the specific etiological organism of acute lobar pneumonia. This micro-organism is now generally assumed by the "regulars" to be the specific cause of pneumonia.

What has Fraenkel's brilliant discovery of twenty-two years ago done to ameliorate the condition of the pneumonia patient?

Let one of the most eminent representatives of allopathic medical "science" answer.

Professor William Osler, M. D., in the recent edition of his work on the "Practice of Medicine," says: "The most widespread and fatal of all acute diseases, pneumonia is now the 'Captain of the Men of Death.' \* \* \* In the United States during the census year 1890 there died of it 76,496."  
\* \* \*

Referring to the statistics of pneumonia in the city of Chicago, Dr. Osler says: "In the last decade the death rate was 18.3 per 10,000 of population, as against 12.36 per 10,000 in the preceding decade." From these official records it appears that pneumonia has lost none of its terrors in Chicago, a city which for many years has been dominated by a health-board made up of the most zealous adherents of the microbial doctrine of the origin of disease. Professor Osler tells us further that "The admission of pneumonia cases to hospitals during the past few years has in some places almost doubled." (Pp. 108-109.)

Is pneumonia more amenable to old school

therapy at the present time than it was previous to the discovery of the pneumococcus and the employment of germicidal measures based on this discovery? Again, let Professor William Osler answer this question. "Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it may terminate abruptly and naturally, without a dose of medicine having been administered." (*Practice of Medicine* (fifth edition), by Wm. Osler, p. 134.)

Continuing, Prof. Osler says: "There is no specific treatment for pneumonia. The young practitioner may bear in mind that patients are more often damaged than helped by the promiscuous drugging which is still only too prevalent." (p. 134) This scathing condemnation of modern old school therapy by one of its ablest teachers is significant, indeed. In the following words Prof. Osler briefly expresses his estimate of the pitiful futility of modern serum-therapy in the treatment of pneumonia: "Many trials have been made of the curative value of anti-pneumococcic serum in the treatment of pneumonia. Thus far it has not been shown that the serum influences in any marked degree the course of the disease in man." (*Practice of Medicine*, pp. 113-114.)

Judging from this estimate of an unquestioned authority, bacteriological "science" and the efforts to establish serum-therapy in the treatment of pneumonia do not seem to have helped matters much.

The efforts recently put forth by that notable company of scientists selected in view of their known skill and acknowledged integrity, "the Pneumonia Commission," whose proceedings were published by the Rockefeller Institute, have not

resulted in any positive progress. The best that can be gleaned from their report is of a negative character. So able and liberal a journal as the Medical Standard has summed up the results of their efforts in the following statements:

1. The diplococcus lanceolatus was found in indiscriminate frequency and numbers in the secretions of healthy and pneumonious subjects.

2. Several varieties of the germ were located, of which it was impossible to differentiate any special one as the pathogenetic organism of pneumonia.

3. The inoculation of the various species of lanceolatus into healthy animals furnished no sufficiently constant results upon which to base a principle of micro-organic etiology.

Thus again was shown the impotence of bacteriological "science" as an adjunct in the treatment of pneumonia. In the face of the findings of this Commission the old school doctors still insist that the diplococcus lanceolatus must be the specific etiological factor in the production of acute lobar pneumonia which they define as an infectious disease.

#### **Typhoid Fever.**

Have the prophylactic measures based upon the bacillary doctrine of disease, or the employment of anti-microbic therapy availed anything in the prevention or cure of typhoid fever? In 1880 Eberth discovered the bacillus typhosus, the supposed cause of typhoid fever. On the basis of this "discovery" preventive and remedial measures have been extensively employed by the practitioners of the allopathic school in combatting typhoid fever. As to what the results of this treatment have been let the adherents of the germ-theory bear witness.

During the Spanish-American war typhoid

fever was so prevalent and wrought such fearful havoc among our encamped soldiers that a commission was appointed to investigate this grave matter. Notwithstanding the fact that government bacteriologists scrutinized all water supplies for the camps with such extreme caution that the thirsty soldiers had to wait at the well-curb or the spring for the arrival of the laboratory report before being permitted to slake their thirst, yet typhoid fever was overwhelmingly prominent among the causes of death among our troops thus "protected" from and guarded against the assaults of the typhoid bacillus.

According to the report of the Commission, consisting of Walter Read, Victor C. Vaughn and Edward O. Shakespeare, "One-fifth of all the soldiers in the national encampments in the United States suffered from typhoid fever." "Among 107,973 men there were 20,738 cases of this malady, and the deaths therefrom were 86.24 per cent. of the total deaths from all causes. In ninety per cent. of the volunteer regiments typhoid fever broke out within eight weeks of going into camp." These were the results in spite of all the government paraphernalia and machinery arbitrarily kept in continuous operation for the purpose of preventing and "stamping out" typhoid fever through the detection and destruction of the bacillus typhosus.

It is a sad commentary on the germ-hypothesis that after all the "scientific" researches and brilliant discoveries of its supporters, people continue to die in the same old accustomed way of consumption, diphtheria, pneumonia and typhoid fever just as they did in the ante-microbial era when people lived in blissful ignorance of the omnipresent bacilli.

As to the value of germicidal and antiseptic medication in the treatment of typhoid fever, I again quote from Osler's Practice of Medicine (p. 45): "Very laudable endeavors have been made in many quarters to introduce methods of treatment directed toward the destruction of the typhoid bacilli and the toxic agent which they produce, but so far without success." Selah!

Serum-therapy in typhoid fever, this authority dismisses with the following few words: "In spite of many experiments and clinical trials the results are still unsatisfactory."

Under the head of medicinal treatment of typhoid fever Osler says: "In hospital practice medicines are not often needed. A great majority of my cases do not receive a dose."

The foregoing extracts from the latest work of the leading allopathic authority of the world do not bespeak much for the success of anti-microbic prophylaxis or therapeutics in the prevention or the treatment of typhoid fever, a so-called parasitic disease.

#### **Antitoxin in Diphtheria.**

Let us next inquire what the discovery of the Klebs-Löffler bacillus and diphtheria toxin have availed in the prevention and treatment of diphtheritis.

The antitoxin fad, like the Trilby craze, spread over the ranks of the allopathic profession like wildfire on a prairie, and has for some years been in general use among the rank and file of this school of medicine. Some weak-hearted and mongrel homœopaths have also been led astray by this allopathic ignis fatuus. So loud and long were the hosannas of the antitoxinists in praise of the alleged miracles wrought by the employment of sick horse juice in the prevention and the cure of diphtheria that a superficial observer might have been

led to believe that salvation from diphtheria had been achieved.

But Prof. Osler who has had extensive opportunities for observing the effects of antitoxic serum in the treatment of diphtheria frankly tells us that since the introduction of the serum-treatment diphtheria has increased.

On page 138 of the recent edition of his "Practice of Medicine," he says: "While other contagious diseases have diminished within the last decade, diphtheria has increased, particularly in cities."

What a curious anomaly that the very disease for the prevention and the cure of which a grand "prophylactic" and "specific" has been so brilliantly discovered and so extensively employed "has increased, particularly in cities," the very places in which the "prophylactic" and "specific" has been most extensively used; while other contagious diseases for which there is no known "specific" treatment have during the same period diminished. The more antitoxic serum the more diphtheria seems to be the rule.

Such are the glaring inconsistencies between theory and practice.

In the light of this revelation emanating from one of the most brilliant luminaries of the allopathic faculty, it is to be hoped that the practitioners of "rational" medicine may be enabled to perceive the advisability of employing more "sound horse-sense" and less sick-horse serum in the treatment of their diphtheria patients of the future.

From an article by Geo. B. H. Swayze, M. D., of Philadelphia, Pa., which appeared in the Medical Times for October, 1905, I take the following extract:



"Through the courtesy of the chief medical inspector I obtained these relevant official statistics. In Philadelphia for the six years immediately preceding the adoption of this rigid bacterian repression by the local board of health, the average deaths from diphtheria were 490 annually. For the equivalent six years immediately following when these germicidal tactics were pressed into official vogue the deaths from diphtheria in Philadelphia numbered the significant average of 1.070 annually." "Such," adds Dr. Swayze, "is an authentic demonstration of the futility of fighting the helpless bacillus." The treatment of diphtheria by the anti-diphtheritic serum, he tells us, has been pushed in Philadelphia for all it is worth by the combined forces of the agents of the local board of health, by gratuitous distribution of serum, by the potential enginery of professional obeisance and by public fear. Nevertheless the official report of diphtheria cases in Philadelphia for the three weeks ending November 25, 1905, showed 286 cases with 38 deaths.

Prof. Sorenson (Blegdam Hospital, Copenhagen) says: "A wonder-cure which shall completely change the course and prognosis of diphtheria is not found in antitoxin." Further statistics from the Blegdam Hospital by Ring and Ellerman, based upon 1,356 cases, announce that "statistical proof of the value of antitoxin has not been found." The profound researches of Prof. Kassowitz and Gottstein are annihilatory of the claims of serum as a remedial agent in diphtheria. After a very exhaustive study of the statistics of serum-therapy in diphtheria these cautious investigators (allopaths) put themselves on record in the following words: "Statistical evidence of its specific value is totally wanting." In 1896 in an article on Diphtheria

Statistics, Prof. Kassowitz showed to what gross errors a false statistical method (such as the adherents of antitoxin usually resort to) leads, and how the ratio of diphtheria deaths compared with the total number of cases gives a false picture. He says: "For example, in Trieste in the summer of 1894, the physicians unanimously determined and agreed to treat antitoxically every case or suspected case of diphtheria, and, in fact, the death rate of the hospitals sank noticeably. Had this diminished death-rate been due to the specificity of serum then the town death rate should have been correspondingly lowered. The contrary was the case; for while the absolute diphtheria death-rate in Trieste was in 1888, 98 cases; 1889, 93 cases; 1890, 118 cases; 1891, 182 cases; 1893, 222 cases; in 1894, in spite of serum, it reached 349; in 1895, under the same treatment, sank to 271, while in the last three months of 1896, in spite of the universal serum treatment, more cases died of diphtheria in Trieste than had previously died during a whole year."

Prof. Sorenson (allopath, Blegdam Hospital) sums up, as the result of his vast experience, that "in serious cases of diphtheria antitoxin cases showed neither a more favorable progress nor a lessened death-rate. Nor has serum-action hindering the progress of the disease been observed."

Did space permit I could cite similar statistics by the page, chapter and volume. From all the observations I have been able to make both in my own practice and in the study of statistics on a broad scale I am convinced that the dangers and complications which threatened the diphtheria patient before the serum-era are still strongly in evidence, and that only the benign cases of diphtheria which progress favorably under almost any old

treatment are the ones that are "cured" by anti-toxin.

What has all this costly warfare waged against the helpless microbe amounted to in the prevention or the cure of disease, and what good has come of all this meddlesome official interference with the rights and liberties of the people?

Has consumption, diphtheria, pneumonia, scarlet fever, typhoid fever or any other disease been "stamped out" by these germicidal crusades?

Let a distinguished and scholarly adherent of the germ-theory answer. Prof. O. Rosenbach, M. D., of Berlin, an eminent old school clinician and teacher of wide experience, says: "In my opinion, neither by quarantine measures, nor by antiseptic deeds, nor by bacillary investigations are we able to prevent either the outbreak or the spread of any malady." (Physician vs. Bacteriologist, 1905, by O. Rosenbach, p. 220.)

Any person who has a modicum of common sense in his make-up can readily perceive that if the ubiquitous microbe infests the world in such vast numbers as the bacteriologists allege, it is wholly impracticable and utterly impossible to materially diminish the risk of encountering them and utterly hopeless to attempt to escape them by concerted efforts at their destruction.

In refutation of the germ-hypothesis I have here presented the testimony, not of its opponents, but that of its unsuspecting adherents.

The present status of the "germ-theory" may be briefly summed up in the following words of one of its ablest exponents: "Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease." The above quotation is from an address delivered by Dr.

Rudolph Virchow at the thirteenth triennial session of the International Medical Congress held in Paris in 1903. Virchow's candor and honesty deserve the admiration and respect of every lover of truth.

**Medical Delusions, Past and Present.**

Medicine, like millinery, has its fashions and fads. The practices of one generation of doctors become the laughing stock of the next. About one hundred years ago it was the prevailing fad with the self-styled "scientific" doctors popularly known as allopaths to inoculate into the bodies of well people the contagion of small-pox under the pretext of "stamping out" small-pox.

The wholesale inoculation of healthy communities with the infectious matter of small-pox was at that time recommended and practiced just as vaccination is to-day. This ruinous custom rested on the preposterous theory that small-pox could be eradicated by disseminating its contagion among the people. At the time of its introduction varolous inoculation was hailed by the doctors of the "regular" school as the greatest and grandest of medical discoveries, and the encomiums lavished upon it equalled those that have since been bestowed upon vaccination. While in vogue, small-pox inoculation was always spoken of by orthodox medical teachers and writers as "one of the best attested facts in medical science." In 1754 this loathsome rite was authoritatively sanctioned by the Royal College of Physicians (allopaths), who pronounced it "highly salutary to the human race."

Reader, think of it! Small-pox, one of the most loathsome of diseases, "highly salutary to the human race." Shades of Lazarus! O Tempora! O Mores!

In spite of the frightful havoc wrought by variolous inoculation, this disastrous delusion continued to flourish for more than 150 years. Probably more than all other things combined this practice contributed to keep small-pox alive by constantly disseminating its infection among the people.

Viewed in the light of our present knowledge, small-pox inoculation is seen to be a disastrous delusion. Instead of being the "entirely harmless and beneficent invention" that it was claimed to be in 1721, it was found to be so pernicious a practice and so destructive of public health as to be branded a crime in 1840, when it was found necessary for a British Parliament to make it a penal offense.

Alas, for medical theories and human prescience! What had been proclaimed as the savior proved to be the destroyer.

Half a century ago it was the prevailing fashion with the "regulars" to bleed their clients at stated intervals on the pretext of keeping off sickness, and expectant mothers had to undergo the operation repeatedly. Old and young, sick and well, weak and strong, all were indiscriminately subjected to the lancet for the most trivial ailments by the advocates of this "scientific" practice. A few decades ago it would have been regarded by the allopathic doctors as almost criminal to have treated a case of pneumonia without bleeding the patient.

Under the sway of this disastrous rite hecatombs of human victims were sacrificed on the bloody altar of this medical Moloch. We smile with pity at the credulity and ignorance of those who were led to believe in such glaring absurdities, but it is no laughing matter when unwilling parents are urged by health board officials, and almost forced by law, to submit their healthy children to the as-

saults of the official vaccinators who are willing to pollute their pure blood with the poisonous matter from a sore on a diseased beast. It is indeed a deplorable state of affairs when a mere hypothesis is forced into the position of a dogma, adopted as infallible, and made to dominate the actions of daily life, and especially when men of learning become partisans of erroneous teaching, lose their common sense judgment and act in obedience to some ancient authority.

No doubt many of the Century's readers remember the craze which swept over the medical profession when Lister announced his views on the presence of disease-germs in the air, and his elaborate plan for their extermination by means of his famous carbolic spray. I need hardly remind my readers that Lister's views and practice were received with acclamation and adopted with enthusiasm in almost every part of the world. In Austria, Germany and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister received the most fulsome adulation from every quarter. Through the fame acquired by his ridiculous proposal to get rid of imaginary disease germs in the air by means of his carbolic spray machine he was made a peer. The English Government, wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and injurious plan for killing disease-germs. It is needless to state that Lister's carbolic spray machine together with all its accessories has long since been discredited and discarded by the entire medical profession. Listerian antiseptics rested on the absurd hypothesis that the air contained the germs which were the most active and pernicious in

producing disease. This theory proved to be as empty as a soap bubble. It is now conceded by the germ faddists themselves that air contact is the least to be feared of all.

A perusal of the recorded accounts of Lister's heroic assaults upon imaginary disease germs in the air recalls vividly to mind Cervantes' celebrated satirical romance of the valiant Don Quixote and his encounters with windmills, which he mistook for giants.

Any surgeon who should at the present day undertake to carry out Lister's methods in the operating room would be looked upon by his colleagues as a fit subject for the services of a commission de lunatico inquirendo.

Thus do the medical fads of one generation of "scientific" doctors become the laughing stock of the next. Listerism has taken its appropriate place among the fossilized curiosities of medical literature and retains only a historical interest.

Only a few years ago the "regular" doctors indiscriminately bled, blistered, puked, purged, sweat and salivated their patients under the delusion that disease was an entity and could thus be expelled or eliminated from the body. This routine practice they were pleased to call "rational" and "scientific" medicine.

From the *Lancet* (London) of February 24, 1900, I quote the following: "Until fifty or sixty years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs, whereas we now regard it as a state affecting the entire man." If I may be permitted to prophesy, I venture the prediction that the "germ-theory" of disease will in due time follow the long procession of medical blunders into the limbo of exploded pathological doctrines.







# SOME OBSERVATIONS

ON THE

## QUARANTINE OUTRAGE

By J. W. HODGE, M. D.,

Niagara Falls, N. Y.

The "quarantine against rabies" which exists in this city has to my mind been proven by the stern logic of facts and the recorded testimony of its promoters to be a venal and detestable scheme of official plunder and persecution, whereby the people of this city and State are being systematically fleeced by having their purses diddled and their harmless, inoffensive dogs tormented and cruelly tortured with the result of transferring thousands of dollars from the pockets of the people to the pockets of a merciless horde of purse-hungry politicians, whose privilege it is to feed and fatten at the

no "quarantines against rabies" until the introduction of Pasteur's "preventive" treatment. But immediately on the advent of that so-called preventive serum the "disease" called "rabies" became very prevalent wherever Pasteur institutes piled their trade.

The discovery of the "preventive" of "hydrophobia" in the human subject seems to have created a demand for cases of rabies in dogs, so that at the present time, through the efforts of the proprietors of Pasteur institutes and those interested in the manufacture and sale of Pasteur's serum, "rabies" prevails to an alarming extent.

Reprinted from the Cataract Journal  
of June 4, 1910.

J. W. HODGE, M. D.,  
Niagara Falls, N. Y.

harm. publishing and a thousand fold less the public that they are now accomplishing the same amount of good for exactly the same amount of good for Halley's comet, they will accomplish ergies toward restraining the antics of and henceforth devote their entire measures against so-called "rabies" lion, absurd and senseless quarantine arbitrary enforcement of cruel, obnoxious which are being directed toward the will discontinue their frantic efforts for the welfare of the "dear public" ing officials in their consuming zeal

called "rabies", and its alleged prevalence about the supposed disease treatment, and a desire to ascertain give animals from cruel and senseless sire to defend defenseless and innocent, but was a humane motive, a desire for so doing was not a pecuniary other person in this county. My most serious attention as has any legged prevalence of rabies in this city probably given the subject of the al-

"clam-act." During the past six months I have diplomatic policy apply termed the silence by rigidly adhering to that quarantine will maintain a discrete through the operation of the rabies harvest of the taxpayers' plunkers a consensual employment of reaping a who are engaged in the lucrative and

To answer this question is briefly the purport of this essay.

### HEALTH ALWAYS PREFERABLE TO DISEASE.

I oppose vaccination because I believe that health is always preferable to disease.

The principle and practice of vaccination involve the introduction of the contagion of disease at least twice, and, according to numerous authorities, many times into the human organism.

they are engaged for their own personal emolument at the public expense. The rabies enterprise proved itself so lucrative a business bonanza to its promoters in this country that it soon found its way into the Dominion of Canada, where it is now being sedulously worked for every dollar that can be squeezed out of it by the skillful manipulations of a horde of purse-hungry politicians and fee-hunting doctors and "hoss doctors."

During the past few months the sensational newspaper press of Canada has teemed with blood-curdling accounts of the thrilling adventures of mad dogs and the frightful disasters to human life which are alleged to have resulted therefrom. Having read a few of these frenzied accounts in the Canadian papers and being somewhat familiar with the wiles of the Pasteur fakirs and the tricks of the headline fiends, I at once offered through the Toronto Humane Society a reward of \$1,000.00 to any person or persons in the Dominion of Canada who would furnish proof to a competent tribunal of experts that a single case of hydrophobia had ever occurred in Canada as the result of a specific morbid virus inoculated into the victim by the bite of a dog or that of another animal. It is needless to say that my offer, although published in the Hamilton Spectator and in several of the Toronto daily newspapers was not only not accepted, but was entirely ignored by the foxy promoters of the rabies industry who were at that very time busily engaged in knocking down the dollars of people whom they had succeeded in terrifying into the belief that they were in imminent danger of death from "hydrophobia" unless rescued by the "saving grace" of the Pasteur "preventive" treatment. I hereby make the same offer to the officials of the State Department of Agriculture at Albany. If Mr. Chas. M. A. Smith, who is reported to be in this city looking after the interests of the rabies enterprise will take up this matter and furnish the proof asked for, I shall be pleased to bestow the above mentioned reward upon him personally or upon any charity he may designate to receive the benefaction. While the writer of this communication is no prophet and lays no claim to prophetic powers, he, nevertheless, confidently ventures the prediction that Mr. Smith, like all the others on the State job

ence. While I have not acquired a dollar through the operation of the mad dog scare, I have cheerfully expended many dollars and much time in combatting the popular insanity about rabies which has been engendered in the minds of ignorant and emotional people by reading the sensational trash sent them from the State Department of Agriculture at Albany. I have no pecuniary interest in the Pasteur treatment which I regard as pernicious and criminal quackery. I am unalterably opposed to medical quackery which I despise and detest. After having carefully and conscientiously looked into these matters without having any pecuniary incentives to bias my mind or warp my judgment, I have arrived at the firm conviction that the supposed dangers to be apprehended from the alleged prevalence of canine rabies in this city, about which the Department of Agriculture is setting up such a hue and cry is on an exact par with the presumed dangers which were recently apprehended by rattle-headed people to result from the expected bombardment of the earth by the tail of Halley's comet. In order to make some sort of a show of consistency in their consuming zeal for the welfare of the "dear people" the officials of the State Department of Agriculture should at once turn their attention to this alarming source of danger by agitating for the enactment of a law requiring Mr. Halley to muzzle his vagrant comet which is running riot and also to lop off a few millions miles of its dangerous caudal appendage which has been threatening to destroy the lives of the public for some time past. This astral vagrant has spread an epidemic of consternation and cometphobia and caused many deaths. Cometphobia and hydrophobia being kindred affections the prevention of both maladies should in my judgment be in charge of the same efficient department. Let the Department of Agriculture lose no time, therefore, in getting right after Halley's comet. Let them secure its head, send the head to State Expert Moore for an analysis. Perhaps it will reveal the presence of Negri bodies and the comet's ailment may turn out to be rabies. Who knows? There are hopeful signs in the skies that Halley's comet may yet be subdued and the epidemic of cometphobia be "stamped out."

In my estimation of these enterprises

[Reprint from The Medical Advance, of July, 1903.]

## Some Reasons for Opposing Vaccination.

BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

In opposing vaccination I am aware that it is a thankless task to brave the abuse and antagonism which every one who attempts to move forward in the work of medical progress is sure to encounter.

In order that I may not be regarded as prejudiced against the dogma of vaccination I will preface my remarks with the confession that I was at one time myself a confiding dupe of the "tradition of the dairy maids." While attending medical college I was told that inoculation with cow-pox virus was a certain preventive of small-pox, and like most other medical students I accepted with child-like faith and credulity the dictum of my teachers as so much infallible wisdom. After an experience derived from treating a number of cases of post-vaccinal small-pox in patients who gave evidence of having been recently and successfully vaccinated, I awoke to a realization of the unpleasant fact that "protective vaccination" was not all that was claimed for it. I thereupon began a study of the vaccination problem in all its bearings. After several years of reading, observation and experience I became fully convinced that "successful" vaccination not only fails to protect its subjects from small-pox, but that, in reality, it renders them more susceptible to this disease by impairing their health and vitality, and by diminishing their power of resistance.

Personally, I have known of recently vaccinated patients dying from small-pox while having the plainest foveated vaccine marks upon their bodies; and I have seen other individuals who had never submitted to vaccine inoculation have variola in its mildest and most benign type.

In view of such experience, I refused to ignore the evidence of my own senses, and determined to follow the dictates of reason instead of the dogmas of faith, and have consequently for the past fifteen years refused to pollute the blood of a single person with vaccine virus.

Hundreds of times during these years I have been asked, both by physicians and by laymen: "Why do you oppose vaccination?" To answer this question is briefly the purport of this essay.

### HEALTH ALWAYS PREFERABLE TO DISEASE.

I oppose vaccination because I believe that health is always preferable to disease.

The principle and practice of vaccination involve the introduction of the contagion of disease at least twice, and, according to numerous authorities, many times into the human organism.

The disease conveyed by vaccination causes an undeniable impairment of health and vitality, it being a distinctly morbid process.

So-called "successful" vaccination is, therefore, nothing less than the intentional implantation into the presumably healthy human organism of the virulent products of diseased animal tissue with the intended result of inducing actual disease in the vaccinated.

The morbid matter, misnamed vaccine "lymph," is taken from a lesion on the body of a diseased beast, and inserted by the vaccinator into the circulation of healthy children. The performance of such an insanitary operation, in the very nature of the case, is a violation of the cardinal principles of hygiene and of sanitary science as at present taught and understood. Moreover, this operation is in direct controversion of the basic precepts of aseptic surgery, the legitimate aim of which is to *remove* from the organism the products of disease, but never to *introduce* them.

The prime aim of the modern surgeon is to make every wound aseptic and keep it so. The careful operator employs every means at his command to clear the field of operation of all bacteria. He utilizes every particle of the marvelously minute and intricate technique of asepsis to prevent the entrance through the wounded tissues of any disease elements before, during or after an operation.

He fears sepsis equally with death, and yet, under the blighting and blinding influence of an ancient and venerated myth, inherited from his ignorant and superstitious forebears of a pre-scientific age, he will deliberately inoculate the virulent infective products of diseased animal tissues into the circulation of a healthy person. And as if to cap the climax of his stupidity and inconsistency he performs the operation under "aseptic precautions."

The poisonous matter which nature wisely eliminates from the body of a diseased calf in an effort to save its life and restore it to health is seized upon by the vaccinator and implanted into the wholesome body of a helpless child. Think of the unparalleled absurdity of purposely infecting the body of a healthy person in this era of sanitary science with the poison from a diseased beast, under the senseless pretext of protecting the victim of the ingrafted disease from the contagion of another disease! Can inconsistency go farther?

I oppose the practice of vaccination because it is not known what vaccine virus is, except that it is a mixed contagion of disease. We hear much these days about "pure" virus and "pure calf-lymph." Nothing could be more absurd and meaningless than the flippant talk indulged in by vaccinators and the purveyors of vaccine virus about "pure calf-lymph," a hybrid product of diseased animal tissues. "Pure virus," translated into plain English, is "pure animal poison." The phrase "pure calf-lymph" as applied to any brand of vaccine virus now in use is a misnomer, for two reasons. It is not "pure," and it is not "calf-lymph."

Calf-lymph is the normal nutrient fluid which circulates in the lymphatic vessels of the calf. Lymph is described by physiologists as "a transparent, colorless, nutrient, alkaline fluid which circulates in the lymphatic vessels and thoracic ducts of animal bodies." Lymph is a physiological product, while the so-called "pure calf-lymph" used by vaccinators is a pathological product derived from a lesion on a diseased calf. The difference between calf-lymph and so-called "pure calf-lymph" is as great as is the difference between a food and a poison. The vaccine mixture now most generally used by the medical profession is known under the name of "glycerinized vaccine lymph," but it is not *lymph* at all. It is made by utilizing practically the entire lesion or pock on the heifer when it is in the vesicular stage. Such a lesion is broken open and scraped with a Volkmann spoon until the whole of the tissue is forcibly and roughly curetted away, consisting of pus, morbid serum, epithelium, fibrous tissue of the skin and any foreign matter on or in it, constituting what is called "pulp." This pulp is then passed between glass rollers for trituration and afterwards mixed with a definite amount of glycerine and distilled water. This complex pathologic product of unknown origin is injected into the wholesome bodies of helpless children under the false but plausible name of "pure calf-lymph."

No "lymph" whether human or animal, or adulterated with other substances, can be guaranteed either as pure or free from danger. Prof. Edgar M. Crookshank; author of the "History and Pathology of Vaccination," and professor of bacteriology in King's College, London, says: "I must state most emphatically that we do not know the nature of the contagium of cow-pox, or of human small-pox, or of any of the diseases from which so-called vaccine lymph has been cultivated. Lymph for vaccination has been over and over again obtained by inoculating calves with human small-pox. On the other hand, lymph producing the familiar appearances of vaccination has been obtained by attenuation of small-pox, without resorting to the calf as a medium of cultivation; and similarly, lymph for the purpose of vaccination has been raised from horse-pox, sheep-pox, and cattle-plague." Here we have the testimony of one of the world's most eminent authorities on the history and pathology of vaccination, to the effect that the nature and origin of vaccine "lymph" are so vague and uncertain that it is impossible for the vaccinator to know anything of the specific character of his stock of virus, or to predict the extent of injury that may result from his practice.

I oppose the practice of vaccination because, under whatever pretext performed, the implantation of disease elements into the healthy human organism is irrational and injurious. It is subversive of the fundamental principles of sanitary science, while the attainment of health as a prophylactic measure is rational and in

harmony with the ascertained laws of hygiene and consistent with the canons of common sense. I am firmly convinced that the absurd and unreasonable dogma which assumes to conserve health by propagating disease should receive the open condemnation of every scientific sanitarian. That this health-blighting delusion conceived in the ignorance of a past generation should find lodgment in the minds of intelligent people enjoying the light of the world's highest civilization is to my mind inexplicable.

The vaccinal operation is at the present time regarded by sanitarians as an irrational and silly attempt to cheat outraged nature. The vaccinator endeavors to avoid a filth-disease without removing its contributing causes. The conditions known to especially favor the existence and spread of small-pox are unhygienic habits of life, the presence of decaying organic matter, contaminated air, polluted water supply, unsanitary dwellings, dirty streets, overcrowding of cities and other unwholesome surroundings. Salvation from small-pox and other filth-diseases can be realized only by giving practical attention to the contributing causes of their origin and spread.

Sanitation and isolation of the infected offer the only rational and effective antidote for these disorders.

Away, then, with the abominable and filthy milk maid's subterfuge! Give us health instead of disease. Health is the great prophylactic. No man in perfect health can be truly said to be susceptible to the infection of small-pox, nor to that of any other zymotic disease. Vigorous health confers immunity from disease-producing agents as nothing else can. It is usually after the vital functions have become impaired by the effects of vaccination or some other injurious cause that individuals become susceptible to small-pox infection.

Professor Alfred Russel Wallace, LL. D., F. R. S., the eminent scientist and statistician of London, has recently proved by the most trustworthy statistics that the effect of vaccine virus when inoculated into its subjects has been to render them more susceptible to small-pox than, but for it, they would otherwise have been. In his latest scientific work entitled "The Wonderful Century," Professor Wallace has demonstrated, by many crucial tests, that in various epidemics, small-pox cases became more numerous in proportion as vaccination became general, and decreased with its neglect. He shows by the statistics of England, Ireland, Scotland and Wales that the best vaccinated towns in those countries have invariably suffered most from small-pox. He proves by the statistics of Leicester that all that is needed to confine small-pox to very narrow limits is sanitary regulations and isolation of the infected. In conclusion I would advise every physician who even pretends to keep abreast of the times to read in its entirety Professor Wallace's masterly article on small-pox and vaccination in "The Wonderful Century."

and politician-doctors, i. e., medicine-men who combine politics with physic in their business, men who have a stake in vaccination and are pecuniarily and professionally interested in the dissemination of disease among the people, men who regard the acquisition of the almighty "plunker" as of paramount importance to all considerations for the public health. This language may sound harsh, but it is not too harsh to be literally true. Through the persistence of these medical factions and their accomplices (the "lymph" purveyors), these odious laws were lobbied through our various Legislatures without the knowledge or consent of the public. The members of politico-medical factions at whose instigation and for whose special benefits and pecuniary advantage these monopolistic laws were passed have the shield of the State thrown over them while they brazenly pose as benefactors of mankind. These assassins of the public health have the assurance to ask the people to believe that these disease-prescribing laws were framed and passed in the interest of the public health. The pretext that these statutes were enacted in the interest of the public health is a hypo-critical pretense. While that was the ostensible purpose of the laws, they were actually passed in the selfish interest of and at the persistent solicitation of the venal clique of fee-hungry medical politicians and mercenary "lymph"-manufacturers, who live and thrive at the expense of the public health. Like many other

one-half per cent. of those attacked, and the whole country at 10,000, it will follow that vaccinated persons have suffered from small-pox in an alarming state of things. Can we greatly oppose the failure of the system? It is necessary on this important matter."

