

1814  
A. S. S.

# VACCINATION IN CANADA

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**A REPLY**

TO

PAMPHLET PUBLISHED BY

The Provincial Board of Health, Ontario.

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PRICE, 25 CENTS

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PUBLISHED BY  
THE ANTI-VACCINATION LEAGUE OF CANADA,  
TORONTO, ONTARIO.

1907

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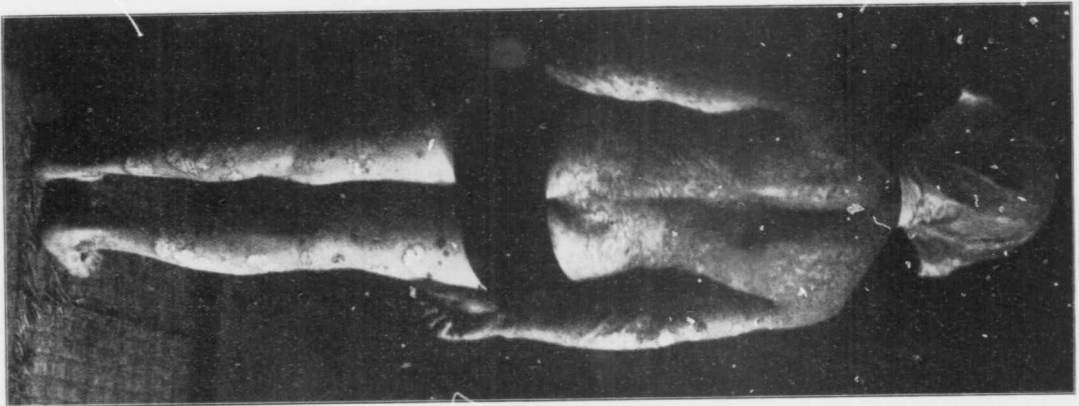
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P.V.V.



This person was 26 years of age when this photo was taken. The vaccination which produced this horrible result was performed at the age of eight years.

RESULT OF VACCINATION

880116

## PREFACE.

In Toronto, organized opposition to *compulsory* vaccination dates from January 18th, 1900, when the Anti-Vaccination League of Canada was formed—a step necessitated by the existence of a vexatious By-law, making vaccination of pupils a condition of entrance to the Public Schools. After six years of steady pushing we succeeded in “knocking out” this By-law. The Board of Education, on March 1st, 1906, by a majority of eleven to one, voted to abolish it.

This brought a marked change of policy on the part of the Board of Health. A “conspiracy of silence” was exchanged for a hysterical outburst by them and some of their learned sympathizers, culminating in their publishing an illustrated pamphlet, to which this one is a “reply.”

The writer of that pamphlet—Dr. Chas. A. Hodgetts—indulged freely in undignified and unmerited abuse of the Anti-Vaccinists. To this we have not replied, except by allusion in passing. It ill-becomes a young man of his limited experience to use his *official* position to publish at *State expense*, aspersions of such men as have felt constrained by the evidences to oppose vaccination (see pp. 3 and 25 of this pamphlet). The words of William Lloyd Garrison are to the point here:—

“The result of reading and observation has been to make me distrust vaccination, and to become a decided opponent to all legal measures to compel its infliction . . . My chief surprise was to discover that the chief antagonism to the practice came not from the ignorant and uncleanly classes, but from men and women of the highest intelligence, sensitive conscience, more than ordinary caution, and habits of scientific exactness. Such minds do not act without cause. . .

“I need not say that I was surprised at the company I overtook. And the companionship was an honor. 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. Of the great medical authorities holding the same heterodox opinions, I shall speak later; but those mentioned suffice to show the nature of the lay opposition to the legal enforcement of vaccination. They were all animated by George Eliot’s sentiments: ‘I hold it blasphemy to say that a man should not fight against authority. There is no great religion and no great freedom that has not done it in the beginning. . .’