Statistics of similar import might be quoted by chapter, and volume; but time and space forbid. It is as good as a thousand, because it effectually demonstrates the falsification of the theory of preventive vaccination.

In the annual report of the Health Department of New York, 1870-71, it is stated: "This extraordinary increase of small-pox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced, is an occurrence in its most fatal form in persons who gave evidence of having been well vaccinated, and the remarkable suc-

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*Statistical Facts,  
New York.*

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## 2 Vaccination: Is it Protective? or Pernicious?

of people of all ages to re-vaccination, are new facts in the history of this pestilence, which must lead to re-investigation of the whole subject of vaccination and of its claim as a protecting agent."

A. M. Ross, M. D., A. M., an eminent old school physician of Toronto, in writing about the Montreal small-pox epidemic of 1885, said: "Whoever closely watched the course of the epidemic in Montreal must conclude that vaccination is utterly useless as a protection from small-pox. Much of what transpired in our small-pox hospitals was suppressed, especially whatever was likely to operate against the progress of vaccination, which proves a golden harvest to the vaccinators. But notwithstanding the conspiracy of silence, a few official reports came out pregnant with proof against vaccination and demonstrating beyond question that a large proportion of the patients admitted to our small-pox hospitals had been vaccinated, and that many of them died, some with two and others with three vaccine marks upon their bodies."

The *New York Medical Journal*, edited by Frank P. Foster, M. D., in its issue of July 22, 1899, contains an article, entitled "Vaccination in Italy," written by Charles Ruata, M. D., Professor of Hygiene and of Materia Medica in the University of Perugia, Italy, in which he demonstrates by the presentation of the most trustworthy official statistics that preventive vaccination in that country has been a complete and certain failure.

Prof. Ruata prefaces his article with the following affirmation: "Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically." He says: "Our young men, with few exceptions, at the age of twenty years must enter the army, where a regulation prescribes compulsory vaccination." After having quoted the official statistics of the Italian government as proof of his assertion, he says: "For twenty years before 1885 our nation was vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics of small-pox that we have had have been something so frightful that nothing before the invention of vaccination could equal them."

In Italy having a population of 30,000,000, 98.5 per cent. of whom were officially declared vaccinated, Dr. Ruata goes on to say: "During the year 1887, we had 16,249 deaths from small-pox, in 1888 18,110. and in 1889, 13,413." In referring to the Italian army, in which "vaccination had been performed twice a year in the most satisfactory manner for many years past," Dr. Ruata says: "Now we see that soldiers not protected because vaccination did not 'take' were less attacked by small-pox than those 'duly protected' by the good results of their re-vaccination; and that the death-rate in those vaccinated with good results was greater than among those in whom vaccination did not 'take.' "

"As you see," says Dr. Ruata, "these are official statements, extremely trustworthy because they were made in a country where, and at a time when, no one thought that it was possible to raise a doubt against the dogma of vaccination." "In our country," he continues, "we have no league

### ***Vaccination : Is it Protective? or Pernicious? 3***

against vaccination, and every father thinks that vaccination is one of his first duties. For these reasons no bias could exist against vaccination in making these statistics." The figures of these statistical records presented in the *New York Medical Journal* from the pen of an eminent professor in an Italian University stand as unimpeachable witnesses to the fact that preventive vaccination has been a complete failure in Italy, which we are assured is one of the most thoroughly vaccinated countries on the globe.

#### **VACCINATION, AND SANITATION, IN GERMAN ARMY EXPERIENCE.**

E. Haughton, M.D., ex-surgeon German army, in an article in the *Medical Brief*, gives statistical observations which deserve consideration from those who have been led to believe that vaccination is the best defence against smallpox—which it has failed to repulse—while cholera, yellow fever and bubonic plague have all been mastered by the sanitarian without any doubtful expedient in the line of toxin-injection.

. . . My former Inspector Lieutenant-General informed me that three weeks after his revaccination he sickened with smallpox, although he had often been vaccinated before. . . . In the campaign of 1870-1 when the consequences of revaccination ought to have manifested themselves, more than six thousand smallpox patients came under the hands of the doctors of the regular active army, of whom two hundred and seventy to two hundred and eighty died. . . . In the part I commanded, my Adjutant of the Landwehr got ill in December, 1870, on the first day when he was quartered with me in a little flag-paved room at Evigny, in front of Mezieres; and this man had been, on his own statement, vaccinated three or four times. Yet I, who (according to the vaccination theory) was quite unprotected, nursed him for eight or ten days in our narrow den and remained quite free from smallpox.

The place Mohon had been shut for nearly four months, strongly besieged and bombarded for two days long, and three parts destroyed. Here also the malady had been harbored for months. That none of my men fell ill can only be attributed to rules of cleanliness and the return to well-ordered conditions of life. How did it fare with the non-active German army at home?

Now in the non-active army during the epidemic there was a great deal of vaccination; even French prisoners when they entered the German territory were vaccinated extensively. Yet, they took smallpox in great numbers.

Professor Adolf Vogt (Berne) and Dr. Oidtmann have proved that at least the Napoleonic line forces were vaccinated immediately before the war, and it was just those who developed the most

#### **4 Vaccination in the German and U. S. Armies.**

smallpox; further, that the army of Faidherbe, composed of unvaccinated mobilized and local troops, remained untouched by smallpox.

"In June, 1888," says Dr. J. A. Hensel, a German army surgeon, in an address at Salt Lake City, Feb. 2, 1900, "I was on duty in Strasburg when over 2,000 cases of smallpox were in the pest house, every one successfully vaccinated but three months before, the third time. I was laid up for five weeks, though vaccinated the seventh time.

##### **VACCINATION AND SMALL POX IN THE U. S. ARMY—OFFICIAL.**

The most recent national health reports are from our own army. The report of the Surgeon General of the U. S. Army, up to June, 1901, records for the year 246 cases of smallpox, with 113 deaths, a mortality of about 46 per cent.! During the three years preceding this report, there were among the recently successfully vaccinated 705 cases of smallpox, with 220 deaths.

"Yet every enlisting soldier is vaccinated at the time of being recruited, and revaccinated, not only on entering the U. S. Army, but also as often afterward as is thought advisable by the army medical authorities."

In the two years preceding June, 1900, "13,811 cases needed hospital treatment on account of vaccination." The large death-rate includes, conspicuously, blood-poisoning and erysipelas.

##### **VACCINATION AND SMALL POX IN BRITAIN.**

[C. F. NICHOLS, M.D., BOSTON.]

##### **VACCINATION STATISTICS SUPPRESSED FROM THE MEDICAL PROFESSION AND THE PUBLIC.**

As early as A.D. 1804 (Vaccination was introduced in 1798) Dr. H. C. Proctor of Bristol (England) published a list of twenty-two persons attacked by smallpox within a few weeks of being vaccinated, "of whom eight died in spite of careful medical care." The correctness of Dr. Proctor's statements was verified by sworn witnesses.

In 1805, Dr. Rowley, physician to the Marylebone Infirmary, itemized with brief particulars 504 cases of smallpox and injury after vaccination, with 75 deaths.

At Witford, of the 69 vaccinated, 28 took smallpox, with 9 deaths.

Within twelve years after the introduction of the vaccination process over 1,200 cases of smallpox taking place in vaccinated persons had been reported from England and Wales, by medical men, mostly government officials.

It was, however, the epidemic of 1817-1819 which first demonstrated on a large scale the failure of vaccination, for most of the cases were admittedly "protected," and several failures in high places, notably that of Hon. Robert Grosvenor, now led Jenner to make the admission that "thousands of such cases might be collected."

Dr. John Thompson wrote, in 1820, "Had a variolous constitution of the atmosphere existed at the time when Dr. Jenner

brought forward his discovery, it may be doubted that it could ever have gained the confidence of the public."

[It might well be added that if Jenner had happened on a period of scientific principles and researches in medicine, his preposterous scheme would have died with him. But it seems to have been a time too much like the present, when stories of 'cures' like those in quack almanacs, are sufficient to establish any nostrum in medicine, since its promoters never tell but one side of the story, and the accepted criterion is simply 'cures' regardless of broad conditions or broader principles.]

"The alarm attending each outburst of smallpox," (says in substance the *Encyclopædia Britannica*) "leads the vaccinators to inject more of the virus, so that the subsidence of the disease is attributed to vaccination—but smallpox, like other epidemics, has its alternating periods of maximum and quiescence over which vaccination has not been shown to have the slightest controlling power."

#### SOME VACCINATED TOWNS.

Sheffield, 1887-8, deaths from smallpox, 679; 2,171 per million inhabitants. Warrendon, 1892-3, 65 deaths, or 1,204 per million. Whittenhall, 1894, 47 deaths, or 2,658 per million. Average 2,017 deaths per million of people.

UNVACCINATED.. Leicester, 1892-4, deaths 21, per million 114. Keighley, 1893, deaths 7, or 218 per million. Average, *one twelfth* the mortality in vaccination. At Bromley, in 1881, all of the 43 cases had been vaccinated.

In Neuss (Germany), 1865-73, there were 247 cases, all vaccinated.

Of the *revaccinated* troops in the British Army, 1860 to 1880, the Royal Commission reports 3,950 to have had smallpox, 391 of whom died.

The statistics of the Realm furnished in 1877 by C. T. Pearce, M.R.C.S., shows that vaccination was made compulsory in 1853, again in 1867, and more rigid in 1871. In this period there were three smallpox epidemics. In 1857-59 there were 14,244 deaths from smallpox.

By 1863 (2d epidemic), population had increased 7 per cent. while the deaths by smallpox (20,059) were increased 50 per cent.

By 1870-72 (3rd epidemic), while the population had increased 10 per cent., the deaths from smallpox (44,840) increased 120 per cent.

Smallpox deaths the first ten years of enforced vaccination (1854 to 1863), 33,515.

Smallpox deaths the second ten years (1864 to 1873), 70,458.

James Farness Marson, F.R.C.S., in *Reynold's System of Medicine*, Vol. 1, Article Smallpox, gives the experience of the the London Smallpox Hospital as follows: "The number of cases of smallpox after vaccination has steadily risen from about five

per cent. at the beginning of the nineteenth century, to 44 per cent. in 1845, 64 per cent. in 1855, 78 per cent. in 1865, 90 per cent. in 1875, and is now (1885) about 96 per cent. of the whole number admitted."

The death-rate of the three years' epidemic beginning in 1872, was for famine-stricken Ireland, unvaccinated, about one-half that of Scotland, well-fed and prosperous, and where vaccination is officially shown to have been well enforced. Twenty years of repeated epidemics, 1864 to 1883, show in Scotland 139 smallpox deaths to the million inhabitants; in Ireland, 85 to the million.

In the London *Lancet* are reported from year to year detailed accounts of cases among the vaccinated, and it was in this authoritative publication, July 15, 1874, that 122,000 vaccinated persons were recorded attacked by the epidemic in England and Wales, with 10,000 deaths.

In London, for the past year, to Feb. 22, 1902, the Registrar General's report gives 311 vaccinated deaths, 234 unvaccinated.

Dr. Kalb, the Royal examiner of statistics for Bavaria, writes that in Bavaria, "in a single year, 3994 vaccinated died of smallpox. The total number attacked by the disease and who had undoubtedly been vaccinated (the law is compulsory), exceeded 29,000. This, it was pointed out, was a liability of 400 per cent. greater than that of unvaccinated persons."

In the Franco-Prussian war, the German soldiers, all, besides vaccination in childhood, had been revaccinated in the recruiting depot, thousands had been revaccinated twice; "53,288 able-bodied men, their systems saturated with cow-pox lymph, were attacked by an epidemic of smallpox which proved nearly as destructive as a cholera invasion."

Dr. L. Josef Keller, chief physician of a railway corporation in Austria, reports in the *Alg. Wiener Med. Zeitung*, August, 1873, "Of vaccinated children under 3 years, 30 per cent. died from smallpox; of the unvaccinated, 19 per cent.

Of the vaccinated, 3 to 4 years old, 15 per cent. died; unvaccinated, 9 per cent.

From 5 to 10 years, 11 per cent. of the vaccinated died; of unvaccinated, 9 per cent.

From 10 to 15 the vaccinated died at rate of 8 per cent., the unvaccinated at 7 per cent."

"HAVING SMALL POX ITSELF, IS PROTECTION," A POPULAR ERROR.

Another fact of considerable interest is that the disease of smallpox *does not protect against itself*. The whole theory of vaccination is based on the supposition that a person having smallpox once cannot have it again, and the refutation of that theory overthrows the whole vaccination structure. Now, Dr. Adolf Vogt, Professor of Hygiene and Sanitary Statistics in the University of Berne, not long ago made some interesting discoveries in this direction, which in an exhaustive paper were laid before the Royal Commission on Vaccination which sat from 1889-1896. After an extensive study of all the statistical tables of Europe on the subject,

## ***Mortality has not Diminished by Vaccination. 7***

Prof. Vogt came to the conclusion that judging both from the law of averages and from records of repeated cases of smallpox, the person who has had smallpox once stands 60 per cent. *greater* chance of having it again than as if he had never had it! The common superstition that one cannot have certain diseases more than once is due to the fact that lightning seldom strikes twice in the same place. As to any real "protection" afforded by vaccination, the writer has culled from the records of the Massachusetts State Board of Health long lists of names of people who have had smallpox after a recent "successful" vaccination.

### **SMALL POX MORTALITY NOT DIMINISHED BY VACCINATION.**

Another fact, which the pro-vaccine doctors do not advertise, is the fact that the average mortality from smallpox is as great now, and has been all along, as it was in the seventeenth century—about 16.7 per cent. The pro-vaccinists claim that vaccination mitigates the disease at least. Now, mitigation can be shown in no other way than by the lowering of the death rate; what conclusion, therefore, is inevitable? Improved sanitation, however, has stepped in within the last century and by cleansing plague spots has lessened the scope of the disease; therefore this stationary condition of the death rate, which should be lower in proportion, gives great color to the claim of the celebrated London physician, Dr. John Pickering, that "if it had not been for vaccination, which has kept small-pox alive, that disease would by this time have been driven from civilization."

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### **HOW THE DECREASE OF SMALL-POX IN THE LAST CENTURY IS ACCOUNTED FOR.**

Previous to the introduction of vaccination, *variola* inoculation was unanimously believed in and generally practiced by the doctors; so multiplying small-pox cases by spreading the contagion; but vaccination by checking *small-pox inoculation*, withdrew a fertile source of variolous propagation; that the discontinuance of variolous inoculation, therefore, rather than the practice of vaccination, accounted for the diminished prevalence of small-pox during the first three decades of the last century.

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### **BUT, WHAT SHALL WE DO?**

Dread of an epidemic of smallpox, and ignorance of any way to restrain it, in time past, has been the all-controlling motive with the medical profession, governments and the public, for accepting vaccination blindly as the only available resort for protection.

Now, since the impotence of vaccination to protect has been a thousandfold demonstrated, the question arises again with almost a tone of despair. What then *shall* we do? Is there anything besides vaccination to do? The answer of authority was formerly

NO. Parrot-like, it still repeats the single syllable it learned in its ignorance. But the time has come when the world can no longer be subjected by dictatorial ignorance on this question at least. For the advance of sanitary science has revealed a sovereign antidote that has robbed epidemical infections, universally, of their former terrors. Asiatic cholera, bubonic plague, and yellow fever, no longer terrify any civilized country; and smallpox, the easiest controlled, of all these epidemics, has at last given way, like the rest of the filth infections, as it should have done long ago, to general cleaning up, disinfection, and isolation of imported or occasional cases. The success of such measures is now not disputed by anybody with respect to any infectious disease for which the manufacturers of such things have not a patent antitoxin or vaccine to sell, for which preventive medicine would destroy the demand. Such dispute on the part of the vaccine manufacturers and the vaccinators, however loudly self-interest or willful ignorance compel them to continue shouting it through the world, can deceive only those who neglect to examine

THE EXPERIENCE OF CLEVELAND, OHIO,

among other places in both hemispheres, where sanitary reform has proved its complete efficacy to repel smallpox, on the largest scale.

### HOW WE RID CLEVELAND OF SMALLPOX.

BY MARTIN FRIEDRICH, M.D., HEALTH OFFICER OF THE CITY.

(EXTRACTS.)

It affords me great pleasure to state that the house-to-house disinfection freed Cleveland from smallpox. Since August 23, 1901, to this very hour of writing, not a single case has originated in this city, but seven cases were imported. The disease raged here uninterruptedly since 1898. In spite of all our efforts it doubled itself every year and was in a fair way of repeating the record of last year, as in 1900 we had 993 cases, and from January 1st to July 21st, 1901, the number amounted to 1,223. On this date I was called to take charge of the health office with seventeen cases on hand. Cleveland is now free from smallpox, and from the worst infected city it has become the cleanest.

The valuable experience we gained in our fight with smallpox should not be lost to posterity. Our final success in exterminating the disease demonstrated, beyond doubt, the feasibility and immense value of formaldehyde disinfection on a large scale. It has also shown that thorough investigation, strict quarantine, and sanitary measures are most powerful weapons against the disease. It has further brought to light that vaccination with the commercial

bovine virus, which is now generally used, has its shortcomings and even its dangers . . . We have no law to enforce vaccination; and, even if we had, vaccination is so unpopular that it would prove a dead letter. Vaccination will frequently not take.

Last year the virus took altogether too well. Fully one-fourth developed sepsis. The arms swelled clear to the elbow; yes, clear to the wrist-joint, with high fever and enlargement of the axillary glands; pieces of flesh as big as a dollar and twice as thick would drop right out, leaving ugly suppurating wounds, which to heal took from six weeks to three months. I had to dress a little girl's arm for 15 weeks before it got well. At 60 Louis Street, three children developed smallpox 19 days after a seemingly successful vaccination.

To top the climax four fatal cases of tetanus developed after vaccination. No one has ever demonstrated the presence of tetanus bacilli in any virus of any make. It seems to be a secondary infection. But no one can doubt that there is some connection between tetanus and vaccination. The vaccination seems to prepare the soil for the tetanus bacilli by causing suppuration . . . From the score of letters I have received from all over the country I find that others are having exactly the same experience that we have had here.

WHAT THE CLEVELAND MEDICAL JOURNAL (PRO-VAC.) SAID:

"Both in the medical journals and in the secular press much has been said about the experience of Cleveland in ridding itself of smallpox by a thorough application of well-known sanitary measures. We have been held up for admiration by those who oppose vaccination, and we have been rather frowned upon by the medical profession for furnishing ammunition for the 'antis.' The graphic and authoritative report upon the matter by our Health Officer, Dr. Martin Friedrich, speaks for itself, and should be carefully read by every student of smallpox . . . His remarkable demonstration of the value of disinfection in this disease appears to demonstrate that in the face of an epidemic, thorough disinfection following rigid quarantine, is more sure and prompt than vaccination in bringing the epidemic to an end . . . It is only proper to add that the entire medical profession of Cleveland has full confidence in the integrity, scientific attainments, and administrative ability of Dr. Friedrich. This is not said to flatter our Health Officer, or ourselves, but to apprise those physicians who do not live in Cleveland of the fact that Dr. Friedrich's conclusions cannot be taken lightly.

"The great fact remains that an epidemic of smallpox of some two years' duration was in a few weeks brought to a complete standstill in Cleveland by the expenditure of some \$90,000 in the inspection and disinfection of houses and in the application of other well-known hygienic expedients."

[It is also pertinent to add, that the sudden abandonment of vaccination and the immediately successful substitution of disin-



fection, were brought about by an uncontrollable uprising of the people against the demonstrated failure of vaccination, together with the terrific mortality which had recently attended it.]

It is furthermore pertinent to add, as showing the insincerity of the (often compulsory) advocacy of vaccination, that the *Cleveland Medical Journal*, after having honestly welcomed the good news of salvation from smallpox, as above quoted, was compelled by a torrent of abuse and intimidation from professional colleagues and official authorities, to crawl back and feebly endeavor to minimize the admissions it had made. The style of the attempts of pro-vaccination editors and authorities to counteract the effect of Dr. Friedrich's success, is most instructively indicated by the following review of

#### THE STATISTICS OF SMALLPOX IN CLEVELAND.

Since much has been disingenuously generalized from garbled statistics of smallpox in Cleveland, Ohio, before and after the suspension of vaccination by Dr. Friedrich, the Health Officer of that city, it will be favorable to a true interpretation of the experiment and its results, to trace the course of the disease with precision, from the official records, which show as follows:

For the year 1900 there were 993 cases of smallpox. In 1901, vaccination was still enforced until July 20th, 29 weeks, in which time the epidemic mounted up to 1,223 cases, or an average of over 42 per week; to the great alarm of towns in all directions and as far as Buffalo, which had constant business intercourse with the important lake port of Cleveland. Then, July 20th, 1901, Dr. Friedrich took office. Vaccination was suspended, thorough isolation of cases and general disinfection took its place, and in the remaining 23 weeks of the year there were only five new cases of smallpox in Cleveland: four at once, apparently imported, in the week ended October 4th, and one case, December 21st. The previous epidemic of 42 new cases per week (which had held its own up to 149 new cases in June and three weeks of July, 1901) was thus extinguished down to five twenty-thirds of one case per week for the rest of the year, by Dr. Friedrich's sanitary measures *minus* vaccination. General alarm had of course subsided so far as Cleveland was concerned; for nothing to alarm the vaccine interests had as yet been publicly proclaimed. Then came winter and 1902, in which through the cold and early spring weather, 19 weeks to April 30th—making 42 weeks without vaccination—we find a total of 32 cases of smallpox, or an average of thirty-two forty-seconds of one case per week, against the preceding *forty-two whole* cases per week of vaccination.

We now come upon the much-bruited recrudescence of the disease in May, 1902 (96 cases), June (147), and July (117): 360

cases in the 14 weeks; or some 26 per week against the 42 per week of the vaccination period. No alarm, of course, was excited by these returns; but perhaps the greatest alarm and excitement about smallpox that this generation has witnessed had been already stirred up by the unwelcome announcement that the epidemic had been practically suppressed in Cleveland without vaccination.

Then, in the first of August, 1902, Dr. Friedrich, spurred on by vehement medical and official objurgation, resumed vaccination with great energy; and up to November 8th, where the latest *Bulletin* of the Ohio State Board of Health leaves us, he had achieved an average of 57 cases of smallpox per week; 814 cases in 100 days, 8.14 cases per day, of 56.98 per week; considerably more than twice as much smallpox per week under vaccination so far, as in the cold weather part of the non-vaccination period; and eight times as much smallpox per week as during the term of non-vaccination as a whole: which had been 392 cases in 56 weeks, or exactly 7 per week.

We should grieve to think that resumed vaccination wrought all this havoc. And yet, the only principle of the only pro-vaccination argument—*post hoc propter hoc*—would compel us to denounce the vaccine poison as the actual source of seven-eighths of all the suffering and mortality from this "dread disease." Logical consistency would require a pro-vaccinationist to accept this conclusion.

The faithful are terribly perturbed over the obstinacy of the people of Cleveland. Deceptive representations of the city's experience subserve a willing faith in the idol among medical partisans elsewhere; but the Cleveland people know how it is themselves, and all the juggling of the State Board of Health is worse than lost upon them. Loud is the wail over the impenitence of the citizens, who still cherish their convincing experience of deadly vaccination and sanitary redemption; over "the Mayor, who does not believe in vaccination, and advises his acquaintances not to be vaccinated;" over "portions of the population refusing vaccination, and other portions, too ignorant to be reasoned with, but secure in their faith that force cannot be employed on them;" over "parents and physicians (!) who strenuously object to the new vaccination rules of the School Council;" over "preachers who weekly harangue their congregations in opposition to vaccination;" while "agents and partisans of the vaccine manufacturers are demanding that the Health Officer buy this or that make of vaccine;" and so on.

HOW THE CITY OF LEICESTER, ENGLAND, WAS RID  
OF SMALL POX AND SO REMAINS.

Dr. Hodge (before quoted) says again :

I now call another witness, Prof. Alfred Russel Wallace, L.L.D., F.R.S., an expert statistician and one of the ablest scientific men of England. In his latest great scientific work, entitled "The Wonderful Century," Professor Wallace has devoted a chapter to the consideration of the most trustworthy statistics on a large scale, as relating to small-pox and vaccination. He tells us that in April of the year 1889, Queen Victoria appointed a commission of eight of the most distinguished medical men of England and quite a number of eminent men in other professions, to investigate the question of the effect of vaccination. This commission, we are told, spent more than seven years in its investigations, held 136 meetings, examined about 200 witnesses, and investigated six epidemics which had occurred in recent years at Gloucester, Sheffield, Warrington, Dewsbury, Leicester and London.

It is upon the evidence presented in the majority report of this commission that Prof. Wallace bases his statements and conclusions, some of which I herewith present. He has critically examined the early tests employed by the advocates of vaccination to prove the alleged protective influence of the practice, and has pointed out the fallacy and complete inefficiency of these tests. He has brought together an array of remarkable test cases which illustrate the utter worthlessness of vaccination. Of these crucial tests I shall be able to present but a few. "The first is that of Leicester, which for the past twenty years has rejected vaccination till it has now almost vanished and small-pox is almost unknown.

## HOW IT CAME ABOUT.

In 1872, when Leicester was a well-vaccinated city, it was visited by a small-pox epidemic and suffered a heavy mortality. The doctors had so overdone the business of coercive vaccination and public prosecution that the people rose, *en masse*, in open revolt against the propagation of the vaccinator's poison. This emphatic protest had the effect of checking vaccination and of diminishing the percentage of vaccinations to the number of births. From page 209 of "The Wonderful Century," I quote the following: "But immediately after the great Leicester epidemic of 1872, which was worse than in London, the people began to reject vaccination, at first slowly, then more rapidly, till for the last eight years (1890-98) less than five per cent. of the births have been vaccinated. During the whole of the last twenty-four years small-pox deaths have been very few, and during the twelve consecutive years, 1878-89, there was a total of only eleven small-pox deaths in this populous town." Thus we see the history of Leicester presents one of the best object lessons of the past thirty years; for, since its small-pox epidemic of 1872, its citizens not only rose in open revolt and rid themselves of the incubus of vaccination, but also instituted

## *How Leicester, England, was Rid of Small Pox. 13*

as thorough a system of sanitation as their crowded population of nearly 200,000 would admit of. Leicester, therefore, under the guidance of a creed, the main articles of which are founded on the teachings of sanitary science and obedience to the laws of hygiene, stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice and as a testimony that salvation from the contagion of small-pox lies in the direction of sanitary regulations and hygienic habits of life. In defence of the Leicester system, which is simply a system of thorough sanitation, the report of its medical officer for 1893 tells a story which should be emphatically and repeatedly impressed upon the mind of every health-board official throughout the civilized world. Addressing his townsmen, the Leicester health officer said: "You are entitled to great credit, more especially in the case of small-pox, which, by the methods you have adopted, has been prevented from running riot throughout the town; thereby upsetting all the prophecies which have again and again been made. I need only mention such towns as Birmingham, Warrington, Bradford, Walsall, Oldham, and the way they have suffered during the past year from the ravages of small-pox, to give you an idea of the results you, in Leicester have achieved,—results of which I, as your medical officer of health, am justly, I think, proud."

In the whole of the nineteen years, 1878-96 inclusive, unvaccinated Leicester had so few small-pox deaths that the Registrar-General represented the average by the decimal 0.01 per thousand population, equal to ten per million, while for the twelve years 1878-89 there was less than one death per annum.

Prof. Wallace produces official statistics which verify his affirmation that "The town of Leicester is, and has been for the past twenty years, the least vaccinated town in the kingdom. Its average population from 1873 to 1894 was about two-thirds of that of the Army during the same period. Yet the small-pox deaths in the Army and Navy were thirty-seven per million, those of Leicester under fifteen per million."

### SMALL POX AGGRAVATED BY VACCINATION.

"Before leaving Leicester," says Prof. Wallace, "it will be instructive to compare it with some other towns of which statistics are available. And first, as to the great epidemic of 1871-72 in Leicester and in Birmingham. Both towns were then well vaccinated, and both suffered severely by the epidemic. Thus:

	LEICESTER	BIRMINGHAM
Small-pox cases per 10,000 population,	327	213
Small-pox deaths per 10,000 population,	35	35

But since then Leicester has rejected vaccination to such an extent that in 1894 it had only seven vaccinations to 10,000 population, while Birmingham had 240, or more than thirty times as many, and the proportion of its inhabitants who have been vaccinated is probably less than one-half that of Birmingham. The Commissioners themselves state that the disease (small-pox) was

## 14      *Deceptive Pro-Vaccination Statistics.*

brought into the town of Leicester on twelve separate occasions during the recent epidemic, yet the following is the result :

1891-1894	LEICESTER	BIRMINGHAM
Small-pox cases per 10,000 population, 19		63
Small-pox deaths per 10,000 population, 1 (1-10)		5

Here we see that Leicester had less than *one-third* the cases of small-pox and less than *one-fourth* the deaths in proportion to population than well vaccinated Birmingham; so that both the alleged *protection* from attacks of the disease and *mitigation* of its severity when it does attack, are shown not only to be absolutely untrue, but to apply, in this case, to the absence of vaccination."

"This city," Alfred Russell Wallace notes, "had, during its whole period of nearly complete vaccination (1854 to 1873) a mortality much higher than that of London." It is now reduced to almost nothing; there have been since 1882 several successive years without a single case of smallpox in Leicester.

### HOW THEY MAKE STATISTICS.

If a man is vaccinated only once and does not take smallpox, he was successfully vaccinated; but if he be vaccinated a dozen separate and definite times, and takes smallpox, he was not successfully vaccinated, and all reports place such a person in the unvaccinated lists.

All sorts and conditions of men are vaccinated. One person is so strong he simply throws out the poison, and it don't take; the next is not quite so strong and it makes a small sore, nature confining the poison to a small space and it soon heals up and makes the typical "scar;" the next is still weaker and a large running ulcer comes, but it finally heals; the next still weaker nearly loses his arm, and the sore is months in healing; then comes one so weak that the system cannot localize the poison but it takes it into circulation, there to run riot and cause all sorts of secondary ills; the next still more delicate breaks out in running sores over the body, lasting sometimes a few months, sometimes for life, and lastly comes the one whose vitality is totally undermined and nature soon gives up the fight, leaving the victim to die from lockjaw, blood poisoning or any one of the sixty odd diseases directly or indirectly due to vaccination. Yet according to all medical authority of to-day, only the second class is vaccinated, but a careful perusal of this analysis will enable each and every reader to tell why only the first two are not liable to take smallpox.—*Vaccination.*

In 1892 some one had proposed the theory that vaccination was a prophylactic against influenza; determined to carry this to its logical conclusion, the writer re-vaccinated himself four times at intervals of a month with decreasing results, eventually with no reaction; since then he has regularly vaccinated himself every few months with absolutely no effect.—*Arthur Maude, in the Hospital.*

DO THEY REALLY BELIEVE IN VACCINATION ?

A late writer in favor of compulsory vaccination in schools, states the case thus: "the people who believe in vaccination insist that their own children shall not be put in peril by the presence of unvaccinated children."

This argument is truly unanswerable, provided that vaccinated children are nevertheless "*in peril*" of smallpox, while at the same time vaccination *would* prevent other children from taking it and giving it to the 'protected' ones. The writer quoted has put the case into self-contradiction admirably. Perhaps he is an anti-vaccinationist in disguise. Vaccination immunity cannot be really believed in by such as would prohibit unvaccinated persons as a peril to others who have "perfect protection" at command.

DOES RE-VACCINATION PROTECT ?

Andrewes (*London Lancet*), discusses susceptibility to revaccination. He judges that those vaccinated in infancy are the class which renders the number of attacks during an epidemic *larger in the vaccinated* than in the unvaccinated.

VACCINATION NOW REQUIRED AS "A STEADY DIET."

The inefficiency of vaccination to "take" has doubled and often quadrupled the trade of the manufacturers and vaccinators, through a new theory that it must be persevered in *ad infinitum*; the old theory that immunity to vaccination meant immunity to smallpox, having been thrown away, in order that every one may be vaccinated over and over again from day to day, until so full of the poison that it has to break out somehow in spite of all the resistance of nature.