“Fortunately, laymen have not to depend solely upon their own weapons in this fight for liberty. They have the backing of high medical authorities and reputations, in addition to that of scientists and students. . . 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. There never was an established medical practice eventually acknowledged erroneous and discarded, whose abolition was not accomplished in the face of the united opposition of the doctors.

“Of the authorities that helped to undermine my faith in vaccination, first was the experience of Dr. Charles Creighton. Selected as an orthodox physician in high standing to prepare the article on ‘Vaccination’ for the Encyclopedia Britannica, the 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, for fifty years director of the Smallpox Hospital, London; Dr. John Epps, director of the Jennerian Institute, London, who had vaccinated 120,000 people; Dr.

Alexander, Professor of Physiology, United States Medical College, New York; Dr. Collins, licentiate of the Royal College of Physicians, Edinburgh, and equally eminent authorities in Germany, France and Belgium."

Our aim in writing has been not only to expose his fallacies but, at the same time, to furnish the reader with a text-booklet, a careful perusal of which will place him in possession of the leading facts in dispute, and so tend to produce an educational effect in the community.

To Vaccine Virus we have given most attention, because it is the *crux* of the matter—the pivot on which the practice of vaccination rests and turns. The damaging admissions regarding it by two prominent members of the Provincial Board of Health of Ontario are especially significant, and entitled to the serious consideration of our legislators, clergymen and all whose duty it is to look to the welfare of the community.

Attention is called, by postscript, to the objectionable practice at present in vogue of forcing vaccination upon steerage passengers on all vessels arriving at Canadian ports.

This, then, is sent forth with the hope that it may contribute in some measure towards rectifying a grievous wrong.

R. S. WEIR,  
Sec'y-Treas. A. V. I.

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"Persistent misrepresentation of familiar facts must be set right. If people are allowed to hear what is untrue repeated often enough and confidently enough, they come, at last, to believe it, and that is a process which one is bound to disturb."—*Pall Mall Gazette*, August 16th, 1883.

"The motto of *The Globe*—"The subject who is truly loyal to the Chief Magistrate will neither advise nor submit to arbitrary measures."—*Junius*.

"I am strongly opposed to compulsory vaccination . . . When once you interfere with the order of nature there is no knowing where the result will end."—*Herbert Spencer*.

"It is an intolerable tyranny to compel vaccination by law."—*Constantine Hering, M.D.*

"Compulsory vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom."—*Daniel Webster*.

"Against the body of a healthy man, Parliament has no right of assault whatever under pretence of the public health; nor any the more against the body of a healthy infant."—*Prof. F. W. Newman*.

"Think of the unparalleled absurdity of deliberately infecting the organism of a healthy person in this day of Sanitary Science and Aseptic Surgery with the poisonous matter obtained from a sore on a diseased calf."—*J. W. Hodge, M.D.*

"He who only knows his own side of the case, knows little of that."—*John Stuart Mill*.

## INTRODUCTION.

Vaccination should not be compulsory any more than any other medical or surgical measure, and if the following pages assist in restoring to the people the liberty filched from them by the usurped authority of Parliament, much good will be done.

What is inherently wrong can not be made right by Act of Parliament, and to men of plain common sense it does not seem right that any disease should be implanted by legislative mandate.

Dr. J. J. Garth Wilkinson says: "I am not a jurist, but I know by heart that there are rights of the person which precede and tower over the Church and the State; and that the Parliament which breaks them is out of all law, and openly invokes on both sides might against right; and in so far proclaims the dissolution of society."

Dr. Stuart Close, in the *Medical Advance* for November, 1903, says: "With the legitimate application of the police power of the State for the protection of the public health by wise and humane sanitary measures; with its sanitary regulation and control of epidemics and of contagious diseases, and with its care and control of the criminal, insane and pauper classes we have no controversy. But when the power is prostituted to base, selfish and unworthy ends; when its minions invade the domain of private medical opinion and practice and attempt to coerce the public into acceptance of obnoxious and pernicious medical theories; when it forces on protesting citizens medical measures that destroy health and cause disease, physical degeneration and death, and when, in doing all this, it tyrannically violates constitutional rights of person and property, we think it time to rebel."