Many will receive information on this subject only from vaccinators or vaccine manufacturers. We therefore confine ourselves mainly to such sources of information. Stumpf, for instance, writing in the *Muenchen Med. Wochenschrift*, gives some very carefully tabulated statistics (says the *Philadelphia Medical Journal*) of the results of vaccination in the kingdom of Bavaria in 1900. It appears that there were 171,000 children unvaccinated but considered fit subjects for vaccination, and 152,000 of them were vaccinated with 150,000 *positive results*. But of these same children 125,000 were vaccinated a second time, after the first and successful vaccination, and yet 121,000 of them a second time developed the same (vaccine) disease as before; showing that a 'successful' vaccination had generally not the least protective effect.

Vaccinators and serum injectors acquire diseases themselves sometimes, from their practice, but nothing else quite so bad as that of statistical strabismus.

SEQUELÆ OF VACCINATION.

Stumpf, in continuation of his article on vaccination, gives a frightful catalogue of sequelæ from the moderate number of 6,678

vaccinations in the single city of Munich. These "complications" he calls "slight;" but an anti-vaccinationist would be denounced as a malignant defamer if he were to collect such a showing from a million of vaccinations on the whole American continent.

In three cases there was a generalized eruption over the face and head. In three cases there was abscess formation of the axillary glands, and in one case a phlegmonous infiltration of the right shoulder. In the country districts acute cases of generalized vaccinia were reported. In a few cases pustules were conveyed by the children to other parts of the body. One child died shortly after vaccination. In several cases the children died of meningitis and diarrhoea shortly after vaccination. In other cases deaths were reported from pneumonia and bronchitis. Two children died of infantile convulsions. In several cases the local newspapers and the populace believed that the vaccination was the cause of death. One of these children had a typical attack of measles ten days after vaccination. Another child had diarrhoea followed by inflammation of the lungs several days after vaccination and died. In another case during vaccination the child became cyanosed, but subsequently recovered.

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#### BEGGING THE QUESTION—ALWAYS.

The enthusiastic Reynolds of Chicago Health Dep't asserts that 'successful' vaccination can be secured in every person; to this there is no exception—if you will only keep at it until you die. "A striking and hideous illustration of the evils of teaching insusceptibility to vaccination was furnished in the neighboring town of Hammond, in which a cashier in the bank was stricken with smallpox in its worst form and died. He had had four attempts at vaccination, and because it did not 'take' was told he was insusceptible to vaccination."

Quite possibly if he had kept on until he was pumped full of it, it might have 'taken' (as in thousands of frightful instances) and never let go even for smallpox.

#### BUT LOOK AT THE LOGIC.

Every answer made in behalf of vaccination to the overwhelming statistical evidence of its worthlessness for protection (not to speak of its pernicious effects, and the complete preventability of smallpox like other infectious diseases by sanitary measures)—every rebutting argument is based on one broad impudent begging of the whole question; namely, that vaccination does and must protect the individual and the public against smallpox; which premise all are called upon to accept and argue according thereto. It is therefore argued, with all the serenity and complacency compatible with much angry pride of opinion and self-interest, that although the immense armies and navies of Great Britain, France,

Germany, Italy and America, are imperatively 'vaccinated' to a man, and yet continue to be vast foci of the infection, with aggravated proportions of mortality from smallpox, every year; nevertheless these facts *can not* prove anything, except that in such cases of smallpox the victims, by some mistake, had not been truly vaccinated. Why? Because no truly vaccinated person ever caught smallpox or ever will—Q.E.D.!

These be thy gods, O modern Medicine! Can denser stupidity in reasoning, or blinder tenacity of barbaric tradition, be found in the Central African forests?

SAME AS WE HAVE IT.

In the Rukura Valley, East Africa, just now there is a revival of sorcery called *kayeyi*. Certain witch doctors claim to have a medicine which makes men proof against curses and death. If the people do not give them sheep, goats, etc., they refuse to inoculate the people with *kayeyi*, and unless they are thus inoculated they will curse the people and they will all die. The people strangely give heed to these assertions, and while under the sway of these impostors dare not listen to reasonable teachings.—*Exc.*

MORE POWER WANTED.

The development of more dosage to secure success with diphtheria antitoxin, is also demanded in the practice of vaccination. S. H. Durgin, Chairman of the Boston Board of Health, calls the attention of the medical profession to the fact that there are *too many cases of smallpox occurring among those that have been vaccinated*, and he believes that this is due to not vaccinating enough.

VACCINE LOSING EFFICACY.

The number of successful vaccinations in the French Army has decreased markedly since 1897, says Dr. Vaillard in the *Archives de Médecine et de Pharmacie Militaires* for November, 1901. In 1894, successful vaccinations numbered 72 per cent., now they are only 60 per cent.

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NO GOOD IN THE BEST, BY THEIR OWN MUTUAL TESTIMONY AND BACTERIAL TESTS.

The barbaric idea of thrusting morbid virus into human veins to forestall and neutralize its accidental access, has received a succession of severe rebukes, not only from its appalling mortality, but also from the proof and publication of the fact that the desired immunity of individuals is not less but more effectually secured by reducing the virus to a *non-pustulant dose*, taken internally; or, again, that the better and more practicable protection of communities is found in vigilant cleaning up, disinfection, and isolation of cases; or, still more effectual in the public mind, that all vaccines, according to vaccinationist authorities, and by the mutual ac-



cusations and scientific demonstrations of the makers themselves, are complicated, as germ diseases are apt to be, with mixed bacterial infections worse than themselves, and lately found in practice more deadly than smallpox; the fatal (*dirt*) germ of tetanus, which finds its constant host in the herbivorous or stall-kept animals in which the cultures of vaccine and anti-diphtheritic serum are made, having lately put in a terrible campaign of destruction, in many cities, of the subjects of both vaccine and antitoxin toxination.

It is useless and it is fraudulent to encourage the alarmed public to put its trust in vaccinia, etc., from "responsible" manufacturers, in view of the showing which the same manufacturers have *unanimously* made of each other, and which responsible investigators have made of the whole of them.

In consequence of many dangerous results of vaccination during a smallpox epidemic in Chicago, The Columbia Medical Laboratory analysed the product of *ten* well-known concerns, each of which averaged a high proportion of pus bacteria, and one great firm declare, on their 'high responsibility,' that *all* those who have tried other vaccine than their own "almost invariably got septic infection!"

In a paper read before the District of Columbia Medical Society, Dr. Walter Reed, Surgeon in the U. S. Army, reported that he obtained bacteria in average numbers per point from five of the leading originating farms, ranging from 383 to 73,330!

He says: "As regards the presence of *pathogenic* bacteria, colonies of these were found in *all* the plates from the farms whose virus was subjected to examination. . . . *I did not fail to find pus cells on the cover slips from any of the points.*"

The following is from the Journal of the American Medical Association:

"Dr. Gustave Futterer, professor of physical diagnosis in the Chicago Polyclinic, communicates some rather alarming information concerning the vaccine points of commerce. With all the necessary aseptic precautions on his own part, he finds on bacteriologic investigation *at least one kind of micro-organism present on every point examined*. Some of these, it is true, are of little importance, but it will throw considerable light on *the frequent untoward sequelæ of vaccination* to learn that out of seventy-five points obtained from different sources and submitted to detailed examination fifty-five (or 73 per cent.) *revealed the presence of pathogenic micro-organisms*, the streptococcus aureus, etc., and 10 (or 13 per cent.) *were infected with the streptococci of erysipelas and phlegmon.*

#### THE GLYCERINATED VACCINE.

Dr. A. McWeir, in the *British Medical Journal*, says that for years he used "glycerinated calf lymph," but abandoned it because "(1) the per cent. of failures was very high; (2) very bad arms resulted; (3) a diffused papular eruption was very common."

*The Sanitary Review* (England) of March, 1898, says: "Laboratory workers have about come to the conclusion that it is at present impracticable to produce a sterile vaccine. The results of the use of this so-called 'germ-free lymph' have not been to secure freedom from the inflammatory complications of vaccination. On the contrary, it is the general testimony, given by those who have experimented at length with such lymph, that inflammatory reactions occur in about the same proportion of cases as before this lymph was introduced."

A German official report tells of eleven deaths from it in 1874, and many doctors petitioned the Reichstag against it, calling attention to disasters from it. The worst was the recent wholesale one on the isle of Rugen, North Germany, when about 320 children and adults were injured by the use of glycerinated calf-lymph, obtained from the government establishment.

The following is from an editorial in the *London Lancet* of January 7, 1899:

"Up to the present, of glycerinated lymphs derived from eleven or twelve sources, it is found in one instance only was the lymph really good. . . . One sample of lymph was exceedingly bad, another brand was good on one occasion and bad on another, and another which was fairly good on one occasion was bad when examined a second time."

#### IMPURITIES INSEPARABLE FROM VACCINIA.

McFarland (*Jour. Am. Med. Ass'n.*), says that in spite of the precautionary measures taken to prevent the entrance of micro-organisms into the vaccine lymph, the virus becomes contaminated with three classes of micro-organisms. "1. Those specific of vaccinia. 2. Those normally living upon the skin of the animal. 3. Those accidentally entering from the dust of the stable. The virus through unavoidable accident, may contain *infectious organisms*. The most important of these are the skin cocci which occasion severe local lesions, and the tetanus bacillus which has done considerable mischief of late.

#### IS VACCINIA ANYTHING BUT SYPHILIS?

Vaccinia is, in all probability, a modified form of syphilis, as has been clearly pointed out by Dr. Chas. Creighton, of London, and Dr. Crookshank, professor of Pathology and Bacteriology in King's College, London, two of the highest living authorities on these subjects. Dr. A. W. Hutton, another eminent authority says: "The syphilitic nature of cow-pox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics."

Dr. Charles Creighton, who was employed to write the article on Vaccination in the ninth edition of the *Encyclopædia Britannica*, because he was considered the ablest living authority on that subject, says: "The real affinity of cow-pox is not to small-pox, but to the great pox. The vaccinal roseola is not only very like the

syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena." To the scientific physician, conclusive evidence of the real affinity of cow-pox is furnished at a glance, by the pathological diagnostic table of M. R. Leversón, M.D., LL.D., which formed the basis of his thesis read before the American Association of Physicians and Surgeons at Indianapolis in January, 1896, and which has been now for more than six years unquestioned by the profession. This table, a copy of which I now present you, is a condensed statement in parallel columns of the primary and secondary symptoms of small-pox, cow-pox and syphilis from the separate descriptions of the most renowned authorities upon these several diseases. It shows an almost complete likeness between the two latter and a total unlikeness of each to small-pox. Thus we come face to face with the gravest and, at the same time, the most disgusting aspect of the whole vaccination problem. Here we have some of the highest authorities who have produced the clearest evidence showing that vaccinia is modified syphilis. The chronic and protean manifestations which at times follow vaccination, must have impressed us all with their close analogy to syphilitic lesions.

#### VACCINE VIRUS IS SYPHILITIC VIRUS.

The analogy of cow-pox and syphilis was held by Auzias-Turenne. Prof. Fournier says, "A real and serious danger incurred in vaccination is that every individual is destined to undergo, one or several times in his life, the danger of vaccinal syphilis. For myself alone, I have knowledge of two actual epidemics of that disease."

Ricord is eminent and accepted authority. "The fact is obvious," wrote M. Ricord, in 1862, "that if ever the transmission of syphilitic disease by vaccination is clearly demonstrated, then vaccination must be altogether discontinued." In 1863 Ricord accepted, "reluctantly and with repugnance," the evidence showing the frequent transmission of the disease.

#### ANALOGY BETWEEN SYPHILIS, SMALLPOX, AND THE SUBSTITUTIONARY DISEASE OF VACCINATION.

"A distinct parallel, which has been pointed out by Jonathan Hutchinson, exists in the course of syphilis and smallpox, measles, scarlatina, etc. All these diseases are due to a special and distinct poison which is introduced into the body. After a period of incubation during which the virus increases in volume its quantity becomes so great that the organism is saturated with it, and constitutional symptoms occur. Each disease runs its own definite and self-limited course, and afterward a condition of immunity follows [or may not] which lasts for years."—*Dr. Henry H. Morton's Treatise on Syphilis, etc., page 292.*

VACCINIA NOT A CULTURE FROM SMALLPOX—WHAT IS IT?

The Association of American Physicians at its late meeting, heard from Dr. Wm. H. Park, of New York, some experiments on the nature of vaccine virus. He had attempted to produce vaccinia in calves by inoculation with smallpox, but without result either when the virus was inoculated into the calf directly from man or through the monkey. In some cases he succeeded in producing a few discrete papules a long time after the inoculation and on a part of the udder away from the incision, and he thinks that these may have developed from accidental infection in the vaccine laboratory—[or from syphilitic milkers?]

SMALL-POX A FILTH DISEASE, AND VACCINATION ITS HANDMAID.

Belief in this curious dogma has tended to foster a disregard for cleanliness. By leading people to overlook the real cause and to neglect the true preventive of small-pox, it has done much to obstruct the progress of truth, and to retard the evolution of hygiene and sanitary science.

Instead of having been instructed by their family physicians to observe the laws of health and to avoid the causes of disease, people have, on the contrary, been taught, for a century, to rely upon a fetch for immunity from a filth-disease. The only measure which has been found competent to cope with small-pox and other zymotic diseases is cleanliness. As people learn to keep their dwelling apartments clean and well ventilated, their streets and alleys free from the accumulation of filth, their water supply pure, their food free from injurious adulteration, their bodies free from the accumulation of effete tissue, by taking plenty of exercise in the open air, they rise superior to the thralldom of zymotic disorders.

Prof. Alfred Russel Wallace has proven by the testimony submitted in the Majority Report of the Royal Commission of Inquiry on Vaccination, that the cow-pox practice instead of protecting its subjects from the contagion of small-pox, actually rendered them more susceptible to it. This conclusion based upon facts is in harmony with the physician's daily observations and experience. Health is the ideal state to be sought for and attained, not disease. Disease should always be avoided. Every pathogenic disturbance in the infected organism wastes and lowers the vital powers, and thus diminishes its natural resisting capacity.

After a careful consideration of the history of vaccination and small-pox, and after an experience derived from having vaccinated more than 3,000 subjects, I am firmly convinced that Edward Jenner saddled a legacy of disease and death upon the human race, and incidentally made \$150,000 by the transaction; that the practice of vaccination has been the means of disseminating some of the most fatal and loathsome diseases, such as leprosy, cancer, syphilis, tetanus and tuberculosis; that vaccination is not only useless, but positively injurious; that instead of protecting its subjects from the contagion of small-pox, it actually renders them more susceptible to it by depressing the vital powers and dimin-

ishing natural resistance; . . . that the community which has sanitary surroundings, a pure water supply, wholesome food, good health and freedom from the blood-poisoning incident to vaccination, need have no more fear of small-pox than of measles; that Leicester stands out clear and distinct above all the other cities in England, both as a rebuke to the vaccine practice, and as a testimony that salvation from the infection of zymotic diseases lies in the direction of sanitary regulations and hygienic habits of life; . . . that small-pox is a filth disease which ever follows closely upon flagrant violations of the laws of hygiene and sanitation; that the occurrences of all the great epidemics of small-pox have coincided with periods of sanitary neglect; that cow-pox and venereal-pox have much in common; that the analogy between the manifestations of vaccinia and those of syphilis are so close that several of the most eminent pathologists of the world regard cow-pox as a modified form of syphilis; that the condition set up by vaccinia is often chronic and as protean in its manifestations as in syphilis; that the identity of cow-pox and syphilis was first clearly pointed out by Dr. Hubert Boens-Boissan in 1882; that so-called "spontaneous cow-pox" is a myth; that cow-pox is a disorder not natural to the cow; that it never occurs in bulls or steers, nor in young heifers that have never been milked; that it is a disease of milch cows which has been communicated to them from sores on the hands of milkers who were suffering from the "bad disease."—DR. J. W. HODGE.

#### AMPLE RESOURCES IN MEDICINE AS WELL AS IN SANITATION, FOR THE ARREST AND PREVENTION OF SMALLPOX.

While there is no effectual barrier against infectious epidemics, whether of smallpox, cholera, plague, yellow fever, etc., except sanitary precautions, all authorities agree that by various treatments known to the profession, in different schools, the disease of smallpox in the individual case is one of the most easily controlled. We quote a few for the encouragement of the timid, who may incline as they please to one or another their favorite type of medicine.

##### WHY SMALLPOX FRIGHT?

J. N. McCormack, the veteran Health Officer of Kentucky, says in the *Journal of the American Medical Association*, that his experience leads him to believe that smallpox is slightly, if at all, contagious until the beginning of the pustular stage, and he thinks that if the patient with smallpox can be removed from the house or the other inmates separated from the patient before the pustular stage, the danger of communicating the disease is scarcely worth considering.

The cause of this humiliating condition of things is largely the prevailing senseless and exaggerated fear of small-pox as a disease. Old Dr. Sydenham, sometimes called the "father of medicine," who

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lived in those times supposed by modern physicians to be distinguished for the "terrible ravages" of this disease, said that "if no harm be done by doctor or nurse, small-pox is one of the mildest of all contagious diseases." It is true that one hundred years of vaccination have increased the possible virulence of small-pox, but even now if properly treated it is easily handled. "Boards of health," however, do not want the terror removed from this disease, as in that event the fetich of Vaccination would lose many of its worshippers.

### **REMEDIES AND PREVENTIVES FOR SMALL-POX.**

These are turning up almost as thick as remedies for hiccough. Dr. E. H. Judkins, of Boston, in the *Maine Medical Journal*, presents cream of tartar as a remedy that "when combined with certain antiseptics (sometimes even alone) will not only tend to prevent, but often positively cure the disease.

"How it prevents, or why another remedy, like a large tablespoonful of pure cider vinegar in half a cup of water four times daily, may also prevent the disease, I do not stop to attempt to explain. (It may be said, also, that the same sort of vinegar, applied externally, will allay the itching and largely prevent the pitting in small-pox, although it may not be so effective, or scientific as 'carbolate of camphor' ointment—one part of crystallized carbolic acid, three of camphor and three to five parts vaseline—which will soon quiet the most intense itching. See Forster's Therapeutic for this.) Either application may be used at same time with salol (a dram a day, as given by Begg: *Brit. Med. Journal*, June 2, 1900—or say 15 grains every four hours) which alone has prevented pustulation.

If any doctor, of to-day, is too 'scientific' to now use pure cider vinegar, he knows, no doubt that Ingalls and Yearger treated thirty-six cases of small-pox with baths of bichlorid without a death. (A six foot tub beside the bed, with a warm solution, 1:10,000, immersing patient 10 to 12 minutes, twice daily, has reduced the mortality to a minimum of nothing. *Jour. Am. Med. Asso.*, April 28, 1900.)

"As to the drug treatment that I have found to prevent disease to a large extent, apparently it has certainly effected the purpose equally in several cases of severe vaccinia and stopped the action of the vaccine virus; so that, in at least one instance the doctor said it was not 'taking' and threatened to do it over, but desisted when the medicine was omitted and the action began again.

I now use the acid salt (*potassii tartras acida*) obtained from crude tartar deposits during fermentation of grape juice. This I sometimes combine with sulphur and some 'antiseptic,' of course; and as I employ eucalyptus, and wish to be 'scientific'—as well as add to the limited technical, not to mention pharmaceutical terms of the present day—I name the preparation, 'Argolyptol.'

### **CIDER VINEGAR AS A PREVENTIVE.**

The vinegar treatment as a preventive against contagion of

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smallpox, introduced by Dr. C. F. Howe, county health officer, Atchison, Kansas, has been efficient in several hundred cases of exposure in the city of Atchison and Atchison county. It is claimed that anyone, vaccinated or not, can nurse a case of smallpox without fear of contracting the disease if, at the same time, he uses the vinegar in tablespoonful doses four times daily in half a cup of water. To get the immediate control of a smallpox epidemic in a community, everyone should take a course of vinegar for a week, whether exposed or not. Dilute vinegar applied locally will control the itching of smallpox.—*Am. Med. Journal*.

### THE LIGHT TREATMENT OF SMALLPOX AND OTHER SKIN DISEASES.

Phototherapy is slowly earning legitimate recognition. S. Bang, of Copenhagen, has recently published an interesting summary of the work done in Finsen's Institute. The most remarkable results it appears, were obtained in the treatment of smallpox cases in the "red-room." This method of treatment sufficed, in practically every case in which it was begun sufficiently early, to suppress the secondary suppurative stage which constitutes the most serious period of the disease. It is at this time that the vast majority of the deaths from the disease take place. The results obtained so far are encouraging; the treatment is not purely empiric, but is founded on a rational experimental basis.—*American Medicine*.

### PHOTOTHERAPY FOR SMALL-POX.

An English scientist points out that this method of curing the disease was used in England centuries ago. John Gaddesden, who wrote the famous medical treatise, "*Rosa Medicinæ*," and who died in 1361, treated the son of King Edward I for smallpox by wrapping him in scarlet cloth and placing him in a bed and room with scarlet hangings, and the patient recovered, never showing any trace of smallpox. There is also evidence that other physicians believed in the virtues of phototherapy, and adopted it to cure certain forms of skin disease.—*Phila. Med. Jour.*

### CLINICAL RECORD OF BLOOD TREATMENT IN SMALLPOX.

Charles P., age 16, American. Diagnosis incipient smallpox. After regulating his secretions he was put on bovine, a teaspoonful every two hours. He made a complete and rapid recovery. The eruption which appeared in due time was characterized by small pus deposits. To prevent the face from pitting, a cloth saturated with bovine was kept over the entire face and neck. At the time of his discharge there was not a single scar on his face.

I wish to state here that the local action of bovine is such as will undoubtedly prevent pitting in smallpox cases.—*T. J. Biggs, M.D., Sound View Hospital, Stamford, Conn.*

### THE HOMŒOPATHIC 'SIMILE' OF SMALLPOX.

In the disease of horses known among veterinarians as 'Grease' there appears a discharge which, when conveyed to the udder of cows by careless milkers, produces an eruption almost identical

with the pustules of variola. This was erroneously called *Malandars* (from a closely related dry disease), and from it has come to us the name (*Malandrinum*) given to the morbid product under consideration, which, when potentized, becomes, homœopathically, a preventive of the similar disease.—*Dr. W. J. Guernsey, in The Critique.*

**MEDICAL PREVENTION OR ARREST OF SMALLPOX.**

Besides the strictly similar antagonist of smallpox, which many experienced practitioners prefer, there is not only the regular vaccination (which is homœopathic or isopathic, according to the question of cowpox being analogous to, or identical with, smallpox) but there is also a distinctly isopathic immunizer derived from variola itself and so identical with Jenner's original virus for inoculation, with the difference from inoculation and vaccination both, of avoiding the *pustulant dose*. We copy the following clinical statements by H. M. BISHOP, M.D., of Los Angeles, Cal., of the effect of the Jennerian immunizer as attenuated and non-pustulant; or '*Variolinum*.'

I never yet, through considerable experience with the disease in upwards of a quarter of a century, have seen a case whose progress in development was not arrested by the time the variolinum had been given four or five days.

"A man called at my office in the chilly stage of fever, having the aspect of one severely ill. I felt sure that he was coming down with the disease, and sent him to his room. I prescribed Variolinum every two hours, taking a dose myself, and gave such other remedies as the various symptoms indicated. For three days the fever raged. On the evening of the third day a most profuse papular eruption appeared, accompanied with a subsidence of the fever. At this juncture the health officer, a physician of extensive experience in the old school, visited the patient with me, and found the eruption assuming the vesicular form, so that the merest tyro in diagnosis could have named the disease. The next morning an ambulance, with helpers, arrived in front of my patient's abode. When the health officer entered the room, the astonished look on his countenance was only equalled by the change that had come over the aspect of my patient, for the eruption on the latter had ceased to develop, and was shrinking away. He was not carried to the pest-house, but in a few days was up and around.

"I cite a confluent case in the wife of a prominent merchant of Norwich, Conn., where the dermal swelling had already closed the eyes and submerged the other facial features, when the health officer arrived to inspect the case. He told the husband it was one of the worst forms of the disease, and with an ominous shake of the head prophesied dire occurrences on the ninth day. On the ninth day, however, she was convalescing, had no secondary fever, and no scarring of the face.

"In the epidemic that created so much consternation in Los An-



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geles two years ago, I was called to see a case decidedly confluent in a child of three years. None of the family had ever been vaccinated. The officials of the Health Department tabulated the case among the probably fatal ones; the mortality in variola vera in children of such tender years being computed at 90 per cent. Remember, the case was an infant, unvaccinated, with confluent small-pox, and that I did not begin with the Variolinum until the evening of the fifth day of attack. After the remedy had been given four days, the nurse said to me, "Why, Doctor, I never saw a case act like this; the pocks have ceased to develop, and he is getting well." Her astonishment was great, for she had told the husband that the patient must die. I made twelve visits and left the patient convalescent, and he has remained well and robust.

"A week after the recovery of his little son, the father came down with an attack of the confluent form, threatening the hæmorrhagic variety. He was of a full plethoric habit and sanguine temperament, developing high fever and delirium; but Variolinum rescued him, notwithstanding he had an adverse nurse who was not punctual with the remedy, and who was constantly urging him to take cold baths and other heroic procedures of old-school regime."

### SMALLPOX—"WHAT REMEDY DO YOU USE?"

[DR. WELLS LE FEVRE, PINE BLUFF, ARK.]

Many letters of inquiry in regard to the article on *Internal Vaccination*, as it appeared in the June *Medical Century*, exhibit no little interest in the subject, and I take this method of answering several questions they contain.

"What remedy do you use?" is the question that occurs most frequently. I answer: Any remedy from Abies to Zinc, just as one should in the treatment of any disease. First seek all the peculiar symptoms of each patient and prescribe on the totality of them, when this is possible. When this is not possible for any reason, then make an empirical prescription of the "genius epidemicus." In one epidemic through which we passed this was found to be Vaccinium or Variolinum. The writer was unable to discriminate. If I were limited to the use of one remedy to prevent smallpox that remedy would be Malandrinum.

"What effect has vaccination by scarification and internally at the same time?" I have never seen vaccination by scarification "take" on one who had the internal remedy three days previous to the scarification. For four years I have had a standing offer of \$5 to any man who will produce a true vaccine pustule by scarification on one who has taken "internal vaccination" under my direction. This was first made in the nature of a bluff, and I really expected to lose on the challenge. It has been attempted several times, but I have not lost yet.

"How do you get around the requirement of a board of health that everyone must be vaccinated?" I don't get around it, brother, but go right through the center of it, and ask them where they

get the authority to dictate how I shall prescribe for my patients, either to prevent or cure disease. This state has qualified me as a physician.

**MALANDRINUM.**

Malandrinum is a nosode from the disease called 'grease' in horses. 'Grease' conveyed from horses by grooms to the cows appears as cowpox and the same disease carried to sheep is known by the name scab.

Malandrinum, potentized, is a useful medicine in the treatment of variola, and given as a prophylactic, it proves to be of so much greater power, that vaccination does not "take," on persons who have taken a few doses of Malandrinum in the five thousand<sup>1</sup> potency at intervals of two to seven days, going about their work in the midst of an epidemic.—*J. S. Watt, M.D., Brookville, Kan.*

**THE WAY THE WORLD HAS BEEN HUMBUGGED.**

**VACCINATION WAS BASED AND IS SUPPORTED ON PERSISTENT  
FALSIFICATION OF STATISTICS.**

Dr. W. B. Carpenter, author of the well-known *Physiology*, stated in the *Spectator* of April, 1891, that "a hundred years ago the smallpox mortality of London alone, with its then population of under a million, was greater in a six months' epidemic than that of the twenty million of England and Wales together is now in any whole year." But facts well known to everyone are that the very highest smallpox mortality for a year in the last century was 3992, in 1772; while 100 years later, in 1871, it was 7912 in London alone, and for England and Wales it was 23,000. His amazing and almost incredible mis-statement was pointed out and acknowledged, yet was never publicly withdrawn.

Mr. Hart, editor of the *British Medical Journal*, in his statement upholding vaccination multiplied the former century official enumeration by six. In a later edition this estimate was omitted; but in the first edition it could have been no misprint, for it was triumphantly dwelt upon, over a whole page, and compared with modern rates of mortality.

In 1884 the tracts published in England to advocate vaccination had multiplied the early mortality three or four more times.

In Boston, Authority, fearing popular "prejudice," last winter concealed the discovery of a tuberculous heifer which had largely yielded her vaccine virus for the "protection" of the city. Two tuberculous cows were lately found near Boston, which had been repeatedly used for vaccination purposes during several months, thus furnishing the material for thousands of vaccinations. The Health Board concealed the discovery of these diseased vaccine foci, "to prevent the refusal of vaccination by the public."

Since vaccination is rejected by all high-class Hindoos, at Madras and throughout Bengal advantage has been taken by government officers of the reverence of the people for their ancient sages to influence them into vaccination by forgeries, purporting to be Sanscrit Laws of Inoculation, from ancient parchments.

## 28 Dishonesty in Pro-Vaccination Statistics.

After demonstrating that the testimony influencing the Royal Commission simply substituted for the original figures other figures favoring vaccination, Wallace says: "When we consider that these falsifications, mis-statements, concealments, and denials of injury, have been going on throughout the whole country; that penal legislation has been founded upon them; that homes of the poor have been broken up; that thousands have been harried by police and imprisoned and treated in every way as felons; and that thousands of children have been certainly killed by vaccination during the last twenty years, and a much larger number injured for life, we are driven to the conclusion that those responsible have been guilty of a crime against liberty, health and humanity, which will be universally held to be one of the foulest blots on the civilization of the nineteenth century."

### THE MENDACITY OF SELECTED STATISTICS.

The British Medical Association is quoted on "Small Pox and Vaccination" in figures, of which the test happens to be handy in one instance, and is a beautiful instance of the deceitfulness of selected partisan statistics. The city of Leicester, England, is cited, to the effect that in 1894-5, of the deaths from small-pox only 2.05 per cent. were among the vaccinated, but 43.6 per cent. were of the unvaccinated. This looks strong, but evaporates instantly before the recollection that Leicester was then already, and had been for eight years or more, practically an *unvaccinated town*, where any deaths from smallpox *must* occur mostly among unvaccinated persons, because there were hardly any others there. That half the deaths in that epidemic, or probably nine-tenths, were of white or English people, should prove, to the satisfaction of any regular disciple, that it is dangerous in the extreme to be of that color or race, while negroes are singularly immune.

### DECLINE OF SMALLPOX IN LONDON—ONE KIND OF STATISTICS.

If it was not vaccination that caused the decline, what was it? From 1871 to 1885, **London was well vaccinated**, only seven births in every 100, on the period average, escaping vaccination. And in that period the average smallpox mortality per million was 400, and the great epidemic of 1871-2 killed 2,422 per million. Then came a great change. In 1885 the system of extramural isolation was adopted, the cases being removed to the hospital ships down the Thames. And from 1886-95, with an average vaccinal "default" of 15 per cent.—that is, with more than twice as many births escaping vaccination—the average mortality sinks to ten per million, and the worst that smallpox could do in any one year was only forty-eight per million; thus showing that it is our sanitary measures that have stayed the steps of smallpox, even as the same measures have overthrown others of the same zymotic tribe, driving out plague, typhus and leprosy forever, and depriving the other fevers of all but a fraction of their terrors.

London, England.

ALFRED MILNES.

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### DISEASES FROM VACCINATION.

Sir Thomas Paget writes: "The progress of the vaccine or variolous infection of the blood shows us that a permanent, morbid [which he calls beneficial] condition of that fluid is established; and in the tissues themselves altered by inoculation it is also established by the action of these specific poisons."

The English Digest of Parliamentary Returns, No. 488, Session of 1878, under "Vaccine Mortality," records 25,000 deaths of children from diseases of vaccination, to occur annually.

The Commission in British India, in an early epidemic, found the malignant effects of vaccination transcending those of small-pox, and for the time discontinued the process.

At Dordrecht, Holland, in 1882, the officials desisted from vaccinating, "the garrison having been decimated by a degeneration of the vaccine pustules; the pustules spread, coalesced, the patients had fever, delirium and generally died in a few days."

Vaccine disease, completely disabling a large working force at Bremen, in 1883, resembled cirrhosis of the liver, with jaundice and complete prostration.

Disastrous epidemics of vaccine erysipelas, terminating fatally, occurred at St. Petersburg among both children and adults.

Between November, 1888, and November 1891, one hundred and thirty-two cases of inflammatory or septic disease (mostly erysipelas), terminating fatally after vaccination, were analysed by the local Government Board for the English Royal Commission.