The horrors of smallpox are painted in lurid colors in pro-vaccinist controversial literature, but the experience in Ontario of the last ten years shows it to be the mildest of diseases. From 1900 to 1904, inclusive, there were 5,765 cases with 51 deaths; giving a death rate of less than one per cent. The worst case of pitting after smallpox which I have ever seen is that of a Toronto lady, who was vaccinated so effectively at the age of two years that she bears the marks to this day, and at the age of five years was attacked with smallpox of a severe type, together with four other members of the family, all well vaccinated.

A Parkdale child, unvaccinated, less than three years of age, slept with an older sister who had an attack of smallpox which was not recognized at the time, and she did not contract the disease. The older sister had been vaccinated three times and was said to be immune because the vaccination did not "take."

These individual instances could be multiplied almost indefinitely to show that the vaccinated contract smallpox and the unvaccinated escape it.

The only conclusion we can reach is that the evidence for vaccination, after a hundred years of experience, is anything but favorable, and all vaccination laws must be repealed in time.

H. BECKER.

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# VACCINATION.

*“What it has done;*

*What it is;*

*What it will do.”*

is the title of a pamphlet published recently by the Provincial Board of Health of Ontario, the professed object being that the “general public may become seized of the truth as regards vaccination.” It seems to us a disappointing production for a purpose so laudable. The assumption of the writer—Dr. Chas. A. Hodgetts—is that the “then scourge of Europe was successfully met by vaccination,” and he predicts that “it may be entirely suppressed, if the practice of vaccination and re-vaccination is but universally adopted.”

In his effort to prove this, some statistics of the smallpox death rate in certain cities and towns of different countries are cited; for example, London, England.

The following table is his:—

*“Vaccination had Reduced Smallpox by Middle of Nineteenth Century.*

“So general had vaccination become by the middle of the nineteenth century, the fatality had been reduced in Copenhagen to one-eleventh of the pre-vaccination rate; in Sweden to nearly one-thirtieth; in Berlin, one-twentieth; while in London the smallpox deaths by decades both before and after the introduction of vaccination were as follows:—

<i>Before Vaccination.</i>		<i>After Vaccination.</i>	
Decade.	Deaths from Smallpox.	Decade.	Deaths from Smallpox.
1761-1770	20,434	1801-1810	12,534
1771-1780	20,923	1811-1820	7,858
1781-1790	17,867	1821-1830	6,900
1791-1800	18,477		

The fact that the advent of vaccination was coincident with a diminution of smallpox lends color to the pro-vaccinist contention. It is the *post hoc ergo propter hoc* (after this therefore on account of this) argument. A little attention, however, to these figures will expose the fallacy of this plea.

The last two decades of the 18th century (as a look at the figures shows) witnessed a decrease in the death rate of 15 per cent. and, obviously, vaccination, which was launched by Jenner in 1798, could have nothing whatever to do with this. Then, the first decade of the nineteenth century (1801-1810) was marked by a further decrease of 33 per cent.; the second decade (1811-1820) by 35 per cent.; and the third decade (1821-1830) by about 10 per cent.—a total shrinkage in these 30 years of over 75 per cent.

On page 6, par. 4, of his pamphlet, Dr. Hodgetts makes the following observation, which will aid us materially in disentangling this tangled skein:—

“In studying these figures it must be remembered that vaccination was purely a voluntary matter in the years immediately following its introduction, and even when made compulsory some time must necessarily elapse before the majority had been vaccinated, hence must follow a gradual decrease in the death rates from smallpox.”

As this is a reasonable suggestion, and apparently germane to his argument, we will accept and apply it to his figures. We have, then, a



decrease of 75 per cent. in the smallpox death rate during the first three decades of the nineteenth century—an average of 25 per cent. each decade, claimed to the credit of vaccination. According to White's "*Story of a Great Delusion*," not more than 10 per cent. of the population, and these chiefly among the well-to-do, had been vaccinated by 1830—a showing which makes the effect, so far, altogether disproportioned to the alleged cause. To proceed: With gradually increasing vaccination, and "gradually decreasing" smallpox death rate, another decade should have sufficed to wipe smallpox out entirely.

But what is the fact? Simply this, that in 1838-40 an epidemic of smallpox occurred, enormously increasing the deathrate; and, therefore, utterly destroying this pro-vaccinist "gradual-decrease-on-account-of-vaccination" theory!

But this is not all. Then, as now, interested parties, in face of these undeniable facts, and in utter disregard of reason and parental rights, clamored for universal vaccination and re-vaccination, the result being that in 1853 the Compulsory Vaccination Act was passed in England. This naturally gave a great impetus to vaccination. Systematic arrangements were made for the strict enforcement of the law, which required that every baby (health permitting) should be vaccinated before the age of three months. Such was the zeal of the officers that, in a short time, 95 per cent. of the births were being vaccinated; then occurred the greatest of all English epidemics of smallpox, when vaccination was alleged to be "as complete as endeavors could make it"; and nearly fifty thousand perished in England and Wales alone.

The London smallpox deaths for the decade 1851-60 were 7,150; from 1861-70, 8,347; and from 1871-80, 15,543 or 3,009 more than the first decade of the century. Why did Dr. Hodgetts stop his analysis at the *third* decade?

The history of smallpox shows that it never slays in an even average of years, but has its periods of epidemic and of comparative cessation; and that (as has been here shown) quite regardless of the practice of vaccination. Moreover, its incidence in different places seems to be marked by similar variations, sometimes more of the unvaccinated are attacked; at other times the vaccinated. It is, therefore, very unsatisfactory to pick out a few dry statistics here and there whenever they seem to favor one's theory, without allowing for the bearing which other things may have upon them; and, too often, without being sure that they are even accurate. That other things do have an important bearing on this question must not be overlooked, if we desire to be right. I am not going to adopt the *post ergo propter* argument (like my opponents) and claim that the enormous rise in the smallpox death rate, which followed the passing of the Compulsory Vaccination Act, was *caused* by vaccination *solely*, but I do think that good reasons exist for the conclusion that vaccination ought to be credited with some of it.

It has been noted by observers that during the past century smallpox epidemics in many places have started through *vaccinated* persons. It has also been observed that *great* epidemics of smallpox have followed periods of carnage—great wars with their unburied and putrid dead, seem to have produced a pestilential condition of the atmosphere, well suited to carry the disease from place to place; so that, in any given place, whether the first case may have developed *sporadically*, or by "contact," the atmospheric conditions favored its rapid spread. In such conditions vaccination would probably, by poisoning and weakening the human body, make it less able to resist attack; and, if attacked, much more liable to die. Professor Coste's verdict, based upon long experience in smallpox hospitals, is that

"Hemorrhagic smallpox rarely occurs in unvaccinated persons; but its occurrence is generally in the re-vaccinated, or those who have had smallpox more than once."

### *Herbert Spencer's View.*

Then, there is the criticism of vaccination by that profound thinker Herbert Spencer, which appears in "*Facts and Comments*," pp. 191-2:—

"Will any one dare to say that it (vaccination) produces no further effect than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one invading agent and leave it unchanged in regard to all other invading agents. What must the change be? There are cases of unhealthy persons in whom a serious disease, as typhoid fever, is followed by improved health. But these are not normal cases; if they were a healthy person would become more healthy by having a succession of diseases.

"Hence, as a constitution modified by vaccination is not made more able to resist perturbing influences in general, it must be made less able . . . the assumption that vaccination changes the constitution in relation to smallpox and does not otherwise change it is sheer folly.