Lewis P. Fairbanks of Halifax had over two hundred boils as a result of vaccination.

In May, 1900, Stephen Fairbanks of Montreal, was vaccinated in obedience to an edict of the board of health. In a few days his face became covered with sores, and all summer his arm was "running with matter."

Miss Nora Piers of Halifax was vaccinated in January, 1902. Before that time she had always been in perfect health, but shortly after the operation the virus went to her hip, and for days she had to be carried up and down stairs.

Mr. Stewart, Superintendent of the Dominion Express Co., Montreal, had continuous boils and abscesses under both arms for two years after vaccination.

A case (in the sixth report of the Royal Commission) is described by Dr. Thomas Skinner of Liverpool, of "a perfect vaccination." "Three days after [after the 8th], I was called in haste to find the young lady in one of the most severe rigors I had ever witnessed, such as generally ushers in surgical or puerperal fever. She died of the most frightful form of blood-poisoning I have ever witnessed. Within twenty minutes decomposition set in, and in two hours so great was the bloated and discolored condition of the head and face that there was not a feature of this once lovely girl recognizable."

## 30 Some of the Terrible Effects of Vaccination.

### HOW VACCINATION PREDISPOSES TO DEATH.

A well-known Philadelphia physician, Dr. Allen, of Frankford, who has been in practice over thirty years, told us that in his experience every child that died of diphtheria had been vaccinated, while he could not recall a case of an unvaccinated child dying of that disease, and when attacked they always had it in the mildest form. He had made a special study of this while charity physician in one of the districts of Philadelphia some years ago.

The protest of experience grows more and more earnest during the past decade. I venture to believe that every practising physician is aware of cases of life-long disease from vaccination, and of deaths in proportion. And the record of the daily press and of humanitarian journals cannot be ignored, where instances with details of malignant infections, deformities, ulcers rotting to the bone, pneumonia, meningitis and fatal sequences often professionally described, aggregate very large numbers; with further developments—usually in the physician's records, of chronic vaccine afflictions—paralysis, total blindness, spinal contractions, dropsies and permanent ulcerations and eruptions. The germ development of the teeth in infants is aborted in thousands of cases, consequently indigestion, marasmus, and easy yielding to prevailing epidemics.

### A PREPOSTEROUS EXPECTATION.

"Jenner and his disciples have assumed that when the vaccine virus has passed through a patient's system he is safe, or comparatively safe, against smallpox, *and that there the matter ends*. I will not here say anything for or against this assumption. I merely propose to show that there the matter does *not* end. The interference with the order of nature has various sequences other than that counted upon. . . . If the substances composing the body, solid or liquid or both, have been so modified as to leave them no longer liable to smallpox, is the modification *otherwise inoperative*? Will any one dare to say that it produces no *further* effect, than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one agent and leave it unchanged in regard to all other agents."—HERBERT SPENCER.

### LEICESTER'S PROTEST.

Mr. N. George Stathum, a brother-in-law of the present Mayor of Leicester, England, spent last summer at home in England. He says: "The feeling against vaccination is strong among the cultured classes, and also on the part of physicians and surgeons I met at Leicester and elsewhere. The older medical men, who have seen variola at its worst, especially inveighed against vaccination, as greatly increasing the chances of taking small-pox and aggravating its violence when it is incurred."

"Here," says Dr. Oswald, "an intelligent and law-abiding community saw such complete failure in the promises of vaccination, as well as results so frightful that, since the indignation assemblies of 1872, with processions in which thousands of staid citizens joined, the processes of vaccination have simply been ban-

ished by force of the established public opinion. Rigid sanitation is enforced and the death rate from smallpox is now lower than that of any other large city in Europe or North America."

A COMPANION PIECE TO THE SPANISH INQUISITION.

Household censuses show that in 100 English towns, 87 per cent. of the voters are opposed to compulsory vaccination. Yet the whole board of Keighley was imprisoned for stating the conviction of its constituents, and hundreds of objectors (clerks, mechanics, clergymen), with intelligence and affection to justify resistance, have been jailed in companionship with criminals, in typhus-infected cells, stripped of proper clothing, starved, beaten, fined to the extreme limit of the law, or when unable to pay, re-committed with hard labor. This or forcible vaccination.

"I was visited in prison," says Mr. Nye, of Chatham (who, after losing three children by vaccination, resisted further compulsion, and was imprisoned), "by a chaplain who had had smallpox himself after having been vaccinated. For my refusal, on the death of my third [vaccinated] child, to accept vaccination of the fourth I had been sentenced to thirty-one days of trench work."

Under the tyranny of Massachusetts health boards—with death-rates not at all decreased by rigid vaccination in Boston—resistants are pinioned by police officers and vaccinated.

Within the memory of the writer, voluntary vaccination was a matter of course, and compulsory or even insistent vaccination was unheard of. Now, people are terrorized by vituperation or else compelled by fine and imprisonment or by loss of school for their children after paying for it, to submit their persons to violation. Consequently, vaccination has become a public terror in place of smallpox, few voluntarily submit to it, and a growing majority are firmly opposed to it. And which will overcome in this bitter fight? a few rabid doctors, or the mass of the people?

THE COMPULSORY VACCINATION CONFLICT IN MASSACHUSETTS.

Massachusetts is a noble state for ideas, usually humane and free, but when she gets a fad she is apt to "have it bad." In the old Cradle of Liberty they are having it out again with the medical Tories, which, like their prototypes in 1776, are more odious there than anywhere else. The idea of "imperialism," and "benevolent assimilation" to smallpox by force, appears to have its focus in Boston. But the spirit of '76 is rising, and will try its strength once more against paternal imperialism. The cases of prosecution by the Boston Board of Health are still fought in the courts for a determination of the limits, if any, of medical 'police power'? What a question!

In Somerville, Mass., it is alleged that compulsory vaccination has been established, and "there is to be absolutely no loop-hole of escape;" but the *Record* says that "some interesting developments are promised by several leading residents" of that city, and that there are definite plans to combat the edict and take the matter to the courts. Legal counsel has already been retained. But the inoc-

ulators have begun with the poorer sections and the appropriations may be exhausted before they reach the leading residents. Dr. Charles E. Page remarks that the virus-dispensers know that to begin at the other end, with the rich and well-to-do, would be pretty certain to close the profitable engagement, before the poorer classes were reached.

#### REFORM IN THE AIR!

The Health Department of New York City reported, for 1870-71: "The especial prevalence of smallpox in countries where vaccination has been long and efficiently practised and its occurrence in most fatal forms in persons who gave evidence of having been well vaccinated, must lead to a re-investigation of the whole subject and of its claim as a protecting agent." The present year's Health Board (1902) advised, unanimously, against compulsory vaccination, and the medical societies and Boards of Health throughout the State have opposed or discountenanced a proposal to introduce it. In Massachusetts, many of the militia have refused, "point blank," to be vaccinated; citizens of prominence at Cambridge have brought the subject of personal right to appeal in the higher courts, holding for the time the "law" at bay; and very recently effort has been made of that radical sort which promises when it clears at all to clear completely.

The decision of the Supreme Courts of Indiana, Michigan and Wisconsin find compulsory vaccination unconstitutional. In these States the insistence of the lobby, of individual Boards of Health, or of physicians, has encountered either the veto of the governor (in Wisconsin), or (in Indiana and Michigan) the reversal by the Supreme Court of the decisions of the Circuit, Appellate or Municipal Courts.

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It is in point to remark in passing our own experience as editor and publisher of MODERN MEDICAL SCIENCE. Although cautioned by anxious friends, and warned by threatening letters from vaccine manufacturers, and insulted by barely three or four out of many thousand physicians courteously presented by us with sample copies; it is the significant fact that only one of our subscribers has rebuked us in the vaccine interest by terminating his subscription; while the increase of medical subscribers has been for the season of the year, quite unusual.

From such and many other evidences, we are convinced that the body of the medical profession itself is misrepresented by the positive conviction, and much more by the proscriptive violence, of the allied promoters of the vaccine business. If they were subjected to a free vote of all American physicians today, without intimidation, we believe that they would at least fail to receive a majority support, even if they were not definitely over-ruled. It looks much like a lost cause with a great noise.—*Modern Medical Science*, October, 1902.



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# VACCINE VIRUS—WHAT IS IT?

AN INQUIRY  
INTO ITS NATURE AND ORIGIN.

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BY

J. W. HODGE, M. D.,  
NIAGARA FALLS, NEW YORK.

Reprinted from THE MEDICAL VISITOR for December, 1902.





## PURE LYMPH IS A PURE LIE.

OUR favorite argument against fooling with vaccination has been the fact that no one knows what's in it. If it were something the potency of which could be sized up, measured, or in any manner determined, we could not fairly speak of fooling with it, but when doctors attempt to handle for a purpose anything so uncertain as vaccine virus it is right to remind them that it is foolhardy, even if they were ever able to be sure that there is none of "the ghastly risk" in their calf lymph. We are reminded of our stock argument by Dr. Klein's article on "The Etiology of Vaccinia and Variola" (causes of cow-pox and small-pox) in the last official report of England's "Local Government Board." It is the last testimony on the matter, and Dr. Klein, speaking of the many efforts to settle it confesses that "the results of these observations, so far as concerns the discovery of the active contagion of normal vaccine lymph, have been notoriously of an entirely negative character," and the rest of his article simply goes to confirm our oft-repeated statement that *there's no such thing as pure lymph*, and that with present modes of cultivating and manufacturing it there cannot be, since pure lymph would have to consist of an artificial cultivation of an organism which refuses to be so cultivated.

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# VACCINE VIRUS—ITS NATURE AND ORIGIN

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BY J. W. HODGE, M. D., NIAGARA FALLS, N. Y.

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It is to be feared that vaccination is one of the subjects prominently before the public mind on which very little original or independent thinking is done, either by the medical profession or the laity.

Judging from the results of interviews which I have had with hundreds of physicians, I am convinced that the majority of the profession accept vaccination as a medical dogma without having given it a critical investigation. The history of vaccination is peculiar in many respects. We are now to consider one of these.

If it be asked, "With what shall we vaccinate?" the answer would at first seem to be simple enough,—“Why, with vaccine virus, of course.” But if we ask, “What is vaccine virus?” the answer is not so readily found.

In consulting the most eminent authorities on this subject I find no unanimity of opinion as to what vaccine virus really is. After more than a century of vaccination there is at this writing no concord of opinion in the medical profession as to the proper material to be used in the performance of the Jennerian rite. There are viruses and viruses, but what the specific character of any one of them is, nobody seems to know.

The great questions now coming from all parts of the world are, “What is vaccinal virus?” “What is vaccine lymph?” “What is pure calf-lymph?” To all these questions Echo answers “What?” When Jenner first performed the rite of vaccination he used the virus of cow-pox, derived, as he thought, from horse-pox, which he regarded as identical with grease in the horse. Grease, we are informed by veterinarians, is a disease resulting from inflammation of the sebaceous glands of the skin about the heels of horses and is technically termed *eczema pustulosum*. This disease of the horse comes through lack of cleanliness, and is a result of carelessness on the part of the groom. The purulent discharge from the diseased heels of horses having been car-

ried on the soiled hands of farm-laborers and stable-boys to the teats and udders of milch-cows, produced the disorder which has been misnamed cow-pox. That so-called cow-pox is not a disorder to which the bovine race is naturally subject is amply proven by the fact that bulls and steers never have it. In his admirable work entitled, *The Value of Vaccination*, Prof. Geo. W. Winterburn, M. D., Ph. D., in referring to this matter says: "A zymotic disease confined exclusively to one sex would be an anomaly in nature. But who ever heard of bull-pox?"

Another proof that so-called cow-pox is a disorder not natural to the cow, is the fact that it never occurs in young heifers that have never been milked. James Moore, Assistant director of the National Vaccine Establishment of London, says: "If the cow could plead her own cause, she might assert that what we call vaccine did not originate with her. She might retort upon us that it was the contact of man which polluted her pure teats; for no cow that is allowed to suckle her own calf, untouched by a milker, ever has this complaint" (cow-pox).

Jenner held that small-pox, cow-pox, swine-pox, and grease were only varieties of the same disease. With swine-pox he inoculated his eldest son, Edward, who died of consumption, as did also James Phipps, the first person whom Jenner vaccinated with "cow-pox." He also employed in a large number of cases, and furnished to other vaccinators, the virus of equine-pox (horse-pox) direct, which he termed *equination*. Acting on Jenner's advice, the king of Spain, in 1804, ordered that all children in the Foundling Hospital at Madrid be vaccinated with goat-pox. Jenner used, at least, three diverse stocks of virus. He practiced three distinct things under the one name of vaccination. His original prescription was horse-grease-cow-pox. He afterwards, to circumvent competitors, went in for so-called spontaneous cow-pox, which he had previously proved to be no defense against small-pox. Lastly he set aside the cow altogether, and used and diffused horse-grease, or horse-pox, neat, which he described as "the true and genuine life-preserving fluid." This was the "direct equine," which Jenner claimed gave vesicles "beautifully correct," and which was sent to Edinburgh and other places. To these various Jennerian stocks have since been added by Jenner's successors small-pox-cow-pox, obtained by inoculating heifers with small-pox pus derived from human patients. So we have had viruses derived from horse-grease-cow-pox, from so-called spontaneous cow-pox, from horse-pox, and from small-pox-cow-pox, commingled with the constitutional characteristics picked up in their transmission along the various ranks of vaccinifers, through which the divers poxes have passed. Which of these varieties is which, and how modified for

better or for worse, in the course of transmission, no one knows, or can know.

When Jenner established vaccination he was very particular to point out the alleged importance of using only a certain kind of virus (horse-grease-cow-pox): It is worthy of note that the kind of virus recommended and used by Jenner is not now used at all. In fact the whole basis of Jennerian vaccination has long ago been swept away, and Jenner's plainest definition of his alleged protective process is flouted by present-day vaccinators.

I only mention this circumstance as showing how much reliance is to be placed upon the shifting quicksands of passing medical dogmas.

Enough has now been said to show that vaccine matter is an extremely various, uncertain, and complex substance. The current vaccine virus of the present day is probably the contagium of smallpox which has been transplanted from human beings to brute animals, and back to human beings again, commingled with the morbid elements of various other diseases, of man and beast, picked up along the line of transmission, so that of any specimen of vaccine "lymph" it is impossible to know from what disease it is derived. It is almost certain that the diverse strains of "vaccine lymphs" now in use in every part of the world are removed by several hundreds of generations from their parental sources and from the characters of the primary "lymphs." These viruses are probably composite substances in each of which co-exist the contagia of different diseases. But which is which, and what is what, who can tell? Medical opinion is completely dazed in the bewildering confusion which exists.

After a century's experience with vaccine virus, there are constant complaints of its dangers and impurities. These complaints are not confined to the medical profession. The feeling of distrust and dissatisfaction with the various stocks of vaccine, "lymph" has become widespread among the intelligent public, and nothing is apparently more exasperating to medical men who practice vaccination than the discovery that an increasing body of laymen throughout the country know more about their mystery than the doctors themselves know, and who can trip them up and expose their defective knowledge and mis-statements whenever they open their mouths.

"Define your pox, sir," is a demand which of itself is enough to take the breath out of an apologist for vaccination; for until the pox or virus shall have been defined the vaccinator can have no tenable ground on which to stand. This aggressive attitude of the public concerning the interiors of the mystery of preserving health by the propagation of disease is daily becoming more and more pronounced, and vaccinators find



themselves exposed to a fire of criticism for which they are ill-prepared.

"Vaccine lymph" is a commercial commodity of which there are many varieties. Physicians of today buy their vaccine virus from those who make merchandise of it, on the simple dictum of the manufacturer that his particular brand of "lymph" is the right thing to use. Commerce has usurped the field here as everywhere else, and the doctor, who is merely a "middle-man" between the vaccine dealer and the vaccinated, has absolutely no means of knowing anything definite about the composition of the vaccinal stock he uses.

The physician is not at the fountain-head of the "calf-lymph" production, and has to take the alleged genuineness of the "lymph" on trust, as it cannot be verified by analysis. Many laymen and some physicians imagine that the perils which formerly attended arm-to-arm vaccination may be avoided by the use of the so-called "pure calf-lymph." This is a gross fallacy, as is repeatedly being shown by the many vaccine disasters which follow the use of the various stocks of bovine "lymphs" now in use. Even the vaccine virus procured directly from the calf was originally transplanted from man to the calf. Of the alleged purity of vaccine "lymph" there is no possible proof, except such as is conspicuous by its absence. Nothing could be more absurd and foundationless than the flippant talk indulged in by "lymph" manufacturers and vaccinators about pure "calf-lymph," a hybrid product of diseased animal tissues, the origin and nature of which are involved in impenetrable obscurity. Nobody is able to measure the danger which may lurk in any specimen of "pure calf-lymph." The remote as well as the immediate disease-engendering potentialities of vaccine "lymph" are unknown.

This infective animal poison can be tested only by its effects upon the victim of an inoculation experiment, so that no amount of care and caution exercised on the part of the vaccinator can be depended upon to avert the possibility of danger and disaster to the vaccinated.

In their studied devices to allay apprehension and to inspire confidence in their vaccine products, the H. K. Mulford Co., and other vaccine establishments, declare that their "lymph" before being sent out to their patrons has been subjected to "physiologic tests" on heifers, calves, and guinea-pigs. But heifers, calves, and guinea-pigs are not human beings, and inoculation experiments on any of the lower animals have not yet been shown to be of any real service to our means of determining the effects of either medicaments or of disease products when inoculated into the human organism.

In speaking of inoculation experiments on living animals in *The Medical Brief* (June, 1902), Deputy Surgeon-General Thornton, Indian Medical Service, says, "The experimenter is, and always must be,

groping in the dark, so that his conclusions are merely tentative, and are certain to be disputed by other experimenters. The sources of fallacy in inoculation experiments on living animals are so numerous that, as Dr. Arnold remarks, each experimenter sees that which he wants to see and logical confusion reigns supreme over the whole method."

From the excellent treatise, "The Futility of Experiments with Drugs on Animals," by Dr. Berdoe, p. 5, I take the following extract: "Poisons act in such different ways on men and animals that deductions from experiments on the latter are fallacious and misleading. Rabbits can eat belladonna with impunity; dogs, aloes; apes, strychnine, and goats, hemlock; while birds in general are little affected by morphia. All this tends to show how vain a thing it is to expect to find out remedies for our own diseases by experiments upon animals which are not constituted as we are, and which frequently find their food in things which would be fatal to mankind."

The fact that certain species of monkeys are known to be insusceptible to the action of strychnine, and that they feed on the nuts of the *strychnos nux-vomica*, cannot be accepted as evidence that strychnia is harmless when swallowed by human beings. Still the monkey is constituted more like a human being than is the heifer, the calf, or the guinea-pig. The effect which vaccine "lymph" will produce on human beings can be ascertained only by inoculating this nosode into the human body itself.

No vaccine, whether bovine or humanized, can be guaranteed as free from danger.

"Pure *virus*" translated is pure *poison*. If there be any vaccine substance entitled to have the epithet pure applied to it, there is no known method by which the *pure* can be distinguished from the *impure*.

Vaccination should be studied from the standpoint of biology. Such a study will convince the thoughtful student that *pure virus* is an impossibility in the very nature of the case. No vaccine virus is free from danger and disease. The world's most renowned and skilled bacteriologists frankly admit that it is beyond the range of their knowledge to detect the presence of the tetanus bacillus in specimens of vaccine "lymph" the use of which has been repeatedly followed by tetanus in its subjects. In other words, they concede that they have no known means of ascertaining whether or not any specimen of vaccine "lymph" will injure or kill except by inoculating it into the victim of an experiment. This being true, no physician is justified in using the dangerous stuff on any-body except himself.

Prof. Edgar M. Crookshank, author of the "History and Pathology of Vaccination," and Director of the Bacteriological Laboratory of

King's College, London, says: "I must state most emphatically that we do not know the nature of the *contagium* of cowpox, or of human smallpox, or of any of the diseases from which so-called vaccine lymph has been cultivated." "Lymph for vaccination," continues Prof. Crookshank, "has been over and over again obtained by inoculating calves with human smallpox. On the other hand, lymph producing the familiar appearances of vaccination has been obtained by attenuation of smallpox, without resorting to the calf as a medium of cultivation; and similarly, lymph for the purposes of vaccination has been raised from horse-pox, sheep-pox, and cattle-plague." Here we have the testimony of one of the world's most eminent authorities on the history and pathology of vaccination, to the effect that the nature and origin of "vaccine lymph" are so vague and uncertain that it is impossible for the vaccinator to know anything of the specific character of his stock of virus, or to predict the extent of injury that may result from his practice.

It is assuredly an anomaly to speak of something as being "pure" while it is not known what that something is. As there is no standard "vaccine lymph," how is the purity or genuineness of any specimen to be determined? In the absence of a criterion how are we to judge? The epithet "pure" as applied to any specimen of "vaccine lymph" must therefore be regarded as pure assumption until it shall have been determined what "vaccine lymph" is. That this is not at present known, is evidenced by the testimony of all competent witnesses. From the *Cyclopedia of Medicine and Surgery*, one of the latest standard text books of the old school, I quote the following: "The aetiology of cowpox is unknown, though there is strong presumptive and experimental evidence that it is but a modified form of small-pox."

In the *American Text-book of the Diseases of Children*, article Vaccination (p. 192) by T. S. Westcott, M. D., I find the following statement: "The exact nature of vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present day no consensus of opinion has been reached."

Many pro-vaccinal authorities express the belief that "cow-pox" so-called, is the effect of small-pox contagion modified, or attenuated by passing through the system of the cow; while other authorities of equal ability claim that the virus of small-pox will produce small-pox and not cow-pox, and that cow-pox must appear spontaneously in the cow. The doctrine of "spontaneous" cow-pox however is without apparent foundation in fact, and must be abandoned as an untenable theory. "The tradition of the dairy maids," that the milkers who had pustules on their hands like those on the cow's teats, were rendered immune to small-pox, was ac-

cepted by Jenner and his followers not only without any exact knowledge or scientific investigation as to the source or character of the pox on the cow, but actually without any attempt having been made to ascertain whether the milkers caught the pox from the cow, or the cow from the milkers.

This inquiry has since been made with results, some of which I shall here briefly outline. Dr. Hubert Boens of Brussels reports that a case of "spontaneous cow-pox" having been alleged as discovered in a village near Brussels, he and Mr. Bonnewyn, the latter a member of the Academy of Medicine of Belgium, investigated and found that the cow in question was at the time being milked by a woman who was then under treatment for syphilis by Dr. Thirty of Brussels; and as a result of this and many other investigations, Dr. Boens says: "Whenever we ascend to the origin of what is called spontaneous horse-pox or cow-pox, we find that the groom or milker attending such horse or cow had syphilitic sores on his hands."

After a prolonged and laborious study of cases of so-called spontaneous cow-pox this true physician addressed this terrible and memorable arraignment to the vaccinators. "Continue, gentlemen, to vaccinate if you choose, *and because you make money by it*, but never forget, pseudo-scientists and false physicians that you are, that whilst you sow, vaccine among the people *they reap the pox*."

A. W. Hutton, another authority says: "The syphilitic nature of cow-pox is the theory which now holds the field; and it is hardly contested by the advocates of vaccination, who are content to rely solely on the evidence of statistics."

The analogy between the manifestations of "cow-pox" and those of syphilis is so close that several eminent pathologists, among whom is Prof. Edgar M. Crookshank, express the belief that so-called spontaneous cow-pox is a modified form of syphilis. Dr. Charles Creighton of London, England, who was employed to write the article on Vaccination in the ninth (last) edition of The Encyclopedia Britannica, because he was considered one of the ablest living authorities on that subject, says in his work entitled "Cow-pox and Vaccinal Syphilis" (page 155-6). "The real affinity of cow-pox is not to the small-pox, but to the great pox. The Vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of everyday practice is to all intents and purposes a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere it often shows an unmistakable tendency to phagedena. There are doubtless many cases of it where constitutional symptoms are either in abeyance or too slight to attract notice. But in other instances,

to judge from the groups of cases to which inquiry has been mostly directed, the degeneration of the vesicle to an indurated or phagedenic sore (all in its day's work) has been followed by roseola or by scaly and even pemphigoid eruptions, by iritis, by raised patches or sores on the tonsils and other parts of the mouth or throat, and by condylomata (mucous tubercles) elsewhere."

To the scientific physician conclusive evidence of the real affinity of cow-pox is furnished at a glance by the pathological diagnostic tables of M. R. Levenson, M. D., A. M., Ph. D., which formed the basis of his thesis read before the American Association of Physicians and Surgeons at Indianapolis in January, 1896, and which has now been for nearly seven years unquestioned by the profession.

This table is a condensed statement in parallel columns of the primary and secondary symptoms of small-pox, cow-pox, and syphilis, drawn from the separate descriptions of these several diseases by the most renowned authorities. It shows an almost complete likeness between the two latter and a total unlikeness of each to small-pox. Thus are we brought face to face with the gravest, and at the same time the most disgusting aspect of the whole vaccination problem. Here we have the testimony of the highest authorities, who have produced the clearest evidence in support of their belief that so-called spontaneous cow-pox, the virus of which has been used in vaccinating millions of healthy children, is modified syphilis.

As it is not known what it is that constitutes the active principle of any specimen of "vaccine lymph" now in use, the specific micro-organism, if such there be, not having been discovered or isolated, the use of the epithet "pure" as applied to any brand of "vaccine lymph" is an audacious presumption to the possession of knowledge which nobody has yet acquired.

Considering, then, that "vaccine lymph" has no ascertained microscopical or chemical character, one is amazed to find medical men of presumed learning and integrity putting forward positive claims for the purity of a substance ("pure calf lymph"), the nature and origin of which they know almost nothing about.

In recent years the batteries of modern scientific investigation have been turned with the most ruinous effect upon old beliefs and ancient assertions. The positions taken up by Jenner and his imitators are being raked by the fatal weapons of precision with which the soldiers of the advancing forces of science are armed. When Dr. Raugh, who was sent from this country to appear before the British Royal Commission of Inquiry on Vaccination, in 1889, to give testimony as to vaccination in the United States, was thus addressed: "Dr. Raugh, tell the Commission what vaccination is," he replied, "I do not know." Dr.

Thorn, the foremost pro-vaccinist of England, who was also a witness and testified before the Royal Commission, in replying to the question, "What is vaccination?" said, "I do not know."

The active organism, if such there be, of the vaccinal disease has never revealed its identity to the vision of man. What "vaccine lymph" is and how it works its miracle of safe-guarding its subjects from a filth-disease without removing its cause, no man has yet explained. The vaccinators can tell us nothing of the *rationale* of their practice. It must be admitted that the vaccinator's art is, of all arts, the most empirical and uncertain. The nature of the disease-product on the point of his lancet he cannot define, and its effects he cannot foretell. Many scientific sanitarians and eminent physicians have frankly avowed the belief that vaccine virus is the most dangerous and mischievous nostrum in the hands of the medical profession to-day.

Notwithstanding the fact that there is no known means of definitely testing the composition of any of the various strains of "vaccine lymph" now in use, vaccination promoters and "calf lymph" producers talk glibly about "pure calf-lymph." It is the convenient custom of these men who have vested interests in the sale and use of the vaccine nostrum to speak complacently and flippantly of vaccination as being uniform, as if the hybrid animal poison used in the Jennerian rite were known to be as definite in its composition as a drop of pure water, a grain of chemically pure sodium chloride, or a pennyweight of unalloyed gold. Nothing could be more erroneous and misleading than such assertions.

Vaccine virus by whatever name called is not *uniform*, but *multiform*, not *definite*, but *indefinite*, not *certain*, but *uncertain*, with an uncertainty which in its transmission from animal to animal through a long line of vaccinifers can neither be predicated nor ascertained.

Of late years, to allay public alarm concerning the invaccination of syphilis and other loathsome diseases, cow-pox factories have been established in which vaccine virus of mysterious origin is propagated on the abdomens of young heifers and calves. The nature of the "seed-vaccine" used in inoculating the calves is a secret which the "lymph" producers never reveal to their patrons. There are in this country scores of enterprising firms engaged in the remunerative business of vaccine culture or "calf-lymph" production. The varied and different poxes turned out by these establishments are all alike used to inoculate the bodies of healthy children, and all alike are claimed to work the miracle of salvation from small-pox without removal of its cause.

The truth of the matter is that the vaccine stock at present in use and plausibly denominated "pure calf-lymph" is not calf-lymph at all. It is a morbid serum, a compound product of diseased animal tissues, a pro-

miscuous mixture of the contagia of different diseases which have been picked up from the hereditary taints of the different bovine species through which it has been transmitted, just as humanized lymph carries the disease-heredities of the human kind in arm-to-arm vaccination. The word lymph in the expression "pure calf-lymph" is clearly a misnomer calculated to mislead the incautious.

We must not allow ourselves to be deceived and misled by the misuse of terms. No vaccine stock now in use is entitled to the designation of lymph—much less *pure* lymph. Calf-lymph in fact and in truth is the natural nutrient fluid which circulates in the lymphatic vessels of the calf. Lymph is described by physiologists as "A transparent, colorless, nutrient, alkaline fluid which circulates in the lymphatic vessels and thoracic ducts of animal bodies."

Lymph is a physiologic product, while the so-called "pure calf-lymph" is a pathologic product, obtained from a lesion (pock) on a sick and diseased calf. The former is a normal nutrient substance, the latter a pathologic animal poison. The difference between calf-lymph and "pure calf-lymph," so-called, is as vast as is the difference between health and disease. "Pure calf-lymph," so-called, is a very variable and complex pathologic product, composed of the pulp of the vaccine vesicle, blood corpuscles in various stages of retrograde metamorphosis, and infected blood-serum, mixed with the diverse micro-organisms which, upon microscopic investigation, are invariably found in "pure" vaccine at the time of its collection from the pocks or vesicles on the body of the diseased calf used as the vaccinifer.

What then are we to think of medical men who, in this era of sanitary science and aseptic surgery, intentionally ingraft an infective animal poison of admittedly unknown nature and of obscure origin into the pure and wholesome body of a helpless child under the false, but plausible name of "pure calf-lymph?"



# Vaccination Villainous--- Its Compulsion a Crime

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By J. W. HODGE, M. D., Niagara Falls, N. Y.

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"The sophisms of the Jenner-doctrine have, in fact, been so thoroughly exploded that the persistency of its defenders seems to imply a moral, rather than a mental aberration; in other words the collapse of all other supports justifies the suspicion of the hideous fact that the organization of the cow-pox syndicate rests upon the deliberate sacrifice of truth to business considerations and corporation interests."—  
F. L. OSWALD, A. M., M. D.

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Niagara Falls, N. Y.



# VACCINATION VILLAINOUS, ITS COMPULSION A CRIME

In a recent communication to your columns I called attention to the great number of fatalities from tetanus (lockjaw) following vaccination, which had been reported in the medical and secular press as having occurred during the months of November and December last.

This gruesome death-list which reached into the hundreds was for obvious reasons not presented in these columns. In commenting on this wholesale execution of healthy children by doctors who intentionally propagate a filth-disease (cow-pox) under the pretense of sanitation, I pointed out the fact that vaccination with the medical faculty is a matter of business, and not one of philanthropy. I stated facts which justify the belief that the money value of vaccination is its only value. I cannot see that the vaccinators have any grounds, whatever, on which to justify their blood-poisoning operation. I held up to public view the indisputable fact that all doctors who engage in the cow-poxing business have a pecuniary interest in the procedure which, I have reason to believe, acts as a powerful motive in shaping their opinions and practice in respect to this operation. Perhaps, through stupidity, mulish conservatism, or invincible ignorance, some few physicians may continue to believe in the efficacy of the cow-pox procedure, yet, I feel confident that nearly all the doctors who are now engaged in the vaccine enterprise would quickly discard this terrible business of destroying the lives of numbers of healthy children and impairing the health of many others, were not their pecuniary interests so intimately interwoven with it. If it were possible to eliminate the commercial feature from the cow-pox enterprise, it is my firm conviction that the consensus of medical opinion would soon declare against it, and the pathetic solicitude on the part of the vaccinists to guard the "dear public" against the alleged dangers of small-pox epidemics would soon be found drooping. The baby-slashers would go out of the cow-pox business, and vaccination, like its congener, variolous inoculation, would quietly pass into the limbo to which other kindred medical superstitions have been relegated.