"A Parliamentary Return issued in 1880 (No. 392) shows that, comparing the quinquennial periods 1847-1851 and 1874-1878, there was, in the latter, a diminution in the deaths from all causes of infants under one year old, of 6,690 per million births per annum; while the mortality caused by eight specified diseases, either directly communicable or exacerbated by the effects of vaccination, increased from 20,524 to 41,353 per million births per annum—more than double. It is clear that far more were killed by these other diseases than were saved from smallpox."

The following letter from William Tebb appeared in *The Individualist* of May, 1906:—

"At the beginning of his last illness Mr. Spencer asked me to call on him; when he pointedly referred to two Parliamentary Returns which he considered had been neglected or forgotten, and said were of the greatest possible importance.

"The first of these, numbered 433, dated 1877, is entitled 'Vaccination Mortality,' and showed an enormous increase of deaths per annum of infants under one year, from fifteen specified diseases, inoculated or intensified by vaccination. Soon after this return was issued Mr. J. W. Pease, the member for Darlington, holding this incriminating document high above his head in the House of Commons, called out: 'The President of the Local Government Board (then Mr. Selater-Booth) cannot deny that children die under the operation of the Vaccination Acts in a wholesale way.' A short time afterwards Mr. Hopwood asked a question in the House of Commons with regard to this document, when Mr. Hibbert, M.P. for Oldham, acting as Parliamentary Secretary to the Local Government Board, said (July, 1880): 'The increase of deaths from syphilis under one year, from 255 in 1847 to 1554 in 1875 per million of births is, in my opinion, one of the most unsatisfactory features in connection with vaccination.' This official word 'unsatisfactory' is surely a very mild condemnation of the wholesale slaughter of infants by the inoculation of the most hateful of all diseases known to the medical profession . . . Mr. Spencer said: 'These figures do not emanate from any opponent of vaccination. They are the Government's own admissions, published with reluctance, and there is no escape from them; and no satisfactory settlement of the question can be made if they are not taken into account.'"

WILLIAM TEBB.

Rede Hall, Burstow, Surrey.

### *Sanitation, Hygiene and Isolation.*

To these three factors, apparently, the decline of 15 per cent. in the smallpox death rate, during the last twenty years of the eighteenth century, was due. Nothing else in sight will adequately account for it:—

"In 1720 Mead drew up an elaborate system of notification, isolation, disinfection, etc., in view of a threatened invasion of the plague, but no attempt to deal with smallpox in a similar fashion appears to have been made until the last quarter of the eighteenth century." (Royal Com. Report, sec. 455.)

"No writer appears to have suggested methods of isolation, disinfection, etc., against smallpox prior to 1763. In that year, Rast, of Lyons, published his 'Reflections on Inoculation and Smallpox,' and upon the means which might be taken to deliver Europe from that malady. He maintained: 1. That smallpox was not a necessary and inevitable malady. 2. That it arose only from contagion. 3. That it resembled the plague in most of its features. His conclusion was: 'I say, that to deliver Europe from smallpox we must act upon principles directly opposed to inoculation; far from multiplying the contagion, we must keep it away by taking the same precautions and employing the same measures against that malady as have proved so successful against leprosy and the plague.' The earliest account of the practical employment of such means is from Rhode Island, U. S. A. Haygarth states that for many years prior to 1778 smallpox had been prevented from becoming epidemic there by regulations for isolation of the infected," etc. (See, 456.)

"A passage in Dimsdale's work on 'Inoculation,' published in 1781, shows that in some towns of England pest-houses were beginning to be used for smallpox. In

1784 Haygarth, of Chester, published his 'Inquiry How to Prevent Smallpox'; and in 1793 'A Sketch of a Plan to Exterminate Smallpox from Great Britain.' . . . Upon the return of an epidemic in 1777 he proposed a plan for prevention of the natural smallpox, and in 1778 a society was formed to carry out the plan . . . In the report of the society, called shortly 'The Smallpox Society,' dated September, 1782, it is stated that in the four and a half years of its existence . . . the deaths from smallpox had been greatly lessened.' (Sec. 457.) Much more might be quoted to the same effect.