Basing my belief on an experience derived from having vaccinated several thousand victims, I am as-

sured that if doctors who are now engaged in the cow-pox enterprise were to be held pecuniarily responsible for the ill-effects which result from their vaccine operations they would very soon abandon this merciless and pernicious practice. But so long as credulous dupes are found who are willing to bare their arms to the vaccine lancet and take the RISK of the operation for the benefit of the doctors there will be plenty of vaccinators on hand to do this dirty work and take the FEE.

The vaccination-practice pushed to the front on all occasions by a certain class of the medical profession, and through political connivance made compulsory by the State, has become not only a great menace to the health of the rising generation, but also the most flagrant outrage upon the personal liberty of the American citizen. The inoculation-superstition was the chief medical delusion of the eighteenth century.

With few exceptions medical men of that period defended smallpox-inoculation and held it up to public attention as the great desideratum for the common welfare. The practice of this horrible medical doctrine spread smallpox broadcast, sent multitudes of victims to untimely graves, and permanently impaired the health of other multitudes.

In the eighteenth century the practice of inoculating healthy people with smallpox-pus to "protect" them from smallpox was considered by the medical profession to be a great "blessing" to humanity. In standard medical works of that period the alleged value of variolous inoculation was always spoken of as "one of the best established facts in medical science," just as vaccination is now spoken of by those who practice it.

And yet, alas for human prescience! What was proclaimed as the savior, proved to be the destroyer. In 1840 it was found necessary to make inoculation in England a crime in order to put an end to its use. Yet, vicious as that practice proved to be, it was superseded, at the hands of the charlatan Jenner, by a fallacy quite as monstrous; so that the nineteenth century, notwithstanding its boasted civilization and its much vaunted scientific acquirements, was nearly as much cursed by the vaccinators as was the eighteenth by the doctors who inoculated healthy people with small-pox-pus.

The sophisms of the Jennerian doctrine have been so thoroughly exploded that the persistency of its upholders seems to imply a moral, rather than a mental aberration. In other words, the collapse of all other supports justifies the suspicion of the hideous fact that the organization of the cow-pox syndicate now rests upon the deliberate and wilful sacrifice of truth and honor to business considerations.

The leaders in the vaccination movement must be perfectly aware that the cow-pox practice stands condemned, although they appear to have no idea of surrendering it. Perhaps it would be expecting too much from human nature to imagine that doctors who have long been accustomed to derive large revenues from the cow-pox practice will discard this lucrative enterprise even after they have been made fully aware of its utter uselessness, as a prophylactic against smallpox, as well as of its pernicious effects on the lives and health of the rising generation.

Then, too, the connivers at the cow-pox swindle dislike to confess that they have so long been duped by the milk-maid's tradition and led to ignore the real cause and neglect the true preventive of small-pox. Once committed to an error, it is amazing with what conservative persistence the medical profession will continue to cling to it. To abandon as worthless or injurious, a measure once adopted as a great "blessing" would seem to be a tacit confession of fallibility and fallibility is a human defect which physicians, as a class, are very slow to admit.

The absurd and senseless dogma which assumes to conserve health by propagating disease is at variance with all established knowledge.

The introduction of the products of diseased animal tissues—miscalled, "calf-lymph"—into the circulation of the healthy human body is contrary to all the teachings of modern surgery and sanitary science, and has no justification in either science or common sense. The cow-pox delusion was conceived in ignorance and born of superstition—a dairy-maid's whim borrowed by Jenner and palmed off upon the credulity of the medical profession, as a never-failing preventive of smallpox.

Since my last communication to these columns, Senator James Henry McCabe, of New York City, has introduced in our Legislature a compulsory vaccination measure which should be summarily "killed" by our Legislators. Dr. McCabe, is a physician, that is, a political doctor, whose business combines medicine with politics.

Dr. McCabe is also a vaccinist and represents the interests of the cow-pox syndicate of New York. At the behest of the cow-pox bullies this politico-doctor would have all citizens subjected by law to the degrading rite of official blood-poisoning which has nothing to recommend it except the fees derived from it by the cow-pox syndicate and medical boodlers.

All the compulsory vaccination laws which now disgrace our statute books have been lobbied through the Legislatures by political members of the medical profession. The root and inciting cause of all this vaccination tyranny centres in the inordinate "love of money"—the "mad lust for gold". Money is the universal solvent. It is the symbol of everything which man desires, and will procure nearly everything which he longs for power, privilege, office, emoluments, ease, luxury, flattery, respectability, etc. The love of money actuates members of every class, whether in law, theology, politics or trade; but it especially impels the medical vaccinator to plot against the liberty of the citizen, i. e., to reduce the citizen to a condition of dependence where tribute may be exacted of him by legal compulsion.

It is along these lines that members of the medical profession have lobbied Governments and Legislatures and secured compulsory vaccination laws for which they promised the most and fulfilled the least of any corrupt ring that ever formed a league with the state or cursed a country—and all to "protect" our "dear people" from an attack of smallpox.

Reader, friend, and fellow citizen, don't you believe that your protection ever occupied the smallest "corner in the vaccinator's heart." He sows calf-lymph virus to reap a harvest today, and a richer harvest in the future. No question has recently more occupied the attention of sanitarians than that of our means of defense against the arrogations of the cow-pox bullies.

Compulsory vaccination ranks with human slavery and religious persecution as one of the most mischievous outrages ever perpetrated on the rights of the human race. It might be seriously questioned if men have ever suffered at the hands of their fellow men a more unqualified evil. It would be difficult to name a redeeming tendency of the delusion that has caused the death of thousands of human beings and polluted the blood of millions of healthy children with the germs of loathsome diseases.

The system of compulsory vaccination is founded upon a hypothesis too preposterous for a moment's serious

argument. It arose from the curious dogma that a healthy person is a focus of disease; and that not having been diseased (i. e., vaccinated) he would be the propagator of disease (smallpox) to those who had been diseased (vaccinated) and thus "protected."

If vaccination protected the vaccinated, they would have no occasion to fear infection. While, if vaccination does not protect the vaccinated from taking smallpox from the unvaccinated, it is a monstrous fraud on human credulity. In either event the vaccinated have no reason to find fault. If they really believe that vaccination protects them, all is well; while if they do not so believe, then they have not the shadow of an excuse for forcing it upon others who do not believe. I venture to think that any logical mind will be able to grasp the force of this argument.

How true it is, that every wrong, in seeking to perpetuate its power, commits *felo de se*. The surest way to destroy faith in the vaccination-dogma was to resort to compulsion. The attempt to enforce repeated vaccinations upon those who were skeptical as to its value, has aroused fierce opposition in every country in which it has been tried. An opposition which, having reason, truth, and history on its side, has conquered in Switzerland and England, and will surely triumph everywhere.

While submitting the above considerations to the readers of the *Review and Advertiser*, I am aware that the policy of presenting medical questions to the general public is vehemently condemned in certain quarters and attempts to create a priestly craft in medicine are as persistently encouraged. The Legislatures of our various states are annually besieged, in the interests of the cow-pox syndicate, by politico-doctors of the McCabe stripe whose aim is to establish by legislative enactment a medical priesthood, under the plea that the people are too ignorant to judge for themselves. I am not one of those physicians who sympathize with mysticism in medicine, I believe the more rational the public may become on these topics the better for themselves, for medical progress and for the profession.

Vaccination became a question of public policy, when the first laws for its enforcement were enacted, and so long as people are taxed to support it, they have the common right of investigation. As a medical tenant, they might readily leave it to medical authorities to dispose of; but when the ingenuity of the law is invoked to make it obligatory, then the public have a right to know what they get for their money. I am, therefore, glad to serve as a medium of instruction. With that object in view I have written this letter.

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# **Why Doctors who Vaccinate Should Abandon the Practice.**

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By J. W. HODGE, M.D.,  
NIAGARA FALLS, N. Y..

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## WHY DOCTORS WHO VACCINATE SHOULD ABANDON THE PRACTICE.

By J. W. HODGE, M.D., Niagara Falls, N. Y.

The vaccination practice, pushed to the front on all occasions by a certain class of the medical profession, and through political connivance made compulsory by the state, has become not only a serious menace to the health of the rising generation, but also a most flagrant outrage upon the personal liberty of the American citizen. The inoculation superstition was the chief medical delusion of the eighteenth century. With few exceptions medical men of that period defended smallpox-inoculation and held it up to public attention as the great desideratum for the common welfare. The practice of this horrible medical doctrine sent multitudes of victims to untimely graves, and permanently impaired the health of other multitudes. Yet, vicious as the practice of inoculation proved to be, it was superseded at the hands of Edward Jenner by a fallacy quite as monstrous; so that the nineteenth century, notwithstanding its boasted civilization and its much vaunted scientific acquirements, was nearly as much cursed by the vaccinators as was the eighteenth by the inoculators.

The modern leaders in the vaccination movement must be perfectly aware that the cow-pox practice stands condemned, although they appear to have no idea of surrendering it. Perhaps it would be expecting too much from human nature to imagine that all doctors who have been accustomed to derive large revenues from the cow-pox practice will discard this lucrative enterprise even after they have been made fully aware of its utter uselessness, as well as of its pernicious effects on the lives and health of the rising generation. Nevertheless, I shall devote this essay to the presentation of some reasons why I believe that physicians who vaccinate should abandon the practice.

For the reasons which follow I am induced to believe that no intelligent physician who has taken the pains to inform himself on this subject can conscientiously perform the vaccination-rite.

1. Because there is on record abundant and positive proof that vaccination has been a complete failure as a preventive of smallpox in every country in which it has been practiced and the results

recorded. I have been unable, after a thorough and careful search in medical literature, to find a scintilla of evidence worthy of the name to show that vaccination has ever protected a single human being from smallpox except by killing him. It is my firm conviction, based on a comprehensive study of smallpox statistics, gathered from every quarter of the globe, that the deceased victims of vaccination are the only persons of whom it can be truthfully affirmed that vaccination "protected" them from smallpox. By a century's dearly bought experience vaccination has been proven to be—I venture to think—not only useless as a preventive of smallpox, but it has also been shown to be the cause of many thousands of deaths. Healthy children have been its principal victims.

Prof. Alfred Russel Wallace, LL.D., F.R.S., an accomplished statistician, and one of the ablest scientific men of England, in his last great work entitled "The Wonderful Century," has devoted a chapter to the discussion of vaccination. Prof. Wallace has made a very exhaustive study and analysis of the statistical problem as it relates to vaccination and smallpox. Under the caption, "Vaccination a Delusion—Its Penal Enforcement a Crime," he has devoted more than one hundred pages to a careful consideration of the most trustworthy statistics on a large scale relating to these subjects.

In the preface of "The Wonderful Century" Prof. Wallace says: "The vaccination question has been discussed at the greatest length for several reasons. It is the only surgical operation that, in our country, has ever been universally enforced by law. It has recently been inquired into by a Royal Commission, whose majority report is directly opposed to the real teaching of the official and national statistics presented in the detailed reports. The operation is admittedly the cause of many deaths, and of a large, but unknown amount of permanent injury. The only really trustworthy statistics on a large scale prove it to be wholly without effect as a preventive of smallpox. Many hundreds of persons are annually punished for refusing to have their children vaccinated; and it will undoubtedly rank as the greatest and most pernicious failure of the century. I claim that the evidence set forth in this chapter demonstrates this conclusion. It is no longer a question of opinion, but of science; and I have the most complete confidence that the result I have arrived at is a statistical, and, therefore, a mathematical certainty." In concluding this chapter, on page 314 of "The Wonderful Century," Prof. Wallace sums up his case

in the following words: "I venture to think that I have here so presented the best of these statistical facts as to satisfy my readers of the certain and absolute uselessness of vaccination as a preventive of smallpox; while these same facts render it in the highest degree probable that it has actually increased susceptibility to the disease. The teaching of the whole evidence is in one direction. Whether we examine the long-continued records of London mortality or those of modern registration for England, Scotland, and Ireland; whether we consider the 'control experiment' or crucial test afforded by unvaccinated Leicester, or the still more rigid test in the other direction of the absolutely re-vaccinated Army and Navy, the conclusion is in every case the same: That vaccination is a gigantic delusion; that it has never saved a single life; but that it has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot on the generally beneficent course of legislation during our century."

I feel confident that if the most zealous advocate of vaccination, who is amenable to reason, could be induced to carefully consider, with a mind completely emancipated from prejudice, from the disturbing influences of early education and pre-conceived opinions, of passion, tradition, personal and other kinds of bias, Prof. Wallace's arguments in his scathing arraignment of vaccination, he would wonder how he ever came to pin his faith to such a huge imposture.

Another argument I offer in support of my contention that physicians are not justified in vaccinating, is the fact that there is not a particle of proof on record to warrant the belief that the severity of an attack of smallpox has ever been mitigated because of the fact that the smallpox patient had been previously vaccinated. By a study of the records of variolous epidemics we learn that hundreds of thousands of smallpox patients have perished of the confluent form of variola, while the plainest scars of the vaccinator's lancet were in evidence on their bodies.

Physicians, I believe, should abandon the vaccine operation because it is known to be the means whereby thousands of healthy children are killed every year, as shown by mortuary statistics. From a sworn statement of the Registrar General of London, England, I quote the following sentence; "In the city of Lond-



average of two hundred children die annually from disorders initiated by the lancet of the vaccinator." The large number of fatalities from tetanus following vaccination in children which have been recently reported as having occurred in several American cities, tends to confirm the prevalent belief that the dangers attendant on the vaccine operation are, at times, more fatal than the disease which it is supposed to prevent.

There is recorded in medical literature ample proof of the most positive character that vaccination has been the means of disseminating some of the most fatal and loathsome diseases, among which are leprosy, cancer, syphilis, tetanus, tuberculosis and erysipelas. The cow-pox practice has, indeed, proved itself to have been one of the surest and most direct means of making all forms of "pox" perpetual. In many warm countries humanized virus is still in use.

I oppose vaccination because the introduction of the products, "calf lymph," of diseased animal tissue into the circulation of a healthy human body is contrary to all the teachings of modern surgery and sanitary science, and has no justification in either science or common sense. The absurd dogma which assumes to conserve health by propagating a zymotic disease is at variance with all established knowledge. The cow-pox delusion was conceived in ignorance and born of superstition—a dairy-maid's whim borrowed by Jenner and palmed off upon the credulity of the medical profession as a never-failing preventive of smallpox.

The next reason I shall offer in support of my assertion that no intelligent and well-informed physician can conscientiously practice vaccination, is the fact that the doctor has no means of judging the quality of the vaccine stock used. Vaccine virus is now wholly a commercial product. The family physician is simply a "middle-man" between the vaccine dealer and the vaccinated, conveniently and adroitly shunting onto the former any ill effects which may appear in the latter. Millions of vaccinations are made every year while nobody knows what they are made with. The whole cow-pox practice is a haphazard game of chance in which the vaccinated take the chances while the doctors take the fees. The medical profession of today buys its vaccine matter under a variety of names, from those who make merchandise of it, on the simple dictum of the manufacturer that his particular brand of "lymph" is the right thing to use.

At the time of inserting vaccine virus—a disease produced matter, miscalled "lymph"—into the healthy child's body the physi-

cian has no means of knowing what the result will be. Whether tetanus, erysipelas, cow-pox or a negative result will follow he is unable to tell until after the result of the experiment has made itself manifest in the child's system. Dr. M. R. Levenson of Brooklyn, N. Y., a physician who has devoted a great deal of time and study to the investigation of matters pertaining to vaccination and small-pox, has submitted to the medical profession the following proposition: "I will pay one thousand dollars to anyone who will explain what it is that is put into the blood of the vaccinee when he is vaccinated."

It is needless to state that, at last reports, nobody had claimed the reward. Where are all our bacteriologists and closet scientists? Why don't they speak out? I venture the opinion that evidence on record in medical literature justifies the belief that the vaccinator is a public malefactor because he confesses himself a menace to health by his practice of intentionally diseasing healthy people under the pretense of preventing disease. The avowed purpose of the vaccinator is to inoculate into the bodies of healthy human beings the virus of an acute contagious disease called vaccinia, or cow-pox, which is one of the zymoses. If the vaccinator succeeds in converting the healthy person operated upon into a diseased person he pronounces the vaccine operation "successful," and claims that the person is "protected."

Let us briefly examine the nature and extent of this alleged "protection" and the effects of this disease which, under the plea of sanitation, is wantonly thrust into the bodies of millions of healthy children.

It is generally conceded by pathologists that the vaccine disorder (vaccinia) is as truly a disease as is the measles, smallpox, or typhoid fever. It is also a well-attested fact that convalescents from one of the zymotic diseases are prone to contract any other that may be prevalent at the time. For instance, a patient weakened by scarlet fever is likely to take diphtheria if the latter is about, and vice versa. It seems to be a reasonable conclusion, based on observation and experience, that the effects of the vaccine disease diminish the resisting powers of the individual operated upon, and thus tend to render him more susceptible to the disease it professes to prevent. Is it not fair, then, to infer that if by general vaccination the vaccine disease be made plentiful it will convert the community into a convenient nidus for the reception of the contagion of other zymotic diseases, including smallpox?

This conclusion coincides with the results arrived at by Prof. Wallace in his study of smallpox statistics. On page 314 of "The Wonderful Century," he says: "These same facts render it in the highest degree probable that vaccination has actually increased the susceptibility to smallpox."

The vaccinal abrasion is also a source of serious danger. The puncture of the vaccinator's lancet, by destroying the integrity of the epidermis—nature's barrier against absorption of poisons—opens one of the most fatal avenues through which septic poisons gain admission to the circulation. Through the agency of the vaccine lancet children, in particular, are thus exposed to infection by the tetanus bacillus, as well as to that of any other infective agency which may prevail, including smallpox contagion during epidemics of that disease. During epidemic prevalence of variola the infection is believed to be more than ordinarily dangerous, because it is then more abundant and more concentrated. Vaccination being more generally enforced during epidemics of variola infection through vaccinal abrasions offers another explanation of the fact that the susceptibility to smallpox is increased by vaccination, especially during the prevalence of epidemics.

I believe I am warranted in maintaining that an impartial and comprehensive study of vital statistics justifies the belief that the extension of the practice of vaccination cannot be shown to have any logical relation to the diminution of cases of smallpox; and the same vital statistics gathered from every available source, establish the fact that smallpox, like the other zymoses, originates in, or is propagated by, unsanitary modes of life, and can only be effectually subdued by removing the cause. Variola is a filth disease. All the world over the occurrences of its most destructive epidemics have coincided with periods of sanitary neglect. Sanitation, not vaccination, is its antidote. The experience of unvaccinated Leicester proves that all that is needed to avert epidemics of this loathsome disease is uniform obedience to hygienic and sanitary laws. Under the benign influence of sanitary intervention this filth-disorder loses all of its terrors, and vaccination becomes a mockery.

The propagation of the Gloucestershire tradition has exerted a powerful influence in retarding the progress of the evolution of hygiene and sanitary science, as related to this disease. Teaching the people to rely on vaccination for "protection" from smallpox has tended to encourage the sloth and carelessness to which ordinary

humanity is prone. The practice of vaccination is now regarded by many of the foremost sanitarians of the world as an irrational attempt to cheat outraged nature—a futile effort to avoid a zymotic disease without getting rid of the conditions of uncleanness out of which it springs, and by which it is propagated. The practice of vaccination is opposed to the whole teachings of hygiene and sanitary science. It is one of those terrible medical blunders, like inoculation, bleeding, and mercurial salivation which, in their far reaching evil consequences, have cursed humanity.

Once committed to an error, it is amazing with what mulish conservatism the medical profession will continue to cling to it. To abandon as worthless or injurious a measure which was once adopted as a great “blessing” would seem to be a tacit confession of fallibility; and fallibility is a human defect which doctors of medicine, as a class, like “doctors of divinity,” are very slow to admit.

Another count in the indictment against the vaccine practice is found in the fact that the perpetuation of the cow-pox disorder has done much to promote the poison-plague which in infesting the homes of civilization in the form of ever-multiplying quack drugs and patent medicines.

Instead of being taught by their family physicians to promote health and ward off disease by attention to cleanliness, ventilation of dwellings, exercise in the open air, and the observance of general hygienic habits of life, millions of people are encouraged to rely on anti-natural remedies, and thus come to believe that health can be sold and bought across the drug-store counter.

But let us not despair. There are “hopeful signs in the sky.” The effulgent sunlight of science is streaming forth, dissipating the pestilential mists of ignorance and superstition. New light is flowing into the minds of men. Sanitation has taken the place once occupied by prayers, amulets, charms, relics and other kindred fetiches. Vaccination is on trial at the bar of Justice. Before the assaults of scientists the vaccine idol is sure to fall and pass into the limbo to which inoculation and other kindred medical delusions have been relegated.

The ever-increasing intelligence which characterizes the present era of thought and profound research is bound to damn drastic drugs and abolish the irrational and pernicious practice of propagating a zymotic disease in the name of sanitation. The efforts of sanitarians have not been unfruitful. In reviewing the progress of medical history of the nineteenth century it is found that the

saving of human life was almost entirely due to diminished mortality from causes whose destructive activity is especially amenable to sanitary intervention—namely, the so-called zymotic diseases.

While I am aware that very few physicians, comparatively, are outspoken in their views regarding vaccination, I should nevertheless consider it an insult to the intelligence of the medical profession, here at the dawn of the twentieth century, to doubt that thousands of physicians who have not yet openly abandoned the cow-pox practice, have long ago lost all faith in the value of this irrational procedure, and have quietly dropped it from their private lists of reliable prophylactics. It is a significant fact which needs no comment that a very large number of physicians no longer consider it necessary to subject themselves or their families to the vaccination rite, even during the prevalence of smallpox cases in their own vicinity. It must be admitted, however, that the enormous plurality of these sanitary rationalists prefer to keep their convictions on the cow-pox subject to themselves, for reasons which the reader will appreciate without specification by the writer.

While it is regrettable that so many respectable members of a benevolent profession should by their silence tacitly indorse a useless and mischievous practice, it would, on the other hand, probably not be too much to say that there are in our own state of New York several thousand physicians who could not be coaxed or bribed to pollute the blood of a healthy child with cow-pox virus.

NOV 5 1909

REVIEW COPY

## INTERNAL OR HOMŒOPATHIC VACCINATION: THE VICTORY IN IOWA.\*

FOR the opening of the present session of the Cooper Club I have chosen a subject of very great importance to the community in general, and to the homœopathic cause in particular. The chief part of my task to-night is to make known to you what has already been done, and I shall read to you the account given by the late Dr. C. W. Eaton of the fight waged and won by him and his colleagues in Iowa to place homœopathic or internal vaccination on the same footing with inoculated vaccination in the laws of the state.

### INTERNAL VACCINATION A GREAT ASSET FOR HOMŒOPATHY.

This matter is of extreme importance to ourselves. If homœopaths would only make the most of homœopathy we should not long have to wail about the want of "rights" and "privileges." During the small-pox epidemic of five or six years ago some hundreds of cases passed through my hands of persons who wished to be protected against infection without being "vaccinated" in the ordinary way. They were all "vaccinated" internally by me with one or other of the cognate nosodes—*Vaccinum*, *Variolinum*, or *Malandrinum*. Many of those who were treated in this way developed symptoms—gastric disturbances and malaise being the most frequent, and in some instances eruptions of pustules—but none were materially inconvenienced, and none of those so treated took small-pox infection.

In these times, when there is such a strong and growing objection to ordinary vaccination on the one hand,

\* Presidential address delivered before the Cooper Club, October 8, 1908.

Many of the British Empire, the  
Philippines, Spain, and our own country,  
have, despite repeated vaccination, contract-

France, Belgium and Switzerland  
refused vaccination; Cleveland  
ing to vaccinate is free

whilst on the other hand the dread of small-pox remains, the homœopathic method of protection is the only solution of the difficulty. It seems to me that if we were to preach this doctrine throughout the land, and practise the internal method, we should reap a rich harvest of converts to homœopathy and spread a knowledge of our principles in a way that is hardly possible by any other single example of our art.

#### WEAK POINT IN THE ANTI-VACCINATIONISTS' POSITION.

The anti-vaccinationists are deserving of the very highest credit for the work they have done in securing individual liberty. But the weak point of their position is that it is based on a negative. They maintain that vaccination does *not* protect from small-pox. Therein I think they are wrong. They also maintain that vaccination, as it is ordinarily performed, *does* injure the person vaccinated. Therein I have not the slightest doubt they are right.

Homœopathy is in a position which is completely unassailable. It says that it can protect a person against small-pox infection by homœopathic means without poisoning that person's blood.

The allopaths themselves are playing into our hands in this matter with their serums and vaccines which they are now administering by the mouth instead of by breaking the skin. If we allow them to carry off the credit of any success they may obtain it is our own fault.

#### THE DAMNING FACT IN ORDINARY VACCINATION.

There is one circumstance in connection with ordinary vaccination which should suffice to condemn it without appeal—and which will so condemn it one day—a circumstance which distinguishes it from almost all other analogous treatments. In ordinary vaccination a *living morbid organism* is introduced into the blood and tissues of the vaccinated person. That is to say, it is introduced into the person's system in such a way that there is no power of resisting or rejecting it. In the tubercular treatment the "tuberculin," or other preparation injected, contains no living organism, and is therefore in quite a different category from that to which vaccine belongs. Homœopathy, by its method of attenuating poisons into

high infinitesimals, gets rid entirely of all living organisms whilst retaining the curative and prophylactic efficacy of the virus. By this means homœopathy has brought into its *materia medica* the deadliest serpent venoms and the viruses of the deadliest diseases. By this means homœopathy has robbed vaccination of its terrors and has taught its followers how to protect themselves from small-pox without poisoning their blood with the virus of a chronic disease such as *vaccinia* is.

The paper by Dr. Eaton, from which I will now read to you some salient passages, is as fascinating as a romance, and withal soundly practical. Dr. Burford will remember as vividly as I do Dr. Eaton's address at Atlantic City in 1906 on another subject—the appeal for men and women to join the ranks of the homœopathic profession. This appeal has now taken form as a regular propaganda in the United States. The loss of such a man to our cause is grievous indeed, but his work is not lost, and in his absence it is all the more incumbent on us to make the most of what he has done.

I will now give the chief parts of Dr. Eaton's paper, to which I have added cross-headings and a few notes:—

### THE "NEW VACCINATION" IN THE COURTS OF IOWA.\*

By Dr. CHARLES W. EATON, Des Moines.

You will, of course, bear in mind that I stand here to-night not as an anti-vaccinationist, but simply as an advocate of *homœopathic vaccination*. We are advocates of the better way.

Away back in surgery there was a day when all hemorrhages from amputation, excision, &c., were controlled by the application of a hot iron and its resulting cautery. To-day we who use the ligature are not opponents of surgery. We are simply the practitioners of improved surgery.

In precisely the same sense I stand before you, well knowing that you and my Iowa colleagues are not opponents of vaccination, but are advocates and users of the proper vaccination.

\* From the *Medical Advance*, May 1, 1908. Being a paper read by the author at the Jamestown meeting of the American Institute of Homœopathy held in June, 1907.



## THE FIGHT IN IOWA.

The legal fight in Iowa for our proper recognition was entirely successful, and it falls to my lot to-night to tell you as accurately and briefly as I may just what happened. First was our small-pox epidemic of five years ago. Up to that time, outside of the great centres, I doubt if 5 per cent. of all physicians had ever seen a case of small-pox ; but then we all met it.

A goodly number of the homœopathic physicians in Iowa and in Des Moines were using the *Variolinum* vaccination—the internal method. On February 14, 1902, the City Council of Des Moines (for Des Moines was the first of three court cases in Iowa), sitting as a Board of Health at the instance of our allopathic city physician, who was there prompting them, adopted a resolution requiring that vaccination should be by “inoculation.”

The city physician and the school board were in close accord, and all principals of schools were instructed to admit no child who had not been vaccinated by scarification on the arm in the old way. A certain Doty Evans took her certificate to school and was sent home. On the 17th of February Mr. Evans accompanied his daughter to school and presented her to the teacher and principal of the school, and had with him a certificate of vaccination showing that his daughter had been successfully vaccinated within the past two years as required, and this was her certificate: “January 31st, 1902. I hereby certify that I successfully vaccinated Doty Evans, of 1175, 11th Street, Des Moines, Iowa.—C. W. EATON.”

The principal of the school and the teacher refused to permit her attendance at school ; refused to recognise the certificate, claiming to do so under the instruction of the school board, which was the fact.

Mr. Evans, being an attorney, at once filed a petition for temporary injunction in our district court, directed to the school board and against its individual members by name, the superintendent, the principal of that particular school, and the teacher of that particular room.

Des Moines was on that day a very inspiring battleground for homœopathy. All of you who have ever been in the court room of a district court know the forlorn fringe of atoms that usually occupy the benches—poor,

broken-down old men who look as if they had been picked up from the most desperately dissipated and poverty-stricken regions of the city. On that morning the court room was crowded with the best parents of Des Moines, and gathered within the region of the bar was the city solicitor, of course; but the school board took an active part and had its attorney there; pronounced friends of the allopaths were there as well as those of the homœopaths. One of them, who was a professor in the medical department of Drake University, had wired to the surgeon-general at Washington to get ammunition to use against us, and had his reply in his pocket. Things were at the highest degree of tension. But now mark. The pivotal point was one entirely unexpected. Our attorneys had based their demand for injunction on the fact that homœopathy is one of the established and recognised schools in Iowa and therefore its practice could not be prohibited, and no Board of Health had power to prohibit the practice of any method of the homœopathic school. It was by law an established school of medical practice and its graduates recognised and licensed by the State.

#### "INOCULATION."

The resolution passed by the Board of Health specified that the vaccination must be by inoculation. Of course, that inimical city physician should have made it "scarification," but he did not. The moment that we got into court the question came up as to what was "inoculation." The judge said, "If those certificates are by inoculation no power on earth can keep the children out of school." That started an immediate run for a medical dictionary, which said that "inoculation was the introduction of a virus into the system"—but did not specify the method. Now, what happened? The opposition said, "We withdraw our opposition." They saw immediately that they were beaten and they wanted as little on the court record as possible. The whole case evaporated right there.

To show how alert they are and how quick they take the alarm, let me say this: When it became apparent how the case was going one of our attorneys wrote out a certificate that would bring it squarely to the question of scarification. We did not want this decision by default. He handed that certificate to me and said,

"Get that rejected right away." I jumped into my buggy, drove to a school which was within a half block of where two children lived who were being kept out of school. I put the certificates into their hands and started them to school, and although I left the court house before the case was concluded those children could not get to the school quickly enough. When I got there the teacher met them with a welcome. "We are glad to see you. We have just had a telephone." In fact, that same day the superintendent of schools of Des Moines telephoned to one of the principals that he was to accept all certificates "by the external, the internal or the infernal method."

Naturally, we wanted a case that did not go by default on a mere definition. We wanted a case that would be specifically on scarification.

#### "SCARIFICATION" NOT NECESSARY.

There was a school board in an independent school district partly within and partly without the city limits, whose president had been instructed by the city physician that inoculation meant scarification. So some of the scholars of that school were vaccinated by the "internal" method and their certificates presented to the president of this outlying board. He gave a written refusal to accept them because it was not specifically scarification (that may sound obliging, but he was one of my best friends and patients). That enabled us to bring the issue squarely in the court, which we did. The injunction was granted in both cases, and after a considerable time a final decree entered and the costs taxed to our opponents. The process was by injunction and the scarification question fairly raised and the decision made in our favour in both cases.

#### CASE NO. 2, AT IOWA FALLS.

The next case was at Iowa Falls. For two years after this decision we ran along without molestation and began to take it for granted that the other side knew when they had enough. But they forgot at the end of a couple of years, or else they had not heard the news in Iowa Falls. An allopathic doctor happened to be chairman of the school board there—a bad combination.

On November 7, 1904, Roy Marks was excluded on the same ground that the child was excluded in Des Moines. The same day the father filed his petition for injunction against the board and against its individual members. The school board and its members individually filed answer, insisting upon scarification.

November 12th the judge entered an order for temporary injunction.

On the 13th of March following, the case was called for final hearing to make the temporary injunction permanent. The school board of Iowa Falls did not appear at all and the court entered the permanent injunction and the costs were taxed to the school board.

### CASE NO. 3, AT COUNCIL BLUFFS.

Case 3 was at Council Bluffs and this was not originally our scrap, but we were drawn into it. In the spring of 1905 the trouble at Council Bluffs began between the City Board of Health and the school board. The mayor of Council Bluffs at that time was the most aggressive and the most successful allopathic physician of the city. Now, by the Iowa law the mayor is, by virtue of his office, president of the school board. Mayor McCrae and his board issued an order that every teacher, pupil, and janitor of the Council Bluffs schools should be vaccinated. The school board did not think that was necessary and did not want it done, and so they fought the Board of Health. That was not our fight at all.

After it was determined that under the law the Board of Health had the power to order the vaccination then it came up that Council Bluffs homœopaths were using the internal method. This the City Board of Health refused to recognise. Popular interest was at a white heat. The last few weeks of that school year the schools were practically disrupted. The pupils were out by hundreds. People would not have them scarified and no other certificates were accepted. With the coming of fall, at the opening of the school year, the conditions which were supposed to have made vaccination necessary disappeared. But both parties concerned were desirous to settle the thing in court so that in the event of any future emergency arising there would be no further question as to the procedure. All parties agreed to make the case on

broad issues so that it should not be decided on some narrow technicality, as the Des Moines first case, when they threw up their hands on the word "inoculation." It was a distinguished trial. I do not know that I dare say much about it, for your president this evening was one of the witnesses at the trial.

It so occurred that the Missouri Valley Institute of Homœopathy was in session at Omaha, and that gave not only the opportunity to call the physicians of Omaha and Council Bluffs, but also those in attendance at the meeting. Dr. H. C. Allen, Dean of Hering College, Dr. George Royal, Dean of the State University of Iowa, the late Dr. A. P. Bowen, of Sioux City, were all on the witness stand, and there was also a deposition read from Dr. W. A. Dewey, of the Michigan State University. The result was an honourable vindication of our rights.

In all three of these decisions, the two Des Moines, Iowa Falls and Council Bluffs, when the cases came to trial, the contest inevitably narrowed down to just this proposition : That Boards of Health have not the power to specify and enforce any method to the exclusion of any other method practised by a school of medicine which is authorised and established under the laws of the state. It is probable that we will have no more cases, because the allopathic physicians realise that with three existing decisions against them in three widely separated courts, it is scarcely within the range of possibility to secure a reversal of these decisions and secure a decision to themselves.

#### THE CASE OF EMPLOYERS OF LABOUR.

The immediate result of these decisions was that the patrons of homœopathy were free to have their children vaccinated by the internal method. But certain collateral results were bound to appear. For instance, the Boards of Health served notice on the large employers, business houses and manufacturers, that they must have all their employees vaccinated on certain dates or else they would be closed up. This was a phase involving large financial interests. In the case of two of these large concerns I vaccinated their employees by the internal method under

the agreement that if the cases that were then pending went against us, I would immediately vaccinate their force by scarification without additional charge. No matter how ardent a homœopath an employer may be, he cannot run any risk of the wheels of his factory being stopped or the doors of his stores being closed by the Board of Health. Thus, our legal status protected not only the children in the school, but also the men and women of the business world. Furthermore, it has been able to protect numbers of families who have removed from Iowa to other states, because our certificates have been accepted in many instances by school authorities of other towns of other states in cases of such removal.

### QUARANTINE.

Again, our legal status is also adequate for the protection of those who have been exposed to small-pox and whose release from the resulting quarantine—that is, of exposure—is conditioned upon their being vaccinated. None of us would think of these things in advance, but these conditions appeared in Iowa, and you can expect them logically and as a matter of course. This found an amusing illustration in Des Moines.

Small-pox having appeared in a family, and the patient having been taken to a hospital, it was required of the remainder of the family that they be vaccinated before quarantine be released. The head of the house presented a certificate by the internal method to the city physician, a rabid allopath, who literally “fired” it. Our attorney then called upon the mayor, who sent our attorney to the city physician. The city physician greeted him with scant courtesy, refusing curtly to pay any attention. The mayor consulted the city solicitor, who advised him that there was no escape from releasing the family from quarantine. Then the mayor sent word by our attorney to the city physician to release the quarantine, whereupon, when the mayor sent this message, the city physician replied: “Tell the mayor to go to —!” Our attorney delivered the message to the mayor, who fairly jumped to the telephone, called up the doctor, told him to release that quarantine forthwith, and the quarantine was off of the house within an hour.

Now, you see, all that would have been impossible but for the decisions behind it.

#### A "DEFINITION" MOVE.

Another factor in the Iowa contest was the attempt on the part of the allopathic physicians to checkmate us by having the State Board of Health adopt a definition of vaccination specifying the scarification as sure and positive. A resolution including such a definition the allopathic members of the Iowa State Board expected to carry, as they have four members, the homœopaths two, and the eclectics one. In pursuance of these tactics, the Secretary of the Board, who was thoroughly in opposition to us, went to the National Conference of State and Provisional Boards of Health that was held at Hartford, Connecticut. He was on the floor once during that meeting, and that was for the purpose of telling the story of his Iowa tribulations from internal vaccination; he asked the committee to formulate a definition of vaccination, which request was complied with.

He came home, and that definition was introduced at a meeting of the board for passage. It was practically defeated in the morning meeting. They adjourned for lunch, and those of you who have been practical workers in these things know what terrible things can lie concealed in an adjournment. The Board of Health of Iowa included in its members a veterinarian and a civil engineer—very properly! Evidently during the lunch hour these gentlemen were laboured with, so that at the afternoon session that definition was perpetrated upon the Iowa profession by a gain of their votes. So that we have in Iowa a definition of vaccination with all the authority behind it of a "horse doctor" and a civil engineer, but it is official nevertheless.

A Bill was then introduced into the legislature effecting a definition of vaccination. The legislature shied so that it did not get outside of the committee. Last year the State Board of Health undertook the revision of its regulations from A to Z, and among other things they encountered the above definition. Under the suggestion of our members to the board that some evidence had occurred that there were three decisions in the state

which flatly contradicted their definition, and that it could not stand, they passed it over, and the Iowa State Board of Health does not promulgate any official definition of vaccination, and in fact has none.

#### "SUCCESSFUL" VACCINATION.

[I have now come to a most important part of Dr. Eaton's paper—the part which deals with the practical technique of homœopathic vaccination. For certificate purposes this must be superintended by a medical man. It is highly important to observe how Dr. Eaton and his colleagues met the requirements of the case.—J.H.C.]

The local Board of Health rule demanded that the certificate should show two things: That the vaccination has been by inoculation and that it has been successful.

Now as to the word "successful." I suppose a vaccination may be "successful" if there is a visible scar. But we have no scar to show for our "successful," therefore what do we mean by it? Simply this: In a majority of cases under treatment by *Variolinum*, the patients will show a distinct reaction, such as fever, active gastric and intestinal disturbances, &c. Now, then, if the preparation you use has in any one produced those symptoms it shows that preparation to be active, and if you give an active preparation there is no doubt that it will impress the organism.

A demonstrated preparation that can produce distinct disturbances is sure to be "successful" to whomsoever administered, because what is administered by way of the stomach always gains contact with the system. We never give a dose of *Prussic Acid* with the idea that it will not "take." We all "take" in such cases.

One of my colleagues thinks that the certificate should read "inoculation per os." He also insists upon himself giving the first dose. I also use a dose night and morning or until reaction occurs or for two weeks, for in the absence of any objectional reaction it is well to make it thorough.

As my colleague said, it is well to administer the first dose yourself, because some people will get the *Variolinum* from a physician, and also the certificate, and



never take the medicine because they are opposed to that sort of thing.

During the height of the small-pox epidemic a lady went to a reputable and one of the well-known allopathic physicians of our city to be vaccinated. She asked "How much will it be?" and the physician replied "One dollar." "But," she said, "I want you to rub water on instead of vaccine poison. I don't want it to take." "Oh, well, that will be two dollars and a half," answered the physician. I speak of this to call pointed attention to the fact that any dishonesty such as I have mentioned is equally applicable to vaccination by scarification.

In Iowa doctors have quite generally used the 30th potency for vaccination. I say this in anticipation of a question that may be in your minds.

I may have wearied you by being on the floor so long, yet it is hardly possible to give a clear and definite account of just what happened in the courts of Iowa in less time. As had been previously remarked, the unbroken chain of decisions in our favour will probably preclude any further appeal to the courts. Now and then there might be some trouble in some outlying locality among those who are contumacious, but so soon as they are advised of what has transpired, they will accept our vaccination without more ado.

The homœopaths of Iowa are proud of their Iowa courts, who have said to the hosts of allopathy, "You shall not deny the people everything that has not been approved by your own ignorance and your own prejudice. You shall not filch from little children their priceless heritage of healthy and untainted bodies."

—There is little that need be added to this notable paper. Its lesson is writ so large that none can mistake it. I think it is not possible to better Dr. Eaton's suggestion of giving a 30th potency of *Variolinum* and a dose night and morning for a fortnight, or until evident reaction has occurred in order to insure efficient protection. In using *Variolinum* we avoid all the perplexing questions which centre around vaccine.

Vaccinia, as Dr. Mathews Duncan used to say, is the nearest analogue to syphilis in its clinical aspects. It is

a chronic disease with primary, secondary, and tertiary symptoms. The cant about "Pure Lymph" is pure nonsense. It would be just as sensible to talk about pure syphilitic lymph. The only excuse for vaccination at all was that cow-pox was less dangerous than inoculated small-pox. Inoculation with small-pox virus is a practice of great antiquity in the East. But homœopathic vaccination or variolation sweeps away the perils of both practices. It affords ample protection from small-pox and avoids all risks.

## ADDENDUM.

### A NOTE ON THE WORD "VACCINATION."

It may be useful to add a few words in explanation of the terms used in this connection.

To "vaccinate" meant originally to communicate the disease called "vaccinia," or cow-pox; but it has in later times acquired a much larger meaning, and unless we bear this in mind we are apt to be led into a confusion of ideas. The first to widen the scope of its meaning was Pasteur, who named his preparations of modified hydrophobic poison "vaccines." This name was chosen for them because they were used to induce a state of resistance to the disease hydrophobia. From this it has come about that "vaccination" means to treat a person with an infection so as to protect that person against the same or a similar infection when encountered in another way.

"Vaccination" means literally giving cow-pox to anybody. But the only object for which this has been practised is to *protect persons from small-pox*. Therefore it has come about that the idea of *protection* is always associated with the word and generally forms the chief part of it. We speak of "vaccinating" anybody against anything—not necessarily disease—meaning thereby doing something to them which will protect them against any particular contingency.

Then the *method* in which vaccination is performed has imported still other meanings. Vaccination is

usually performed by scratching the skin so as to remove the epithelium or scarf-skin and expose a bleeding surface. Into the wounded surface the vaccine virus is rubbed, and the result of the procedure, if the vaccination "takes," is to leave a permanent scar. From this it has come about that the ideas of scratching and scarring have become associated with the word "vaccination." But neither of these have any essential connection with it. Pasteur in his "vaccinations" used subcutaneous injections, which involved no scratch and left no scar. So that these ideas have not obtained the same permanent association with the word that the first two have.

The only object with which original vaccination has been advocated and practised is to impart protection against small-pox infection; and unless the word is qualified—*i.e.*, "vaccination against typhoid fever," or "vaccination against hydrophobia"—this is what the word always implies. In this way it comes about that the measures adopted by the homœopaths of putting a person under the influence of a modified disease-virus in order to protect him against small-pox infection rightly come under the comprehensive term of "Vaccination."

For the most part, as explained above, homœopaths use the nosode of small-pox itself, *Variolinum*, for this purpose; and if strict etymology were the rule in practice we should have to name this "Variolation." But words once coined are beyond their coiners' control and take on ampler meanings than those intended by their authors. There is no need to fall down and worship etymology; to do so would be to write ourselves down abject pedants. For this reason, homœopaths, as well as the Courts of Iowa, are wise in continuing to use the term "vaccination" to describe the administration of nosodes—whether *Variolinum*, *Malandrinum*, or *Vaccininum*—for the purpose of rendering those persons who wish to be protected immune against the infection of small-pox. To distinguish this method from the form of vaccination which was first in the field, they are right in qualifying it, when necessary, with the additional term "Internal" or "Homœopathic."

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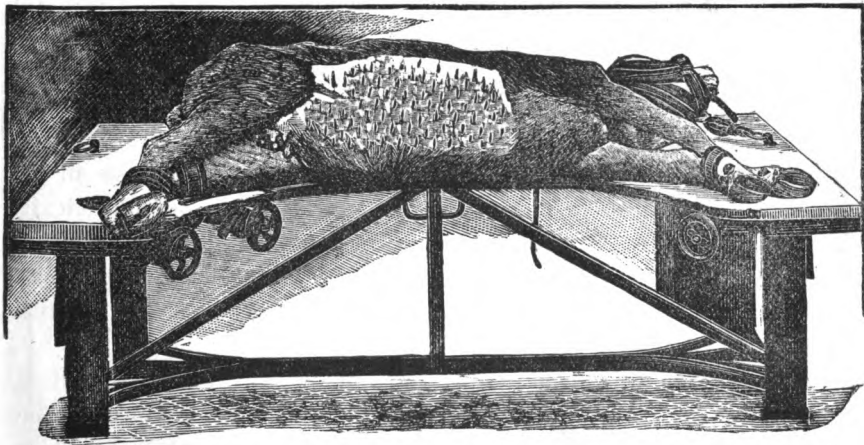
# THE LYMPH NOW USED FOR VACCINATION.

## ***Official Description of the Dangerous Filth forced by Law into the Systems of Children.***

In the "Report to the Local Government Board, presented to Parliament by Royal Command, on the Preparation and Storage of Glycerinated Calf Vaccine Lymph," by Sir Richard Thorne Thorne and Dr. S. Monckton Copeman, these two gentlemen described what they saw at the Institut de Vaccine Animale in Paris. The calves cost about 147 francs each, and are sold at a loss of about 40 francs, in order, we suppose, to induce the butchers who buy them to palm off the diseased meat on their unsuspecting customers.

This report, published in 1897, describes the vaccination of the calf. The surface of the abdomen being shaved and washed, about one hundred incisions, "each about an inch long," are made. Over each incision a drop of glycerinated lymph is allowed to fall, and the drop is rubbed in. "The process is carried out by one of the laboratory servants, and is a somewhat lengthy one." What human beings suffer from two or three vaccine vesicles we know. What must the wretched calf suffer from a hundred or more?

The report thus describes the "Collection of Lymph":—



**How Calves are Placed When Operated Upon.**

The vaccine material is always collected on the sixth day. The calf is once more placed on the table; or, if material is required for immediate use only, it is usually allowed to stand. The vaccinated area is washed with warm water, and dried with clean soft cloths. Each vesicle is now clamped separately, and the crust first removed with a lancet, which is then wiped on a cloth pinned to the front of the cotton blouse which the operator has previously donned.

P.T.O.

**Note.**—From 1899 to 1908 (both years inclusive) the Registrar-General reported 232 deaths as due to "Cowpox and other effects of Vaccination" in England and Wales.

MANY, FRANCE, 1899, the British Empire, the Philippines, Japan, and our own country, have, despite repeated vaccination, contract-

France, Belgium and Switz refused vaccination; Cleveland to vaccinate is free

The vesicle is then thoroughly scraped with the edge of a somewhat blunt lancet, and the resultant mixture of lymph, epithelial tissue (skin), and blood, is transferred to a small nickel crucible set in a wide wooden stand on a table close to the operator.

To the pulaceous (gruelly) mass contained in the crucible there is added about an equal quantity of glycerine.

The mixture of pulp and glycerine is triturated in a mixing machine driven by a small electric motor.

The mixture, having thus been rendered thin and homogeneous, is received in a clean sterilised nickel crucible placed beneath the machine, but with a view of still further *improving its appearance* and of removing any extraneous matters, *such as hairs*, it is afterwards pressed through a small brass-wire sieve consisting of extremely fine gauze into an agate mortar. This is done by means of a bone spoon, and there is left on the surface of the gauze nothing but a very small quantity of *epithelial tissue* together with a few *hairs*. The mixture is further triturated in the mortar with an agate pestle, and is then ready for filling into the tubes in which it is distributed.

We apologise to readers for reproducing this loathsome passage from the report. But it is our duty to expose the bestial character of this outrage.

We would that the worst to be said about vaccine lymph is that its origin is loathsome and its character bestial.

A depth abysmally lower than loathsome, and infinitely worse than bestial, has to be fathomed ere the worst is reached.

Dr. S. Monckton Copeman, in a lecture delivered at the Victoria University of Manchester, on April 25th, 1904, in speaking of the way in which vaccine lymph is made, said:—

“The most satisfactory material was found to be vesicle pulp, obtained in the *post mortem* room from cases of discrete small-pox that had died during a comparatively early stage of the eruption.”

Dr. Copeman goes on to tell how, after this “pulp” had been mixed with glycerine it was inoculated into monkeys, next into calves, and then into children.

Vaccine lymph made from vesicle pulp taken from sores in the body of a living patient is revoltingly insanitary, and, we hold, clearly an illegal product. But what if from the putrid sores on a small-pox corpse? It is idle to say the idea is too revolting, and that even the credulity of a benighted devotee would be overstrained were he asked to believe it.

**The Thing has been done** and unblushingly acknowledged by the leading pro-vaccinist of the present day. As recently as October 29th, 1909, Dr. Copeman declared at the Meeting of the Public Vaccinators' Association that the reason why vaccination was a really effective protection against small-pox was because it was really derived from that disease itself.

**How long shall this go on?**

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No. 23.

S. 10

MONTREAL TRACTS ON HOMŒOPATHY.—No. 2.

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# SMALLPOX

AND ITS

PREVENTION.

BY

THOMAS NICHOL, M.D., LL.D., B.C.L.

MEMBER OF THE COLLEGES OF PHYSICIANS AND SURGEONS OF ONTARIO  
AND QUEBEC; MEMBER OF THE AMERICAN INSTITUTE OF HOMŒO-  
PATHY; CORRESPONDING MEMBER OF THE HOMŒOPATHIC MEDI-  
CAL SOCIETY OF PENNSYLVANIA; ONE OF THE CONTRIBUTORS  
TO "*Arndt's System of Medicine based upon the  
Law of Homœopathy*;" AUTHOR OF A "*Treatise  
on Diseases of the Larynx and Trachea in  
Childhood*."

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many, France, Italy, the British Empire, the  
Philippines, Japan, and our own country,  
have, despite repeated vaccination, contract-

France, Belgium and Switzerland  
refused vaccination; Cleveland  
ing to vaccinate is free from



My original intention was to issue a Tract on some form of Disease alternately with one on some point of the Homœopathic Law of Cure, and accordingly No. 2 was to have been a collection of cases cured by the material dose. But the advent of smallpox forces me to change this plan, and I now send forth "SMALLPOX AND ITS PREVENTION" in the hope that my readers will obtain a clear conception of the disease and also just views on the great subject of its prevention.

THOMAS NICHOL, M.D.

140 Mansfield Street, Oct. 26, 1885.

# SMALLPOX AND ITS PREVENTION.

—:o:—

SMALLPOX is at once the most loathsome and the most easily prevented of all the eruptive fevers. Before the great discovery of Jenner it was undoubtedly the most fatal scourge that decimated the human race, and, though at the present time it occupies a less conspicuous place, the fact remains that to the dwellers in Montreal it is more frequent and more fatal than even the much-dreaded diphtheria.

During the month of September, 1885, we lost out of a population of a hundred and sixty thousand no less than 830, being at the rate of 10,000 per annum, equal to the population of a town like Belleville, Ontario.

Smallpox, then, is an acute febrile and eruptive disease, eminently contagious, caused by a specific poison which reproduces itself during the course of the attack. After a period of latency, fever of a remittent type makes its appearance, followed by the specific eruption, which passes through the various stages of pimple, vesicle, pustule and scab. The disease runs a definite course, and, as a rule, it blunts the susceptibility to a second attack in the same individual.

Smallpox is the product of a specific poison, and this poison must, in the very nature of the case, be derived from some one afflicted with the disease. You might as well expect wheat to spring up where no wheat has been sown as expect smallpox to arise spontaneously. In the olden time, when medical men were even poorer reasoners than they are to-day, it was believed that smallpox could originate in mental emotion, or from some deficiency in sleep, exercise or food, or from some disorder of the

many, France, Italy, the British Empire, the Philippines, Japan, and our own country, have, despite repeated vaccination, contracted smallpox. France, Belgium and Switzerland refused vaccination; Cleveland, Ohio, has refused to vaccinate its free population.

secretions, and even at the present time many people, including not a few physicians, believe that it may be bred in the blood, precisely like rheumatism or gout. But the specific nature of the disease is now placed beyond all doubt.

Smallpox, then, originates in a specific poison which reproduces itself. It is, therefore, an organic body which can exert its baleful power in the form in which it is thrown off by the sick person, and this is the self-evident mark of a contagious morbid poison. No one, so far, has been able to separate the contagious germ from the lymph in which it lies, and, like the poison of typhoid fever and some other diseases, we only know it by its effects. In the first place, the contagious germ may be transmitted through the medium of the air without any contact whatever with any infected person, and in this manner it may strike its victims at a very considerable distance. Thus Dr. Haygarth, on the authority of an American physician, affirms that the contagion, on one occasion, crossed a river fifteen hundred feet wide, and affected ten out of twelve carpenters at work on the other side. This contagious principle is given off by every part of a sick man's body, by the lungs as well as by the skin, and it clings to the clothing of the patient, to the coverings of his bed, to the newspapers he reads, and to the walls of the room. In the writings of the older physicians, such as Baron Dimsdale and Dr. Lettsom, we constantly find the ominous phrase "infected clothes," and these writers seem to have been more awake to the possibility of infection in this manner than the practitioners of to-day. Our filthy dollar bills, too, are suspicious, to say the very least. The dry scabs retain the contagion for a long time, and death does not destroy its energy, and it is quite certain that a smallpox patient throws off contagious emanations from the first day of the fever till the falling of the very last scab. Dr. W. V. Drury, a well-known English homœopathic physician, writes:—"I recollect being in the old smallpox hospital the last day it was occupied by patients. This building stood where the Great Northern Railway terminus now is. After the house was given over to those who buy old houses, it was pulled down, the materials would, in the

ordinary course of trade, be sold, and dispersed about London, to be again used in building. The year following the pulling down of the hospital we had an outbreak of smallpox in London."

There is but one contagious principle of smallpox, but the contagion appears in various forms, according to the constitution and susceptibility of the individual. When the pustules stand separate from each other, it is quaintly called *discrete smallpox* or *distinct smallpox*; when they run into each other it is styled *confluent*; when hemorrhage takes place from the mucous surfaces with effusion of blood under the skin it is called *malignant* or *black smallpox*. Lastly, when smallpox is modified by vaccination, it is termed *varioid*. More minute divisions are made by some writers, but for all practical purposes these are quite sufficient.

The origin and early history of smallpox are involved in almost impenetrable darkness. It appears certain that it was unknown to the ancient Greeks and Romans, and many circumstances point to Hindostan as being the birth-place of smallpox as well as of cholera. Thus a goddess presided over the disease and its treatment, and from time immemorial the Brahmins have been in the habit of inoculation. From Hindostan it passed to Arabia and the countries bordering on the Red Sea, about the time of the birth of Mohammed; and in the seventh century we read of Caliphs being pitted with smallpox. Procopius, who wrote in the year 544, describes a disease which some think was smallpox; from the narrative it seems rather to have been the plague. But the history of smallpox prior to the time of Rhazes (A. D. 910) is mere conjecture, and we are indebted to the famous physician of Bagdad for the first clear and perspicuous account of the disease. A copy of his "*Treatise on Smallpox and Measles*" now lies before me, and from it I gather that he ascribes to Claudius Galen a knowledge of the disease, and he quotes passages relating to it from the "Pandects" of Ahron of Alexandria, who wrote in the fifth century. Rhazes speaks of smallpox as being generally known all over the East, and the same opinion is expressed by Ali Abbas, Avicenna, and other Arab physicians of the tenth and eleventh centuries.

many, France, Italy, the British Empire, the Philippines, Japan, and our own country, have, despite repeated vaccination, contract-

France, Belgium and Switzerland refused vaccination; Cleveland ing to vaccinate is free from

From Asia it travelled slowly westwards, striking England at the close of the ninth century, and its ravages were so frightful that the people lived in continual dread. In the Harleian manuscript, certainly written before the year 900, we find the following prayer:—"In the Name of the Father, of the Son, and of the Holy Ghost, Amen. May our Saviour keep us. Lord of Heaven, hear the prayers of thy men-servants, and of thy maid-servants, O Lord Jesus Christ. I beseech thousands of angels, that they may save and defend me from the fire and power of the small-pox." The returning Crusaders appear to have brought the disease with them; certain it is that not till then was it known on the Continent of Europe. It did not reach Germany till the year 1493, when it was introduced from the Netherlands by a soldier of the Emperor Maximilian I. From Europe it passed to Mexico in the year 1520, claiming its victims by millions.

In all these countries smallpox was the one great scourge, sweeping over vast tracts of country, and causing more deaths than all other diseases put together. As Dr. J. N. Hyde aptly remarks:—"If a modern traveller could find himself transported to the streets of the City of London as they appeared in the early part of the present century, it is probable that no peculiarities of architecture, dress or behavior would be to him so strikingly conspicuous as the enormous number of pock-marked visages he would encounter among the people at every turn."

In the year 1721, Lady Mary Wortley Montague introduced inoculation, which checked the disease to a very appreciable extent, and in the year 1775 Dr. Edward Jenner made the beneficent discovery which has saved myriads of human lives, and now it may be truthfully affirmed that whenever smallpox rages as an epidemic it is simply *the result of neglect of vaccination*.

Smallpox assails all ages, even the unborn babe. Infants, however, of one or two months are less liable than older children. Indeed, Dr. Underwood, one of the best of the older writers on the diseases of children, was of opinion that even contact in the cradle with a child ill of smallpox would not communicate the disease to the newly-born.

Sex causes no difference as to susceptibility to the disease--men and women are liable in the same degree. But both *pregnancy* and *childbirth* predispose to the disease, and, at the same time, give to it an additional malignancy. The fatality of the disease is greatly increased by intemperance, by violent exercise, by confinement in a warm room, and, according to all the older writers, by heaping a quantity of blankets on the bed. On the other hand, the severity of the disease is greatly mitigated by sponging with cold water, by light bed-clothes, by good ventilation, and by total abstinence from animal food and alcoholic drink.

The older writers, who saw only the unmodified disease, all assert that in the country and at a distance from large towns the disease is much milder than in a crowded city.

Chronic diseases do not diminish the predisposition to smallpox. Patients with heart or lung affections are attacked in the same ratio as the healthy; the only difference is that it is more likely to prove fatal.

Smallpox may co-exist with measles, when, according to Munro, of Edinburgh, the course of the smallpox is interrupted until the eruption of measles has disappeared. Children ill with scarlet fever *may* take smallpox, but they are not at all likely to do so, and the same may be said of typhoid fever patients. A man of eighty, who has neglected vaccination, is more likely to take smallpox than a man of fifty, simply because he is further from his infantile vaccination.

The young are the chosen victims of smallpox, chiefly because the disease is commonly contracted on the first exposure to the contagion. Thus, during the years 1840 and 1841, there died in London of smallpox 2,286 persons, of whom 2,060 were under the age of fifteen, and only 226 above it. During the months of June, July and August, 1885, *three hundred and twenty-four persons* died of smallpox in Montreal, of whom *two hundred and eighty-three were children* under five years of age; the adults numbering but *forty-one*, about eight per cent. of the whole. The adult deaths for September were *one hundred and five* against *seven hundred and twenty-five children*.

many, France, Italy, the British Empire, the Philippines, Japan, and our own country, have, despite repeated vaccination, contract-

France, Belgium and Switzerland refused vaccination; Clevelanding to vaccinate is free fr

As a rule, smallpox is highly contagious. Sir Thomas Watson affirms that "there is no contagion so strong and sure as that of smallpox, none that operates at so great a distance." Mr. Marsden says that "a single breathing of the air where it is, is enough to give the disease;" and Dr. Haygarth tells us that, during his long attention to this subject, not a single instance had occurred to prove that persons liable to the smallpox could associate in the same chamber with a patient in the distemper without receiving the infection.

Notwithstanding these strong statements, which, as a rule, are correct, there are many people who are but little susceptible to smallpox, and even before Jenner's discovery many thousands passed through life without being attacked. Dr. Gregory tells a story of a lady in Salisbury, who had brought up a large family, many of whom she had attended in smallpox, but had never taken it herself. Finally, in the year 1804, she, being at the time eighty-three years of age, took a fancy to be inoculated, which was successfully accomplished.

A distinguished railway officer lately told me that, while manager of a railway centering in Chicago, he one day entered a car in that city for the purpose of inspecting it. Almost immediately a delirious smallpox patient, with his face and body covered with the confluent eruption, rushed into the car, closely followed by the conductor. The passengers scattered, as a matter of course, but the conductor grappled with the man, and, after a good deal of exertion, succeeded in mastering him. The conductor, whose hands and face were smeared with the variolous matter, wished to proceed with his run, but the manager told him to go home and get vaccinated, as the operation had never been performed. He went home, but did *not* vaccinate, and did *not* take smallpox.

Occasionally persons are met with who state that they have had smallpox twice, or even thrice. This happens, and not so very seldom either, but I am inclined to think that in the great majority of these cases, one of the attacks was chicken-pox.

Colored people are peculiarly susceptible to the contagion of smallpox, and the mortality is much greater than among whites.

Cullen's famous definition of the *discrete variety* is still the best: "Distinct smallpox, with few pustules, and those distinct, with circular margins, turgid; the fever ceasing upon the eruption breaking out." After a period of incubation, averaging twelve days, the individual is attacked by rigors, soon followed by burning heat. This stage lasts, as a rule, three days, though I have seen it shortened to two or prolonged to four days. The fever remits slightly in the morning and rises towards evening. The pulse is full and tense, the skin hot and dry, respiration short and labored. The patient rapidly becomes languid and weak, and after exertion the face becomes pale and sunken with a dull and heavy expression, while the pulse is quick and thready. The tongue is dry and parched, the thirst is constant and severe, appetite entirely gone. Nausea and vomiting are often present, with pain in the stomach increased by pressure; constipation is very common. But the most characteristic of all the early symptoms is the pain in the back. This is a dull, heavy pain in the small of the back, which is not increased by motion. When it is severe it usually ushers in a severe attack of the disease; when it is absent then the attack is mild. This back-ache is usually accompanied by drawing, tearing pains in the limbs, often mistaken for rheumatism, and Heberden remarks that it is a good sign when the pain is high up, between the shoulders. Headache is another constant symptom, which comes on very early and continues till the eruption appears. It seems to be of a congestive nature, for the face is hot and flushed, the eyes red and glistening, while the great vessels of the neck pulsate violently. The head throbs and beats with severe lancinating pains, often with a feeling as if a cord tightly encircled the head.

At times the disease sets in with restlessness and delirium, which soon passes into stupor, and in children it is often ushered in by convulsions, which take the place of rigors in adults. Sore throat is often present, with sneezing and running at the nose; a bronchial cough is less common.

Towards the close of this initial stage a red rash often comes out, especially on the lower part of the abdomen and the inner



surface of the thighs. It takes the form of small, irregular points or streaks, or it may cover a larger surface as a uniform blush of a pale red or brownish red tint. This rash fades and disappears as the true smallpox eruption approaches, and very much depends upon its early recognition.

The intense febrile symptoms now decline, the heat of the skin diminishes, the drowsiness and delirium pass away, and even the harassing back-ache subsides. The characteristic eruption first appears on the face; then, in succession, on the neck, trunk and limbs. Very rarely do the spots first appear on the extremities. Small reddish pimples first appear, which gradually enlarge until, after forty-eight hours, they feel *like small shot in the skin*, and this is highly characteristic. At this early stage the eruption looks a good deal like measles, and in the olden time the two diseases were not distinguished from each other. About the third day of the eruptive stage a very little clear fluid appears on the summit of each pustule, and this vesicle steadily enlarges till the sixth or seventh day, when it has the size and shape of a small pea. In mild cases these pocks may be as few as twenty in number; in bad ones, as many as five or six hundred. Soon after the appearance of the clear fluid a depression is seen at the apex of the pustule, which gradually deepens into the characteristic umbilication, and Dr. Hartshorne compares the pustule at this stage to a hat whose crown has been pushed down at the middle. The entire skin is now swollen and cedematous, and the head, face and eyelids are particularly puffy; in severe cases the patient is often blinded. About this time there is a distinct ring of inflammation around each pock. The fever now returns, a secondary fever, called the fever of suppuration, often opening with a rigor, followed by heat of the body and slight delirium. I have frequently met with bronchial cough about this time, often with blood-streaked expectoration. The matter in the pustules increases till the eleventh day, when they begin to break and discharge a yellowish matter, which dries into scabs or crusts and falls off. The subjacent skin is found to be full of depressed scars of a bluish-purple color which persist for a long

time. As the scabs form, the fever declines, the tongue cleans, the appetite returns, and the patient is himself again.