The wonderful advance in sanitary science which marks the nineteenth century is allowed by the best authorities to account for the noticeable decline in the deathrate from zymotic diseases generally, whose habitat is in the dirt. As smallpox is one of them, the strongest reasons exist for concluding that, but for the aggravating influence of inoculation and vaccination jointly during the first four decades of the nineteenth century, and of vaccination singly since 1840, when its partner was outlawed, smallpox would have been as little known now as leprosy and the plague which, as has been shown, disappeared under this method of treatment.

Jenner's original claim that vaccinia was non-infectious was based on the use of cowpox vaccine. But his original supply of vaccine ran out, and he had to get a new supply from Drs. Woodville and Pearson. Their vaccine is alleged to have been tainted with smallpox (*variola*):—

"Woodville's lymph, or the 'world's vaccine,' as it has been called, had an enormous circulation both in England and abroad, at a time when Jenner had no stocks; it was this lymph, in fact, which convinced the world of the efficacy of vaccination."—*A Century of Vaccination*, by W. S. Tebb, p. 22.

Inoculation with this *variolated* virus is but a modified form of the variolation which prevailed and did so much to multiply cases of smallpox during the eighteenth century—which by "Section 8 of the Act of 1840 was prohibited, under a penalty of imprisonment in the Common Gaol or House of Correction for any period not exceeding one month."

#### *How Developed.*

There are but two ways, so far as I know, by which smallpox may start in any locality: (1), sporadically; (2), by importation. A good example of the former is furnished in some of our Canadian lumber camps; where, in the past, if not at present, considerable numbers of shantymen are huddled together in very unsanitary conditions, knowing little and caring less about the rules of hygiene. I have been informed of a case—one who left camp at the end of the lumbering season wearing the same underclothing, unchanged, and, therefore, unwashed, with which he entered at its beginning. Such an individual, subsisting for months together on a diet of salt pork and beans, etc., would be a typical case for *sporadic* smallpox. These lumber camps seem to be regarded by the Health Boards as danger spots—not because of a likelihood that smallpox will be carried to, and developed in them, by "contact," but because they furnish ideal conditions for its spontaneous generation.

More attention, I believe, is now being paid to the regulation of these camps, and, were it not that one of the chief of the regulations is that all must be vaccinated or re-vaccinated with this *variolous* vaccine, we might soon see smallpox exterminated in Canada.

#### *Leicester's Example.*

The town of Leicester, Eng., is a brilliant illustration of the wisdom of abandoning vaccination and relying on sanitation and quarantine. In 1871-2, when "vaccination was as complete as endeavors could make it," in Leicester, as in the rest of England, they had a rude awakening by the great smallpox epidemic which fell upon them, slaying large numbers of the "protected" inhabitants, and manifesting the farcical nature of their fancied protection.

J. T. Biggs, Sanitary Engineer, and a Town Councillor of Leicester, who, according to Mr. Alfred Russell Wallace, "furnished perhaps the

most remarkable and the most complete body of statistical evidence presented to the Royal Commission on Vaccination," has furnished us with the following facts:—

*Success of the Leicester Method.*

"After the subsidence of the great smallpox epidemic of 1871-73, when the town was thoroughly well vaccinated, up to the year 1889, which was the last year for which I could prepare statistics for the Royal Commission on Vaccination—that is, during the sixteen years from 1874 to 1889, inclusive—no fewer than thirty-three importations—mostly from well-vaccinated districts—and a large number of successive outbreaks of smallpox were successfully stamped out. The town was thus saved from the further spread of the disease, with its possible ravages, by the Leicester Method of treatment, *without recourse to vaccination*, and also without the slightest approach to arbitrariness on the part of the authorities, or any infringement of personal liberty.

*Economy of the Leicester Method.*

"Another baseless assumption that is frequently used for the purpose of discrediting us is, that this Leicester method of isolation, quarantine, disinfection, and sanitation is so excessively expensive as to be practically prohibitive.