Very characteristic is the greasy sickly odor which exhales from the body during the maturation of the pustules. An experienced practitioner can often name the disease from the odor alone, for there is nothing on earth like it. Often the eruption appears in the mouth and throat, with soreness and difficulty in swallowing, and, in rare cases, the air passages are involved, causing hoarseness, cough and difficulty in breathing.

In the *confluent form* of the disease the stage of incubation is very short and the fever very severe. Cullen's definition is concise and accurate: "*Confluent smallpox*, with numerous pustules, confluent, with irregular margins, flaccid, and but little elevated, fever remaining after the eruption."

It is well to remember, however, that it is only an aggravated form of the disease, and that there is every possible grade between the mildest distinct form and the most severe confluent. But every confluent case is serious, and the danger is ten times as great as in the distinct variety. The preliminary rigors are longer and more severe, and diarrhœa is common, both in children and adults. The red rashes, already spoken of, often precede this form of smallpox, and delirium and stupor may appear almost as soon as the fever commences. In children convulsions frequently come on the evening before the pocks come out. At times the eruption is preceded by an erysipelatous blush, covering large portions of the body. About the close of the second day, a large number of deep red points appear, and on the following day they assume the pustular form, and almost at once they become confluent.

All the symptoms are greatly worse than in the distinct form. The pains in the back and limbs are more severe, the fever is much higher, the sickness more distressing. The eruption advances rapidly, but the pustules rise but little above the skin, especially on the face. They are flat and irregular in form, and soon run together, till at times scarcely a morsel of healthy skin can be seen. I have noted collections of pus as large as a hen's

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egg, and an eruption of small boils is common. Soon the pustules burst, scabs form, and the face looks as if it had been thickly plastered over with honey-comb. The face, hands and feet swell enormously, and this tumefaction is greater about the sixth day. The swelling is greatest about the ears and the angles of the jaw, and the eyelids also participate in the tumefaction, though, on the whole, they are less swollen than in the milder form of the disease. Still, I have seen patients unable to open their eyes for four, five or even six days. Severe inflammation of the eyes is somewhat common, sometimes ending in perforation and total blindness.

The eruption in the mouth and throat is far more copious than in the distinct form of the disease, and it is accompanied by an abundant and distressing salivation, which is at its height about the ninth or tenth day. Not unfrequently the eruption and its attendant inflammation extend with the most astonishing rapidity to the air-passages, causing a hoarse and muffled cough, with futile attempts at expectoration, and sometimes complete extinction of the voice.

The fever declines but little on the appearance of the eruption but as soon as matter forms in the pustules it rises higher than before. It is often accompanied by violent delirium, followed by profound stupor. I have often seen obstinate diarrhoea towards the close of the attack, and, as a rule, convalescence is slow.

Unfavorable signs are, a sudden subsidence of the swelling, or a complete absence of the swelling; or a cessation of the salivation, or its absence. These statements are apparently contradictory, but I had abundant opportunity of verifying them during the epidemic that raged in this city from 1872 to 1880. Another unfavorable sign is the appearance of a blackish spot in the centre of each pock, for this is very often accompanied by increased fever, with brown tongue, frequent pulse and violent delirium. At other times the patient is overwhelmed by the increased virulence of the poison. The pulse does not increase in frequency, and the temperature is unchanged, but he suffers from constant restlessness and anxiety, with uncontrollable

retching and vomiting, and frequent desire to pass urine. Such cases are almost inevitably fatal.

*Varioloid* is smallpox modified by vaccination, or by a previous attack of smallpox. It is often ushered in by a good deal of fever, and yet it runs a milder course and has a shorter duration than the other forms. The danger, too, is very much less, as we shall see when we come to discuss the statistics of the disease, and yet it is not altogether devoid of danger, for fatal cases occasionally occur. The fever is one day shorter than in the distinct form of the disease, but the headache is very often of the most severe nature, with great prostration and distressing vomiting. The pain in the back, too, is so severe that patients often say that they feel it must break. The invasion-rashes, already described, are quite common. The fever disappears when the eruption comes out, and the eruption may consist of but a few scattered pocks. Sometimes there is no eruption whatever, and I have seen numbers of cases in which it first appeared on the body, not on the face. Again, it may be more copious, but it does not run its regular course, drying up on the sixth or seventh day, instead of the eighth or ninth. The smallpox smell is rarely present, and secondary fever is uncommon. In general terms it may be stated that this form of smallpox is severe in exact proportion to the length of time that has elapsed since vaccination. If fifteen years have elapsed, the attack is very light, an interval of forty years is followed by an attack of average severity; while a man of seventy-five or eighty, who has not been vaccinated since infancy, may have a severe or even fatal attack of confluent smallpox. As a rule, pitting is rare; when present it is usually slight. In spite of all these differences there can be no doubt but that modified smallpox is identical in its essential nature with the other forms of the disease.

*Black smallpox*, or *malignant smallpox*, as it is more correctly termed, is not nearly so frequent now as it was before Jenner's time. From the first onset all the symptoms are of the most formidable nature. The headache is very acute, the anxiety very great, the sickness and vomiting most distressing. In one

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class of cases the nervous system is completely prostrated from the very first; continual restlessness and anxiety, with delirium, which soon passes into coma. In these cases the eruption is either imperfectly developed, or else it suddenly retrocedes after it is formed. In another and more numerous class, a low depraved condition of the blood is the most prominent characteristic. The thin and watery blood oozes from nearly all the mucous surfaces, from the nose, mouth, air-passages, kidneys, bowels and womb. The eruption is badly developed, bloody or purplish, with an unendurable smell and, at times, a disposition to gangrene. The skin is covered with dark red spots, varying in size from a pin head to a ten cent piece, and sometimes the entire eye is crimson with effused blood. About the tenth day the pustules burst and discharge a bloody ichor, which dries into brownish or blackish crusts of a most offensive appearance. The patient's countenance is at first expressive of anxiety, but as the disease marches on he sinks into stupor with oppressed breathing and great weakness of the circulation. Death usually takes place about the fifth or sixth day.

Unlike scarlet fever and typhoid fever, this disease, running as it does a definite and rapid course, has but few complications and after-effects. You never see a lingering smallpox as you see, lingering scarlet or typhoid fever. I look upon laryngitis as being one of the most frequent and fatal of the complications. It results from an extension of the eruption and its accompanying inflammation to the larynx, but still more frequently it is the result of exposure to cold.

I remember attending (November, 1871) an unvaccinated child ill of confluent small-pox of a malignant type. It did well for ten days, and really looked like getting well, till one cold night the mother, exhausted by watching, threw herself across the foot of the bed and fell into the sleep of the weary. The child slipped from the bed and passed several hours on the cold, carpetless floor, and when the mother awoke the child was stricken with hopeless laryngitis. Pleurisy is a somewhat common and very fatal complication, and the same may be said of bronchitis. Ery-

sipelas is quite frequently seen, and abscesses and gangrene often retard recovery and endanger life. Inflammation of the eye and ear are nothing like so common now as they were before Jenner's time, and I have seen virulent nasal catarrh quite frequently.

Diemerbroeck, a Dutch physician who flourished in the beginning of the seventeenth century, tells a preposterous story of having seen individuals take smallpox three times within three months, and one English practitioner claims to have attended between eighty and ninety cases of recurring smallpox. But there can be no doubt that, after excluding such tales for the marines, true smallpox may recur in the same individual, and a third attack is occasionally, but very rarely, seen. Thus Mr. J. F. Marson, medical attendant at the Smallpox Hospital, London, tells us that the son of a medical officer in the army, who had been vaccinated in infancy by his father, and had a large cicatrix remaining from the vaccination, and who was attended by his father for smallpox in early life, and bore decided pits of the disease, in 1844, at twenty-three years of age, was admitted into the Smallpox Hospital with severe confluent smallpox, of which he died. The celebrated Trousseau had in his wards a medical student who, though he bore the marks of two attacks of smallpox, took it a third time, and that, too, in rather severe form. But one who has had very severe smallpox is not likely to have it a second time, at least not so likely as one who had the disease in a very mild form.

The temperature of the patient is often as high as  $101^{\circ}$  on the first day, and it continues to advance, with very slight morning remissions, till on the evening of the third day it may be  $103^{\circ}$ , or even higher. The chief point about the thermometry of the confluent form of the disease is that if the high temperature continues after the eruption is well out then there is certain to be a formation of matter in the pocks, or else some inflammatory complication is at hand. When suppuration does take place a temperature of more than  $105^{\circ}$  indicates danger, and I have noted  $110^{\circ}$  in fatal cases.

The anatomical character of the eruption is now well under-

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stood. Deep down on the true skin, and partly within it, little patches of congestion appear, which steadily enlarge, rising at the same time towards the surface. At this early stage each of these bodies has the feeling of a small shot, and this is a characteristic of the early stage. As a result of the inflammatory action, effusion takes place into the surrounding tissues, and thus firm, flattened papules are formed. These stages occupy about forty-eight hours. Then follows an effusion of pearly fluid, which converts the papules into vesicles full of this colorless lymph, each having a central depression and an inflamed circle around it. This stage lasts about four days, when the vesicles ripen into pustules. The matter increases in quantity, and is deposited in little cavities formed by the adhesion of the changed epidermis to the true skin at some points and its separation at others. The pustular stage lasts three days, and, towards the close of the third day, when they have attained their full size, they rupture, the fluid or semi-fluid contents exude and form scabs. The stage of scabbing lasts about three days more, making the entire duration of the normal eruption about twelve days.

One would say that it should be a very easy matter to distinguish smallpox from other diseases, but, as my old teacher of clinical medicine remarks, when writing on this subject, "the most experienced physicians are sometimes deceived." And yet much, very much, depends upon the prompt recognition of the disease, *for it is contagious from the very first*. If the two first cases which came to Montreal last April had both been promptly recognized, and both had been carefully isolated, then we would have been spared that calamitous loss of life compared to which our pecuniary losses, heavy though they be, are but the merest trifle.

The initial fever of smallpox does not differ from any other fever. But severe pains in the back would be suspicious, and, if accompanied by excessive irritability of the stomach, occurring during an epidemic of smallpox, the probability would be quite strong. If a pustular eruption appeared, and if, at the same time, the fever subsided, then the proof would be *almost*

conclusive. Lastly, should the eruption become vesicular, with the characteristic umbilication, the evidence would be complete.

It is at times quite difficult to distinguish between smallpox and chicken-pox. True, well-marked cases of these diseases are easily diagnosed, but they insensibly shade into each other, and there are cases of chicken-pox hardly to be distinguished from smallpox. Thus, Dr. Munro (Tertius), of Edinburgh, who wrote in the year 1818, speaks of "the more severe form of chicken-pox, in which the fever is considerable, the vesicles pass on to suppuration, and pits are left by them, which, in a few instances, have disfigured the face fully as much as those of the confluent smallpox, and which pits bear a resemblance to those of smallpox." The fever of chicken-pox is slight: that of smallpox usually severe. The eruption of chicken-pox appears twenty-four hours after the patient sickens, while the characteristic pimples of smallpox appear seventy-two hours from the attack of the primary fever. The eruption of chicken-pox is almost always vesicular, and seldom proceeds to suppuration, and very rarely leaves pits. Lastly, the entire course of chicken-pox is five or six days, while that of smallpox is fourteen or fifteen. Previous to the year 1767 chicken-pox was looked upon as being a variety of smallpox, and even at the present day they are considered identical by not a few. But vaccination does not prevent chicken-pox, indeed it usually occurs after that operation; and, though one or two great authorities on the Continent of Europe are said to hold the old doctrine of identity, nothing is more certain than that chicken-pox always gives rise to chicken-pox, and smallpox to smallpox.

Measles has often been mistaken for smallpox, sometimes with ludicrous results, sometimes with results which are far from ludicrous. Thus during the height of the epidemic of 1872-80, a young lady, a member of a somewhat prominent family, was attacked with what a leading practitioner averred was smallpox. She was strictly isolated, every one in the house was vaccinated, and the place reeked with the fumes of carbolic acid. Two trained nurses were procured from the General Hospital, and

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public prayers were offered up in the patient's behalf. The family got thoroughly alarmed, and the consulting physician, the Nestor of the Montreal physicians, cool and sagacious, was called in. As soon as he entered the room, he smelt the patient, and exclaimed in the sweet Doric of his native land, "*Mizzles! Dr——, Mizzles!!*" And measles it was, sure enough! The serious aspect of this weighty matter, the diagnosis of measles from smallpox, is well illustrated by a case which happened in this city just about the same time. A poor man, fortunately unmarried, was taken with what his medical attendant called smallpox. He was at once removed to the Smallpox Hospital, which in those days was a good brick building immediately in rear of the General Hospital, *and connected with it*—I presume, with the benevolent intention of giving the patients of the General Hospital an opportunity of catching smallpox in addition to their other ailments. The patient was barely within the walls of the smallpox department when the attendant physician detected that the disease was measles. The patient was promptly sent to his home, but during his brief sojourn in the smallpox department he had taken smallpox. He died in a few days.

In measles, then, a catarrh of the eyes and air-passages is the essential part of the disease, but nothing of the kind is present in smallpox. Pain in the back is absent in measles, but almost uniformly present in smallpox. The eruption of measles is destitute of the shot-like feeling so characteristic of the early stage of smallpox, and it is, from the first, much darker in color. Moreover, the eruption of measles does not suppurate, and it never umbilicates.

The *prognosis* of smallpox depends very much upon vaccination. If the patient has been vaccinated he is likely to recover; if he has *not* been vaccinated he is likely to die. Before Jenner's time *one-half of all the children under ten died of smallpox*; now, when vaccination is systematically practised, the mortality is *nil*, and the German statisticians—the most accurate in the world—affirm that in the eighteenth century smallpox caused from seven to twelve per cent. of all the deaths. From this frightful slaughter Jenner delivered us.

Smallpox is more fatal in women than in men, and pregnancy greatly increases the danger. It is rare for an adult to die of modified smallpox, and, with good treatment, the danger in the distinct variety is very small. It is widely different in the confluent variety, and the black smallpox is as bad as the plague. People who have had smallpox once are not very likely to take it a second time, but if they do take it, they are very likely to die. A given individual who had a mild attack in his youth runs a greater risk from his second attack than another man whose first attack was severe.

Hebra's experience is that, while among those who are unvaccinated the mortality amounts to 30.1 per cent., it is not more than 5.2 per cent. in persons protected by vaccination—that is, the mortality is six times as great. Marson, the best English authority, says that, taking patients at all ages, as they came to the Smallpox Hospital, 50 per cent. die from the confluent form, and 4 per cent. from the distinct form of the disease. Curschmann, the best German writer on this subject, admits that, even including children up to ten years of age, the mortality in the epidemics observed by him was as high as fifty-eight per cent. Intemperance greatly reduces the chances of recovery, and a man of sixty, other things being equal, is more likely to die than a man of twenty-five. Hard work and insufficient food darken the prognosis.

The homœopathic statistics are eminently encouraging, Dr. Eubulus Williams, of Bristol, England, treated a large number of cases in a public institution in that city with the following results: he lost no patients at all of the period of life when the infantile vaccination remained effective, that is, up to the age of eleven. After that age, when the course of the disease proved that the patients were no longer protected, the mortality was 19 out of 257, or about  $7\frac{1}{2}$  per cent.

Timid people and unvaccinated people should never nurse smallpox patients, indeed the unvaccinated should never come within many, many yards of them. The nurse should be thoroughly trustworthy, and should keep separate from all others

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all through the illness ; even though she had smallpox herself, she should be vaccinated before commencing her duties, and she must be carefully disinfected before mingling with her fellows again.

The patient's bedroom should be kept fresh and cool, certainly not to exceed  $67^{\circ}$  ; and I prefer a degree or two lower. Half a century ago all doors and windows were kept jealously closed and not a breath of fresh air was admitted, now all are agreed that the room must be freely ventilated at stated intervals. In cold weather a fire in an open grate helps much in the matter of ventilation, and in mild weather the windows should be kept open, day and night.

The sick room should have no *carpets*, and as little furniture as may be. All heavy curtains should be removed, and paper blinds used instead. Quiet must be secured at all costs, and the nature of the disease effectually excludes the inevitable visitor.

In the good old times the patient was loaded down with blankets and coverlets, but now-a-days he has light bed-covering, frequently changed, very much to his own comfort. In the same good old times the patient was not allowed to change his linen, and Diemerbroeck, the Dutch physician already quoted, writes as follows :—"Never shift the patient's linen till after the fourteenth day, for fear of striking in the pock, to the irrecoverable ruin of the patient. Far better is it to let the patient bear with the stench than to let him change his linen, and thus be the cause of his own death. Nevertheless, if a change be absolutely necessary be sure that he puts on the foul linen that he put off before he fell sick, and, above all things, take care that this supply of semi-clean linen be well warmed." Except under exceptional circumstances, the linen should be changed at least each second day.

During the earlier stages the patient rarely can take food ; further on he should take milk, boiled and diluted with filtered water ; weak chicken broth, roasted apples, ripe fruit of almost any kind. Ruddock advises raw eggs beaten up with cold milk.

Cold water is by far the best drink, and a small piece of ice

allowed to dissolve slowly in the mouth is very grateful to most patients. The water may be flavored with the juice of oranges and raspberries, but as lemonade antidotes most homœopathic remedies it should never be allowed. The sick man may be allowed to drink freely, but not much at a time.

Stimulants should very rarely be used in smallpox, but I have followed Sir Thomas Watson's advice and given strong broths, or even wine, if the maturation of the pustules should proceed tardily, if they should not fill up properly, nor their contents become purulent.

Carbolic acid, chloride of lime, thymo-cresol (the very latest fad) and similar things are of very doubtful value as disinfectants, and it must not be forgotten that homœopathic medicines are liable to injury by such powerful odors. On this point, the value of these so-called disinfectants, I am glad to be able to quote the high authority of Dr. Abraham Jacobi, of New York, who thus writes:—"The popular idea, sometimes even shared by physicians, that the faint odor of chloride of lime or of carbolic acid in a sick room or in a foul privy is evidence that the place is disinfected, is entirely erroneous. Particularly in regard to the latter agent, it may be stated at once that its employment for disinfecting purposes on a large scale is impracticable, both on account of the expensiveness of the pure acid and the enormous quantities required to produce the desired effect. For in regard to its efficiency it does not rank very high in comparison with a great many other articles, as may be seen from a table of the disinfectant properties of different chemicals published by Miquel in the *Semaine Médicale*." Fresh air and cleanliness are by far the best disinfectants, and without them all others are but of doubtful utility. I never use disinfectants, other than fresh air and cleanliness, during the illness, when I can possibly avoid it. Specially to be condemned is the sheet saturated with a strong solution of chloride of lime, for that tends to make the patient's breathing difficult and to bring on the much-dreaded laryngeal complication.

Very high authorities, Hebra among them, recommended cold

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douche baths, but sponging with tepid water is much safer and more grateful to the patient. An inunction with olive oil should follow each sponging. Dr. Hyde states that "in Vienna warm baths, administered either by the process of continuous immersion so generally practised there or by immersion for from two to three hours of each day, has been found to furnish the greatest amount of comfort to the patient," but, in this city at least, this can rarely be done in private practice.

A frequent change of position in bed is very grateful to the patient, and, at the same time, it tends to prevent bed-sores.

Many things have been recommended to prevent pitting, mercurial ointment, nitrate of silver, tincture of iodine, but with very doubtful success. Dr. E. H. Ruddock, the well-known writer on homœopathic practice, points out that the action of light on the pustules *photographs* them on the skin, and to prevent that action he advised a mixture of cream and flour in such proportion as will make a thick paste. I have found simple olive oil exceedingly effective, and it has the additional advantage of relieving the intolerable itching. Ruddock, whose missionary life ended all too soon, gives the following excellent advice:—"The hands of children should be muffled and lightly secured, to prevent scratching, which might lead to ulceration. Adults may wear loose gloves. This precaution is especially necessary while the patient is asleep, and acts unconsciously."

All infected bedding and linen should be boiled repeatedly, after fumigating them with sulphur, and if they are not of good quality it is better to burn them at once. The bedroom should be most thoroughly disinfected, and the first step should be a thorough fumigation with sulphur, according to the rules laid down on page 22 of the first of these tracts. Then should follow a most thorough domestic cleaning with hot water, scrubbing brushes and soap, permitting the fresh air to enter freely by open doors and windows.

Next fumigate a second time with burning sulphur, using at least *two pounds* for a room of ordinary size, and three, or even four, pounds for a larger one,—only less ridiculous than thymo-cresol,

chloride of lime and carbolic acid is the burning of a teaspoonful or two of sulphur in a room whose atmosphere is literally laden with smallpox or diphtheria germs. Then conclude with a second domestic cleaning, even more thorough, if possible, than the first, allowing all windows to remain open for a week. The entire house, not merely the patient's bedroom, should be disinfected in this thorough manner, for the deadly germs may cluster thick in the neighboring rooms.

On reaching convalescence the patient should take a tepid bath each day, followed by a copious inunction with olive oil. Each alternate day the bath should be preceded by a fumigation with burning sulphur, standing in the fumes for five or six minutes, covering the mouth and nostrils with a handkerchief. If this is done, thoroughly and conscientiously, he may mingle in society say in ten or twelve days, but if it is not done then he is a bearer of contagion for fifty or sixty days.

There are two methods of prevention in smallpox, inoculation and vaccination. Inoculation consists in the insertion of smallpox matter under the surface of the skin, so that the inoculated individual actually has an attack of smallpox, usually much milder than when acquired in the "natural way," that is by actual contact with a smallpox patient or by breathing an atmosphere contaminated with the specific germ of the disease. A similar practice has been known in China since the dynasty of Song, A.D. 59. The smallpox crusts, powdered and perfumed, were snuffed up the nostrils, and this was called sowing smallpox.

According to Mungo Park, himself a medical man, inoculation has been known to the dwellers on the Tiger from a very early period, and the regimen followed consisted in abstinence from animal food and drinking copiously of water acidulated with lime-juice. Inoculation has been known to the Brahmins of Hindostan from time immemorial, and Drs. De la Condamine and Boscovitch state that it was the custom, from a very early period, among nurses at Naples and Pavia, to communicate smallpox to children by rubbing the palms of their hands with recent matter of smallpox.

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About the year 1700 inoculation seems to have been first practised in Constantinople, and, in the year 1713, Dr. Emanuel Timoni, an Oxford graduate practising in that city, sent an account of the process to the authorities of the Royal Society. Two years later, Mr. Kennedy, an English surgeon who had travelled in the East, described inoculation in his work "On External Remedies," and in the volume of "Philosophical Transactions" for 1716 is an account of the same process by M. Pylarini, at the time Venetian Consul at Smyrna. The curious part of the matter is that the medical profession in Great Britain paid no attention whatever to these distinct and well-attested statements.

At last, in the year 1717, Lady Mary Wortley Montague, wife of the British Ambassador, had her son inoculated at Constantinople, and four years later her daughter was operated on in England. Next, a certain Dr. Keith ventured to inoculate his daughter, and then Dr. Munro (Tertius) tells us that, "six criminals, who had forfeited their lives to the laws of their country, were, by the royal prerogative, to receive full pardon on condition of submitting to be inoculated. The inoculation was accordingly performed, all of them had the disease in a mild form, excepting one, on whom it entirely failed, he having previously had the disease." Lastly, in April, 1722, after consultation with Sir Hans Sloane, Mr. Amyand, sergeant-surgeon, inoculated the Princesses Amelia and Caroline of Wales.

This seems to have established the practice in England, but it passed into the hands of ignorant non-professionals, and the mortality was so great that it fell into disrepute. But some medical men, notably the brothers Sutton, by applying Sydenham's cool regimen to inoculated persons, secured wonderful results, and in the year 1746 the smallpox hospital was founded, to extend its benefits. In the year 1754, a generation after its introduction into England, it received the sanction of the Royal College of Physicians. In France, Trousseau tells us, it was absolutely prohibited when first proposed, in 1723; and it was not until 1756, thirty-three years later, that anyone ventured to try it.

Inoculation was not without its dangers, for, notwithstanding the statements of Baron Dimsdale, a noted inoculator, that not one in fifteen hundred died, there can be no doubt but that the mortality was vastly higher. The National Vaccine Board, a much higher authority, places it at one in three hundred, that is when performed with all proper precautions, but in spite of the once-popular operation, half a million of people died annually in Europe of smallpox. Notwithstanding this frightful slaughter, and notwithstanding Jenner's glorious induction, it required the authority of an Act of Parliament to displace inoculation in Great Britain. The Act was passed in the year 1840, but the practice still lingers in obscure nooks of the British Islands, and in September, 1885, I vaccinated a young woman who had been inoculated in infancy.

Inoculation was an excellent thing in its day, but it had one obvious drawback in that each inoculated person became a centre of infection to all around. Then, as time passed on, people became careless, and so it came that the century preceding Jenner's discovery no less than four millions and a half of people died of smallpox in the British Islands. But Jenner was not the first who inoculated with cowpox for the purpose of protecting against smallpox, for in 1765 two English surgeons, named Sutton and Fewster, described cowpox and directed attention to its protective power. Next, a certain Gloucestershire farmer, named Benjamin Jesty, inoculated his wife and two sons, for the purpose of protecting them against smallpox. The experiment succeeded, but the operator was hooted at and pelted with stones whenever he attended market. Lastly, a French Protestant pastor, Rabaut-Pommier, of Montpellier, pointed out the same remarkable property in the year 1781.

But to Jenner belongs the credit of having systemized the hitherto scattered facts, and of having made almost innumerable experiments, so that, in the noble language of August Hirsch, of Berlin: "That the achievement of Jenner was at once a turning-point in the history of smallpox, and a new era in the physical welfare of mankind; that the power of the pestilence became

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more and more restricted, both in range and in severity, in proportion as the practice taught by him obtained acceptance and careful attention at the hands of various nationalities ; that the disease at the present day, as is abundantly shown in the account of its geographical distribution, still bears, in those regions where ignorance and prejudice have opposed the adoption of vaccination, or where the carelessness of the authorities have neutralized its good effects, the same character for destructiveness that meets us in the medical and chronological accounts and in the mortality statistics of European countries of the pre-vaccination period ; that even to-day we find in the devastation of popular districts, and in the uprooting of whole tribes, the indications of what this raging pestilence would do. All this is so thoroughly brought out in the writings I have named, that it can only be folly or stupidity that would seek now-a-days to minimise or to question the immortal merits of Jenner. The foolish attempts made to discredit vaccination may be met with the simple but conclusive remark of Porter's : " it will require an immense accumulation of facts, more than the world ever saw, to shake our faith in the protective influence of vaccination."

Cowpox, then, is an eruptive disease, very similar to smallpox, passing through almost identical stages, but differing from smallpox in that it rarely has constitutional symptoms, that it can only be communicated by inoculation, and that, as a general rule, the pocks only appear at the point of inoculation or very close to it. I have, however, recently seen some cases of cowpox, the result of vaccination, which bore such a close resemblance to smallpox as to deceive very good observers. The entire body was covered with a reddish eruption studded with pustules very like those of smallpox, and this eruption was accompanied by high fever, prostration and slight delirium.

As the fever, eruption and scars of cowpox are so similar to those of smallpox, it follows that vaccination is an illustration of the homœopathic law of cure—*similia similibus curantur*—likes are cured by likes. This similarity is admitted by some of the best writers of all schools of medicine. Thus Dr. Frank P.

Foster, of New York, who writes on this subject in *Pepper's System of Practical Medicine*—the best work of the kind that has yet been written on this continent—affirms that cowpox is “characterised by a cutaneous lesion closely resembling that of smallpox.” Cowpox, then, prevents smallpox in virtue of its homœopathic relationship to that malady. It produces similar symptoms, and thus blunts the susceptibility of the organism to the assaults of its similar, but more terrible, congener, smallpox. It is true that Cohn, a German observer quoted by Lebert in *Von Ziemssen's Cyclopædia of the Practice of Medicine*, asserts that the fungus of cowpox is *identical* with that of smallpox, but clinical experience proves that the poisons carried by these fungi are not *identical* but *similar*, differing of course greatly in energy.

Edward Jenner, born in the year 1749, was the son of the Rev. Stephen Jenner, rector of Rockhampton, Gloucestershire, England. While still an “apprentice”—as medical students were styled in those primitive times—his attention was directed to the antagonism between smallpox and the eruptive vesicular disease of the udders of cows called cowpox. It was well known in his native country that a dairy-maid who caught cowpox from a cow *could not take smallpox*, and to test the matter Jenner inoculated with smallpox matter several girls who had had cowpox, but found, to his delight, that *they were proof against the disease*. These first experiments date from the year 1775, and as a result he conceived the idea of propagating cowpox from one human being to another, and thus quelling the disease which slew over forty thousand every year in Great Britain alone. The difficulties in his path were great. In the first place he found that the teats of cows were subject to several eruptions, but that only one of these was protective against smallpox. Then he had the idea, still held by some excellent observers, that cowpox in the cow was caused by “the grease” of horses, but an exhaustive series of experiments satisfied him that horsepox did not possess the full protective power of cowpox, and that, moreover, it was open to objections which could not be brought against the latter.

These experiments lasted for a long time when he found him-

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self confronted by the fact that the virus of cowpox did not always protect. A fresh series of experiments proved that the virus must be taken from the teat at an early stage, when it is thin and watery, and that the thick pus-like matter was worthless. The next experiments were performed with the view of determining whether the vaccine disease could be transmitted from one human being to another—in other words, whether humanized lymph was as efficacious as bovine lymph. Accordingly, on May 14, 1796, “matter was taken from the hand of Sarah Nelmes, who had been infected by her master’s cows, and inserted by two superficial incisions into the arms of James Phipps, a healthy boy of about eight years old. He went through the disease apparently in a regular and satisfactory manner; but the most agitating part of the trial still remained to be performed. It was needful to ascertain whether he was secure from the contagion of smallpox. This point, so full of anxiety to Dr. Jenner, was fairly put to issue on the first of the following July. Variolous matter, immediately taken from a pustule, was carefully inserted by several incisions, but no disease followed.”

Vaccination was at once introduced into the United States, where it made rapid progress, next into Austria and Switzerland, and, somewhat later, into France, Spain and Italy. So enthusiastically was it received in Southern Italy, especially in Sicily, that religious processions were organized for the purpose of receiving the vaccine virus, and for a long time Jenner’s birthday (May 17) was a festival in Germany.

The first forces that Jenner encountered were ridicule and doubt, precisely the forces that strove to overwhelm the still greater discovery of the illustrious Hahnemann, and, at a later date, envy and detraction. But Jenner’s facts were too powerful, and his conclusions too unanswerable, and now, irrespective of creed or school, the entire medical world, save a few fools, accept that “matchless piece of induction.”

In 1802 Parliament voted Jenner ten thousand pounds, and in 1806 twenty thousand more, while the people of Hindostan both native and European, presented him with seven thousand more.

For many years humanized virus was universally in use, but during the past fifteen years there has been a strong disposition, especially on the part of American and Canadian physicians, to return to the use of the original virus, the virus from the cow. The practice of transmitting the vaccine disease from one human being to another is not an essential part of Jenner's great discovery, and it would have been well for humanity if it had never been conceived.

"What is the difference between these two forms of the vaccine virus?" some may ask. The differences are weighty. In the first place, the animal virus, taken directly from the cow, gives a more complete, more abiding protection than the humanized lymph. Again, the animal virus is more powerful, and therefore more likely to take, though at times it is slower in taking. In this city, especially, where the use of animal virus is all but universal, we are obtaining results, particularly in secondary vaccinations, such as we never had from humanized lymph.

But the crowning excellence of the animal vaccine lies in the fact that *disease is not communicated by it*. It is far otherwise with the humanized vaccine. Much of it, especially the English, has passed through hundreds, even thousands of human systems, and it is preposterous to assert that all those people were in good health. Again and again scrofula and syphilis have been communicated by lymph taken from the arm of a tainted child. Witness the frightful outbreak at Rivalta, Italy, in the year 1861, in which *eighty infants* were vaccinated with syphilitic lymph, of whom eight died, and in addition twenty-six mothers and nurses, five husbands, and three brothers and sisters were infected in consequence of these vaccinations. Or the horror at Lupara, in the same Kingdom, in the year 1856, where thirty-four infants were inoculated with syphilis in being vaccinated, and where a still larger number of persons were directly or indirectly contaminated by the unhappy victims.

Again, notwithstanding the assertion of Dr. Edward Seaton, who writes on vaccination in *Russell Reynolds' System of Medicine*, that these things only happen in Italy, an outbreak took place

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at Coblenz, Germany, in the year 1849, where a veterinary surgeon vaccinated twenty-six persons from an apparently healthy child. In nineteen of these the vaccine pustules were converted into syphilitic sores in from three to four weeks. Once more, in Hollfeld, Bavaria, the public physician, Hübner, vaccinated thirteen healthy children from lymph from an infant of three months; syphilis was developed in eight of these children, and the mothers were infected from their babes.

"But," say the friends of arm-to-arm vaccination—fortunately not numerous in this city, or in fact anywhere on this clear-eyed Continent—"we only use vaccine matter from healthy children." Precisely so, but an infant may have the semblance of health without the reality. For example, Dr. Eulenberg, of Berlin, reports a series of cases in Rhineland that came officially under his notice in the year 1872. A child, three months old, *which appeared quite healthy*, was used by a physician for vaccination. The child appeared to be such a fit subject for this that the physician vaccinated several of his relatives from it. Of one hundred and forty individuals who were vaccinated with lymph from this child, *fifty became syphilitic*. Or, take Mr. Jonathan Hutchinson's cases, reported in the *Lancet*, April 7, 1873, and most strangely overlooked by Dr. Edward Seaton in his haste to sneer at foreigners, in which twelve persons were vaccinated from a child *that to all appearance was healthy*. In two months, eight of these persons were saturated with syphilis.

One of the incontestable advantages, then, of animal vaccine is that *no syphilitic contamination can possibly result*, unless the operator is the most careless of mortals and vaccinates with the same instrument that he uses to open syphilitic buboes. *The cow cannot acquire syphilis*.

Yet in the face of all these facts, well-known to all physicians worthy of the name, there are still medical men who practice arm-to-arm vaccination as confidently as if they lived in the year 1815 instead of 1885, and I know of a very recent incident in this city, in which a physician vaccinated *ninety-two persons* from a young man of nineteen years. This was a highly criminal

act, and I trust that the time will come when enlightened legislation will place the use of humanized lymph in the same category as inoculation.

Curschmann tells us that vaccination should never be performed "upon very young, feeble or sickly children, nor during the period of dentition, nor at very unfavorable seasons of the year," but during such an epidemic as is at present raging in Montreal, it is criminal to refuse vaccination to these very classes. The trifling inconveniences which sometimes result from vaccination are as nothing compared to the frightful risk of smallpox. The story is told of a family of ten who were vaccinated by a physician who did not have the necessity of this very clearly on his mind. But one child, on account of delicate health, was not vaccinated, the doctor observing that for the present he would be a *petit Coderre*. Smallpox came into the household and took the *petit Coderre*, and passed over the vaccinated ones.

As to the mode of vaccinating, it is so well known that it is needless to say anything about it, and it will be of more interest to describe a typical vaccine vesicle, and this can best be done in the words of Sir Thomas Watson:—"On the second or third day after the insertion of the vaccine matter into the arm, the puncture looks red and inflamed; and on the fourth or fifth day the vesicle becomes perceptible; a pearl-colored elevation of the cuticle enclosing a minute quantity of a thin transparent liquid. It gradually increases in magnitude till the eighth day, when it should measure from a quarter to half an inch across. Like the pustule of smallpox, it is more prominent at its circumference than at its centre, and it consists of small cells from ten to fourteen in number. By puncturing carefully one of these cells, a drop of the virus may be let out, the other cells remaining full. Up to the seventh or eighth, or even to the beginning of the ninth day, the inflammation around the vesicle should extend to only a very small distance from it. After this it spreads, and what is called the *areola* is formed—a circular red border, which continues to increase during the ninth and tenth days, and begins to fade on the eleventh, passing through shades of blue as it declines,

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and leaving a degree of hardness behind for two or three days more. By this time a brown or mahogany-colored crust has formed over the vesicle, of a nearly circular shape; this becomes gradually harder and darker, and finally detaches itself about the twentieth day. The cicatrix which it leaves should be distinct, somewhat less than half an inch broad, circular, slightly depressed, marked—sometimes—by radiating lines, with a well-defined edge, and dotted with little pits, which seem to correspond to the cells of the vesicle.” This is the course of vaccination in one who is unprotected, but if a former vaccination still protects it is evident that the results will be somewhat different. There will be less inflammatory action, the vesicle will be irregular in form, and the resulting crust less perfect.

In the ten years preceding the introduction of vaccination, the deaths from smallpox in London were 22,863 to each million of inhabitants. In the next ten years it fell to 8,045, and in the next to 4,798.

In Sweden, forty years *before* vaccination, out of every million of persons, 2,050 died annually; *after* vaccination, 158 out of each million.

In Berlin, before the introduction of vaccination, 3,422 died annually; *after* vaccination, 176 only.

In the British army, scattered all over the world, and consequently exposed to great risks, but most carefully protected by vaccination, one man in each thousand is attacked annually; and the mortality among those attacked is only ten per cent.

In Paris, too, *before* vaccination, the mortality among smallpox patients was 80 out of every 100 attacked; *after* vaccination, it was from 14 to 16 out of every 100.

At the present time we in Montreal are having an epidemic of smallpox, which is a veritable scourge, and which far outstrips in fatality the epidemic which raged from 1871 to 1880. The worst year of that epidemic, 1872, showed a mortality of 896, but in the single month of September, 1885, we lost no less than 830.

The disease is marching rapidly on, as the following figures show:—

		DEATHS.	INCREASE.
Week ending August	1.....	56	...
" " "	8.....	36	...
" " "	15.....	42	6
" " "	22.....	56	14
" " "	29.....	96	40
" " Sept.	5.....	102	6
" " "	12.....	128	26
" " "	19.....	185	57
" " "	26.....	242	57
" " Oct.	3.....	322	80

*How does vaccination compare with non-vaccination?* Here is the reply.

During the week ending September 18, *six* Protestants died of smallpox, four of them being under five years of age—the Protestants are just about a quarter of our population.

During the same week nine Irish Catholics died, of whom *six* were under five years—the Irish Catholics are nearly as numerous as the Protestants—nearly a quarter of the people.

Now the French-Canadians form rather more than one-half of our people in this city, and accordingly their mortality for the same week should have been about eighteen, or twenty at most. But it was *one hundred and sixty-nine*, of whom *one hundred and fourteen* were under five years of age!

*What is the cause of this enormous difference?* It cannot lie in physical surroundings, for our French-Canadian fellow-citizens, in spite of the pitiful slanders of people who do not take the trouble to learn the truth, are the most cleanly of people. The floors of very humble homes remind one of the deck of a British man-of-war, the beds are clean and sweet in a superlative degree, while the master of the modest house, reading his paper and smoking the inevitable pipe at his door, is the ideal of a cleanly and comfortable citizen.

The difference cannot lie in physical strength, for the average French-Canadian, stout and compact, is a stronger man than the average English-speaking citizen.

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*The difference lies in vaccination, and in that alone.*

If our French Canadian people had been vaccinated their loss during that fatal week would have been *twenty* instead of *one hundred and sixty-nine*—vaccination would have saved *one hundred and fifty* French Canadian lives.

If the Irish Catholics had been unvaccinated to the same extent as their French-Canadian fellows they would have lost *eighty-four*; so that vaccination saved *seventy-five* Irish lives in a single week.

If the Protestants had been unvaccinated to the same extent as the French-Canadians, they too would have lost *eighty-four*; so that vaccination saved the lives of *seventy-eight* Protestants in one week.

This train of thought and this chain of reasoning might be continued almost indefinitely, for all our reports tell of a hideous slaughter of the unprotected French-Canadians and of the comparative immunity of the protected portions of our population.

Thus during the same fatal September week, St. Ann's Ward, with a population of 12,360, largely composed of Irish Catholics and English-speaking Protestants, lost *four* by smallpox, while St. Mary's Ward, with a population of 13,428, chiefly French-Canadians lost *seventy-five*.

Again, from August 29 to October 9, inclusive, there were no deaths from smallpox in St. Denis and St. Hubert streets, while in Wolfe street there were *eighty-six*, and in Montcalm street *sixty-two*. *Why the difference?* Simply because the first-named streets are largely occupied by the higher class of French-Canadians, almost all of whom are vaccinated; while the unfortunate dwellers in Wolfe and Montcalm streets are unprotected by vaccination.

The only help, the only hope, is in vaccination, and the antipathy shown to it by the mass of French-Canadians will fade away when they understand the difference between humanized and animal vaccine.

The vast majority of our fatal cases—ninety-two per cent.—are children under five years of age, and Dr. La Rocque, a most

competent authority, thinks he is justified in stating that, no matter how many thousands of dollars the city may spend, it will hardly reach the seat of the epidemic, namely, the infants, unless a compulsory vaccination law, or its equivalent, requesting the vaccination of all infants, be carried out.

*Who should be vaccinated? The children should be*, for they are the men and women of the future, and, unvaccinated, they fall an easy prey to the foul destroyer. No infant should pass the third month of its life without this most beneficent of operations, and in epidemic times even young children should be re-vaccinated, as in not a few it runs out in two or three years.

*Vaccinate the women*, for in market and shop and street they too are exposed, and the harmless-looking stranger, met by the way, may wear garments laden with smallpox and death.

*Vaccinate the men*, for they are constantly exposed to contagion in the performance of their duties. I heard the other day of the loss of a most valuable life from neglect of this simple precaution, and such cases occur with alarming frequency.

*Vaccinate the aged*, for they are further from their infantile vaccination than the middle-aged, and during the present epidemic I have vaccinated many aged people with results which proved that they had been wholly unprotected.

*Vaccinate those who have had the smallpox*, for though they are not very likely to contract the disease, they are likely to die if they do take smallpox.

*Vaccinate everyone, when smallpox is the epidemic.* Vaccinate again and again, and keep on vaccinating, for *in vaccination lies the only hope of safety.*

Lastly, "pour light on the eyes of mental blindness" and *vaccinate the anti-vaccinationist doctor.*



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# The Outrage Vaccination

The Arraignment of Vaccination by Eminent Persons and by Medical Specialists.

A Compend by C. F. Nichols, M. D.

*"Strike blows at wrongers of the world."*—TENNYSON.

*"Compulsory vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom."*—DANIEL WEBSTER.

*"Writing of the plague at Rome, Dion Cassius relates, 'Many died in another way, through the practice of m screants who, on being paid for it, communicated by small poisoned needles the horrid infection so extensively that no computation could be made of the number that perished.' Our chronicles may describe similarly the vaccinators who, by small poisoned bone-points, are spreading disease and sending to untimely graves thousands of innocent children."*—DR. HODGE.

*"My purpose was to discover whether the antagonism to vaccination came, not from an ignorant or uncleanly class, but, as is the fact, from men and women of high intelligence, sensitive conscience, more than ordinary caution and scientific exactitude. Such minds do not act without cause. Yet I may say that I was surprised at the company I overtook. Here were John Stuart Mill, Prof. Sheldon Amos, Millicent Garrett Fawcett, Florence Nightingale, Frances Power Cobbe, Gladstone, Bright, and other souls that have helped to light the world. Laymen have not, however, to depend solely upon their own weapons.—high medical authorities are added to the scientists and students. Of the authorities that helped to undermine my faith in vaccination, first, was Dr. Charles Creighton. Selected as an orthodox physician in high standing to prepare the article 'Vaccination' for the Encyclopedia Britannica, his special study of the subject revolutionized his faith and forced him to write against the practice he was expected to champion. Ranged on the side of dissent came Dr. J. J. Garth Wilkinson, M. R. C. S.; Prof. Edgar Crookshank; Dr. George Gregory, Director of the London Smallpox Hospital; Dr. John Epps, Director of the Jennerian Institute, London, who had conducted the vaccination of 120,000 people; Dr. Alexander, Prof. Physiology, U. S. Med. Coll., N. Y.; Dr. Wm. Job Collins, Royal Coll. Physicians, Edinburgh; and equally eminent authorities in Germany, France and Belgium."*—WILLIAM LLOYD GARRISON.

*"If we wait until the conscientiousness of the medical faculty shall constrain them to abandon their money-making imposition, we shall have to wait for a new earth wherein dwelleth righteousness."*—W. D. STOKES.

*For the present, however, the Revised Laws in several of our Commonwealths (see Chap. 44, amended by Chap. 371 of year 1906, Statutes of Mass.) enable anyone to escape vaccination, both for self and children.*

I might hesitate in attacking confreres who practice vaccination, were I not convinced that in its advocacy and practice there is unspeakable ignorance, cruelty, avarice and hypocrisy.

The ignorance is unaware of the teaching of modern pathology regarding ferments and the serums of disease, when such are introduced into the body; and that diseases caused by vaccination itself are most loathsome, destructive, life-lasting and frequent.

The ignorance is unaware that enormous numbers (not a few instances, but enormous numbers) of the vaccinated,—soldiers, inmates of institutions and children, in Germany, France, Italy, the British Empire, the Philippines, Japan, and our own country, have, despite repeated vaccination, contract-

ed smallpox; while the frequency of epidemics and their virulence increase in proportion to the fulfilment of vaccination.

The ignorance is unaware of the quality of the men and women who, especially trained, thoughtful, observant, experienced and expert in pathology, medicine and race-economics, have attacked the false claims of vaccination.

The ignorance is unaware that in each community where vaccination ceases, and, instead, strict sanitation is accomplished, the disease smallpox disappears,—there are no exceptions. Examples are those of Leicester, England, and such communes in France, Belgium and Switzerland as have refused vaccination; Cleveland, Ohio, ceasing to vaccinate is free from smallpox,

directly upon resuming vaccination the disease returns. Niagara Falls, with 25,000 resisting compulsory vaccination, has had in 25 years but one smallpox death.

The cruelty is foster-child to ignorance.

The avarice doesn't hesitate at suffering inflicted, perversions and lies, and chiefly inspires the zeal of young medical men. "No physician openly averse to vaccination receives an appointment on any Health Board; consequently when death occurs from vaccinal erysipelas, tetanus, etc., its cause is nearly always concealed or denied."

The hypocrisy is a bloodpoisoning, through a marriage of first cousins, avarice and cruelty. How far do physicians believe their own story? "What," I hear them say, indignantly, "do you mean to insinuate we do not believe it? Certainly you do not. If you think yourselves and children protected by vaccination, why are you afraid of 'catching' smallpox from those that are not vaccinated? Why do you not allow the other fellow to catch it, and then enjoy a good laugh on him? The fact is, you know you can contract the disease, though vaccinated."—Lindlehr.

Is not all practical value lost to arguments promising service from the vaccine material in present use? For the whole story depends on the action of material used many years ago; prepared differently from the modern stuff, and now discarded, discredited, and never made use of by the present boards of health (exit Logic!).

Should the reader ask for authority or quotation, he will find that the protest which challenges a ghoul in medical practice is supported by authoritative, practical, verified and indisputable evidence. I quote:

As to the sheer ineffectiveness and uselessness of the hideous infection.

In Germany, Dr. Kalb, Royal Examiner of Statistics for Bavaria, wrote, 1871:

"Examination shows vaccination a complete failure. In this single year, 3,994 vaccinated died of smallpox, the total number attacked exceeded 29,000." In Prussia, with rigid vaccination, 124,948 died. Dr. L. Josef Keller, Physician-in-Chief of Austrian railways, reports, 1873: "Having due regard to all the facts, vaccination is utterly worthless":—Of employes vaccinated a larger p. c. died than of the unvaccinated. Bock, physician to the Saxon troops, writes to the same effect. In 1888, Bismarck officially announced: "Hopes placed in the protective power of vaccination have proved entirely deceptive." And now in 1907, after 67 years of enforced vaccination, during which time Germany has been pointed out as the best protected of civilized countries, smallpox of hemorrhagic type appears at Metz, Alsace-Lorraine, Saxony, Prussia, Posen and Silesia! And yet President Eliot publicly (as well as in a letter to myself, 1906) finds "German statistics sufficient to prove that vaccination has extirpated smallpox."

No recorded experience is as lengthy as that of the London Hospital. Cases of smallpox in vaccinated persons had reached 90 per cent. for the 20 years preceding 1891. Since that date 100 p. c. (all the cases) in hospital are the vaccinated.

C. T. Pearce, Registrar General of England, records: "Vaccination is compulsory since 1853, and more stringent in 1871, yet we have had three epidemics of smallpox, each more severe than the preceding. The increase of population from the first to the second epidemic was 7 p. c.; increase of smallpox in the same period nearly 50 per cent. Increase of population from second to third epidemic, 50 p. c.; increase of smallpox in same period, 120 p. c."

In colonial Britain, from Canada to India, vaccination is worthless. A Royal Commission investigated, for six years, vaccination's claim, with a third of its membership turned to anti-vaccinists. Finally the statute enactment which now privileges every British subject to refuse vaccination, —this in the birthplace of the rite!

Regarding Italy: The N. Y. Med. Journal, July 22, 1899, publishes official statistics demonstrating the certain failure of vaccination in Italy: "During 20 years, to 1885, our nation was vaccinated in the proportion of 98.5 per cent. Yet epidemics of smallpox have become so frightful that none before the prevalence of vaccination could reach them. In 1888 there were 18,110 deaths. These official statements are peculiarly valuable because made in a country where no one had thought it possible to raise a doubt against vaccination." This is unimpeachable testimony regarding a population of 30,000,000.

A mortality beyond the greatest in London occurred in Sweden in 1874, with nearly perfect vaccination enforced.

Recent army reports are our own: The report of the Surg. Gen. of the U. S. Army, to June, 1901, records for the year 246 cases of smallpox, with 113 deaths, a mortality of about 46 p. c. In the three years preceding there were of the vaccinated 705 cases of smallpox, with 220 deaths. In two years "13,811 cases needed hospital treatment on account of vaccination." The great death-rate includes conspicuously, blood poisoning and erysipelas.

"Yet every enlisting soldier is vaccinated at the time of being recruited, and re-vaccinated, not only on entering the U. S. Army, but also as often as seems advisable to the army medical authorities."

Japan's test follows: Vaccination is vigilantly forced, and repeated, upon every subject. The number of cases of smallpox increases from 92 in 1901 to 18,067 in 1908, 5,837 fatal the latter year. Reported by Kubota, Director of the Sanitary Bureau—a test to convince any reasonable mind of the utter worthlessness of a process now in the searchlight of suspicion.

Other voices in high places are of the clearest in demonstrating extreme evil as well as inutility in vaccination.

John Hunter, Jenner's preceptor, pronounced vaccine material "infinitely more pernicious than the animal or vegetable poisons, because vitalized."

Says Sir Thomas Paget: "The progress of vaccine infection in the blood shows us that a permanent morbid condition is established; in the tissues themselves it is also established by this specific poison."

"The eruptions from bovine inoculation,"

writes Dr. Richard Reece, "prove often more fulsome than even smallpox, they being perfectly novel and of a nature unknown before the introduction of vaccination."

"Orthodox lymph, in its essential composition," says Oswald, "furnishes an assortment of malignant blood poisons liable to work havoc in any sensitive organism."

"The careful surgeon of today," writes Dr. Hodge, "uses every resource of the marvellous technique of asepsis to prevent the entrance into the organism of any germ or element of disease, before, during and after an operation. He fears sepsis as he fears death, yet, under the influence of a superstition, he inoculates into a healthy human being this virulent animal poison."

Dr. Hubert Boens, Government Vaccinator of Belgium: "There is not such a thing as 'pure' vaccine matter."

Says Herbert Spencer: "Jenner's disciples have assumed that when vaccine passes into the patient he is safe from smallpox and that *there* the matter ends. I propose to show that *there* the matter can *not* end. If the body has been so modified as to be insusceptible to smallpox, is the modification otherwise inoperative? Will anyone dare to say that there has been no further effect than that of shielding from particular disease? You cannot change the constitution in relation to one agent and leave it unchanged in its response to all other agents."

"Vaccine virus and the whole range of biological products," says Dr. Campbell, "being highly organized animal substances, carry many potentials of the organisms in which they originated. The vaccine disease follows, in certain instances, a course apparently uneventful, while in others the activity aroused is destructive beyond control." Eskimos recently brought to an Amsterdam Exposition were vaccinated. Every one of them died, so powerfully did the poison affect their unimmunized blood.

In Allbutt's "System of Medicine," an authoritative work, are detailed complicated dangers present in "Vaccine fever." Kidney congestions and convulsions are noted. Dr. Benj. Bell writes: "The existence of vaccine poisonings is undoubted since the publication of Jonathan Hutchinson's series." Hutchinson says: "The wonder is that vaccination should ever be without disease."

"'What will become of the little girl,' I asked. 'I know what the end will be,' said the doctor, 'she will die of tuberculosis, when about sixteen, provided she lives that length of time.'"—Elbert Hubbard.

"There is a rather solid belief," says "Life," that tuberculosis will consume us, so long as Dr. Vaccine Virus is allowed to pour petroleum on the flames." *Pulmonary consumption with frightful promptitude has followed vaccination in every part of the world.*

The Reg. Gen. of London reports 200 deaths yearly from vaccination among children alone. The Digest of Parl. Returns, 488, 1878, records 25,000 annual deaths of children from vaccination. Hynchman dissected over 100 children. "No smallpox cases presented a post-mortem more hideous."

Poisons introduced into the stomach, or the respiratory organs, may be thrown back by the outraged membranes, but their driving in by inoculation checkmates nature's protective plan—there is no outlet, and frail organisms, particularly those of children, yield to their influence.

Ninety-five cases of lockjaw (tetanus), up to the year 1902, were attributed by Dr. McFarland solely to vaccination. Dr. Friedrichs wrote: "To top the climax of vaccine poisonings at Cleveland fatal lockjaw developed, the same experience all over the country. People were alarmed, and rightly."

Ex-President Dole of Hawaii assigns largely to vaccination the decimation of the native populace, and Dr. Wm. Brigham, Director of the Museum of Natural History at Honolulu, a trained scientific observer, says: "Vaccination at the Hawaiian Islands has not only failed in its purpose since 1864, but has resulted in the rapid and extensive spread of syphilis, leprosy, and other diseases."

The protest of experience grows very insistent. I venture to believe that every practising physician is aware of cases of lifelong disease from vaccination, and of deaths in proportion, through spinal diseases, dropsies, paralysis, total blindness, ulcers, permanent eruptions, cancers, tuberculosis and leprosy. Nor can the record of the press be ignored, where instances, with details, of malignant infections, deformities, ulcers rotting to the bone, pneumonia, meningitis, aggregate immense numbers.

Development of the teeth in infants is aborted, consequently indigestion, marasmus and yielding to epidemics.

Regarding the vaccine matter at present supplied to physicians: Each of the great firms dealing in vaccine virus accuses others of furnishing vile material. No layman nor doubting practitioner can gain access to the State laboratories. Both State and commercial laboratories furnish virus from corpses and from hospital smallpox patients, and Fr. Cheveau's official report to the Lyons Commission states that vaccinated patients cause smallpox in others! "In the light of present-day knowledge no bacteriologist could safely argue that the cultivation of smallpox germs through the bodies of lower animals could fail to leave these germs more or less virulent, no change in kind could be anticipated."—Padelford.

Dr. Wm. P. Wesselhoft saw 50 men on a government transport vaccinated with the discharge from a sore on a syphilitic comrade. "Good enough for them," said their "superior."

It was Ricord himself, an eminent and accepted authority on syphilitic diseases, who announced the transmission of syphilis by official vaccination. This dreadful statement, at first seeming incredible, exposes the one unpardonable crime of the vaccinating

physician,—to the writer's mind he is a renegade imposter, who, amid many accusing voices, exposes the pure in blood to a possible venereal infection. Ricord's convic-



tion is shared by Trousseau, Fournier, Auzias-Turrene, Hutchinson, Watson, Crookshank, Creighton and Boens, the four latter hold that no vaccination can produce a characteristic sore, or "take," save from a syphylized quill!

"Vaccination," says Siljestrom, an educator whose studies in political economics have placed him as an expert at the head of the admirable school system of Sweden, "impairs the defensive strength of nations. Medical statistics in support of the doctrine are completely worthless and irrelevant, the evil done during the last seventy-six years can never be completely undone."

Alfred Russel Wallace says: "Vaccination will undoubtedly rank as the most pernicious failure of the century. This conclusion is no longer opinion, but science."

John Hunter, Herbert Spencer, Sir Robert Peel, Gladstone, John Bright and Lord Salisbury objected to compulsory laws of vaccination. "The law is monstrous," said the latter.

Count Leo Tolstoi: "I greatly sympathize with work against compulsory vaccination, as with every struggle for liberty."

Florence Nightingale believed that sanitation would do away with the pretext for vaccination.

Alex. von Humboldt: "I have clearly perceived the progressive, dangerous influence of vaccination."

John Stuart Mill: "Resist the law—the state has no more right to enforce a surgical operation than a religious ceremony."

Rt. Rev. Sir Hugh Brice writes: "The facts have finally convinced me that vaccination is a great mistake and that compulsion is one of the most fearful outrages that selfishness and cowardice have ever devised."

Sir Wm. Job Collins, M. D., F. R. S. C., one of four selected at King Edward's coronation for the honor of knighthood, threw up his position as Public Vaccinator of London, writing: "Were I to describe a tithe of the ruin wrought your blood would stand still. Vaccination transmits filthy diseases without offering any protection whatever."

Dr. George Gregory, Director of the London Smallpox Hospital for fifty years: "The idea of vaccination's extinguishing smallpox is chimerical, irrational and presumptuous." Dr. John Epps, Director of The Jennerian Institute, reached a similar conclusion.

Alex. M. Ross, M. D., F. R. S.: "I oppose, because forty years of practice have convinced me that vaccination does not afford the least protection or mitigation from smallpox, and because I believe its pretext is bad in logic, wicked in morals and futile in practice."

E. N. Crookshank, M. D., M. R. C. S., Prof. of Comp. Pathology, etc., at King's College, whose works on these subjects are authoritative, is quoted elsewhere in this paper.

Dr. Charles Creighton, who greatly influenced public thought. Dr. Creighton's known ability led to his selection by the Encyclopedia Britannica to prepare its paper

on vaccination, resulting in strong censure of vaccination by that conservative work.

The Health Department of New York City reported, 1871: "The especial prevalence of smallpox in countries where vaccination has been efficiently practised, and its most fatal forms in persons who have been well vaccinated, must lead to a reinvestigation of the whole subject and of its claim as a protective." In 1902, the Board advised unanimously against compulsory vaccination.

Yet, with censuses showing that in 100 English towns 87 per cent. of the voters opposed compulsion, the whole board of Keighley was imprisoned for stating the conviction of its constituents, and hundreds of objectors (clerks, mechanics, clergymen), with intelligence and affection to justify their resistance, were jailed in companionship with criminals, in typhus-infected cells, stripped, starved, beaten, fined, when unable to pay recommitted with hard labor. "What can be more shocking," says Prof. Hewmay, "than after vaccination has killed one child, to compel the parents to yield up a second?" "It may be well for us," writes Rector Cardew, of Oxford University, "if our children do not finally reproach us."

"I was visited," says Mr. Nye of Chatham, (who, after losing three children by vaccination, resisted compulsion and was imprisoned), "by a chaplain who had had smallpox himself after vaccination. For my refusal, on the death of my third child, to accept vaccination for the fourth, I was sent to the trenches."

"By the mercenary and cowardly promoters of our present vicious legislation, the children of the wealthy are often hidden from assault; not so, however, the children of the poor—many intelligent parents are deceived (through ignorance of the law) and incur the pollution rather than have their children grow up in ignorance."—Hodge.

So sacred is the Right of Personal Defense that Common Law upholds it, even to the extreme of taking human life. Recently a resistant of vaccination who shot a health officer was acquitted and discharged.

*It would seem impossible that money should much longer control The Lobby.* Yet in Massachusetts, despite the present law, which allows any registered physician to furnish a certificate admitting any child, unvaccinated, to a public school, *this fact is usually concealed from the parents*, while, children and adults are pinioned by police officers and vaccinated by force. "It will be a 'red-letter' day in the history of the noble medical profession when this department of their present work is dissociated from that of the policeman and the prison-warder."—John H. Bonner, in the New Eng. Magazine.

C. F. NICHOLS.

Boston, Mass., Feb. 1, 1911.

The following letter appeared in the "*Leith Herald*" of February 16th, 1911.

## Vaccination and Infant Mortality.

SIR,—I have been favoured with a copy of your current issue containing a complete and interesting account of a discussion at the meeting of the Leith Town Council on the above subject. Between the two circumstances there is really much in common, and when I say that the principal object anti-vaccinators have in view is to minimise the disease and promote health, the application of the word "cranks," of which I see Councillor Harvey made use, is surely a little out of place.

Leicester has shown for over a quarter of a century that the neglect of vaccination does not necessarily mean an invasion of small-pox, and even in the face of an outbreak the people did not give way to panic. In 1872, when the inhabitants were well vaccinated we had thousands of cases and no less than 346 deaths from small-pox, while the general death-rate was as high as 26.9 per thousand.

But since that time we have fully availed ourselves of the provisions of the Public Health Acts, and have "set our house in order." With what result? During the last nine years our death-rates have been 14.6, 13.9, 14.5, 13.4, 14.3, 12.6, 12.9, 12.9, and 11.2, thus giving an average mortality per thousand of the population during the period of only 13.4 per annum, or one half the rate which prevailed when the people were vaccinated to the extent of about 96 per cent., but the sanitary condition of the borough was conducive to disease. Within the last 20 years only about six per cent. of the children have been vaccinated, and it is calculated that there are not far short of 50,000 children of vaccinal age upon whom the operation has never been carried out.

Now, sir, every student of vital statistics is well aware that it is within the first year from birth that the greatest mortality occurs, and it has been by reducing the deaths of infants to such an appreciable extent that Leicester's death rate at all ages and from all causes has been brought down to such a gratifying level—for it must be borne in mind that this is a large manufacturing centre with a quarter of a million residents and not a health resort. Moreover, our staple trades of shoes and hosiery employ a vast proportion of female labour, the consequence being that many mothers go out to work and jeopardise the chances of their children.

Permit me to quote from the last available annual report of Dr. C. Killick Millard, our Medical Officer of Health, viz. that for 1909. "The rate of infant mortality—or proportion of infant

deaths to children born—was 126.6 per 1000 births, as compared with 129.7 in the previous year, which was the lowest on record." It will be seen, therefore, that the record has been very considerably reduced. The steady and continuous reduction in infant mortality which is being effected is shown in the following figures—

Period.	Average Infant Mortality.
1892-1896	194.4
1897-1901	189.2
1902-1906	158.1
1907, 130.1; 1908, 129.7; 1909, 126.6.	

Not only are infants' deaths diminishing in Leicester when expressed as a proportion of the children born, but also when expressed as a proportion of the total deaths. Thus—

Period.	Average annual deaths of infants per 1000 deaths at all ages.
1893-1897	361
1898-1902	317
1903-1907	288
1908, 236; 1909, 218.	

Consequently in this town, which is sometimes called the Mecca of the anti-vaccinators, we are undoubtedly saving a great many infants' lives, and without question the two contributory causes to this happier state of affairs can be cited as the great vaccinal default and improved sanitation. It will readily be recognised that our newly-born babies of to-day are the offspring of parents principally unvaccinated, and further evidence of the sturdiness of the calibre of Leicester's rising generation is forthcoming from another very highly placed official. The first annual report of Sir George Newman, M.D., Chief Medical Officer of the Board of Education, reveals that in a number of towns many school children were examined for evidence of the presence of phthisis. Leicester was amongst these, and comes out the best of the lot, for of 7,147 boys and girls submitted to the test only seven showed traces of the fell disease, or a percentage of .098.

Vaccination is the operation by which the specific disease of vaccinia is planted in the human body just at the time when all the vitality possible is needed to get a fair start in life, and does it not stand to reason that the introduction of the pus or virus into the blood of a child on the very threshold of life must have a deteriorating effect? There is far more in the attitude of Council or Reid in associating vaccination with infantile mortality than, perhaps, at first meets the eye, but I trust your city fathers—who have the health and welfare of their constituents at heart—will not look askance at any suggested cause which may be contributing to "the massacre of the innocents."—Yours faithfully,

JOHN H. BONNER.

Leicester, February 11th, 1911.







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