"Now, I can show, on the contrary, that our Leicester Method is extremely economical as well as effective. Besides, it is now well known that, however thoroughly a community is vaccinated, so little reliance is placed upon this supposed safeguard, that on the outbreak of smallpox recourse is at once had to the very measures which have been so persistently decried when used to the salvation of unvaccinated Leicester.

"From 1874 to 1889 the cost of public and private vaccination at Leicester was not far short of £10,000 (being about £9,818 2s 11d). During the same period the cost of quarantine, including compensation for destruction of infected clothes, bedding, loss of time, disinfectants, etc., was under the modest sum of £500 (or about £488 11s 2d). This represents a saving in favour of our Leicester Method, as against vaccination, of over £9,000 in the course of sixteen years. This £9,000 was completely thrown away, to say nothing of the impaired vitality and spread of disease which vaccination necessarily implies. The £500 cost of quarantine, etc., did all the effectual work of saving the town from the ravages of smallpox threatened by the thirty-three importations, and the real danger implied by the occurrence of 116 smallpox cases in the midst of our crowded population.

*Justified by its Fruits.*

"Perhaps it will not now be out of place to briefly enumerate the substantial reasons which justify the Leicester people in the course they have pursued in respect to vaccination, and in adopting sanitation as their watchword in the conflict with zymotic disease.

"Taking the groups of years I dealt with before the Royal Commission on Vaccination, our average annual smallpox death rate during 1853-57, with a moderate amount of vaccination, was only 91 per million population. But when vaccination had been continually and largely practised for a quarter of a century, and had reached to over 90 per cent. of the annual births, and when, of course, its assumed protective power should have been greatest, our smallpox death-rate had progressively risen to an annual average of 773 per million population in 1868-72. Since that time vaccination has rapidly declined in the Borough, now being only about 2 per cent. of the births, and smallpox mortality has disappeared from our midst.

*Saving of Life in Leicester.*

"Our death rate from the seven principal zymotic diseases, namely, smallpox, measles, scarlet fever, diphtheria, whooping cough, common fevers (typhus, typhoid, and continued fever), and diarrhoea, averaged annually for the five years 1868-72 no fewer than 6,852 per million living, with over 90 per cent. of primary vaccinations to births. This is the highest vaccination rate and zymotic death rate we have ever had recorded for Leicester. In 1888-89, when primary vaccinations were only about 5 per cent. of the births, the zymotic death rate had fallen to only 2,304 per million. On our Leicester population alone this would mean a saving of nearly 680 lives each year.

*Saving the Little Children.*

"Without going into unnecessary details, I may observe that the improvement in our general death rate amongst children shows equally remarkable results. With over 90 per cent. of primary vaccinations to births in 1868-72, our death rate from all causes, of children under five years of age was 107; under ten years, was 61; and under fifteen years was 45, per 1,000 living under each of those ages respectively. While in 1888-89, with only about 5 per cent. of primary vaccinations to births, each of these death rates had fallen enormously. The death rate under five years had declined to 63, that under ten years to 35, and that under fifteen years to 25, per 1,000 living at each of the given ages respectively.

"This would represent a saving of about 880 lives under five years, of about 988 lives under ten years, and of about 1,080 lives under fifteen years of age, inclusively and respectively for each year in Leicester.

"When it is remembered that the claim put forward for vaccination is its preservation of the younger lives, especially those under five years of age, the life saving result of the 'Leicester Method,' as shown above is particularly striking. And it proves unmistakably that our watchword, 'Sanitation,' carries with it far more potency to deal with zymotic disease and even with smallpox than the now discredited medical cry of 'Vaccination.'

#### *The General Health of Leicester.*

"Once more our general death rate, that is our death rate from all causes and at all ages gives results no less important. In 1868-72, when vaccination had reached its climax in Leicester, our death rate was about 27 per 1,000 of the living population, being nearly 5 per 1,000 above the general death rate for all England and Wales. In 1888-89, when vaccination had virtually ceased to be practised in the town, notwithstanding our disadvantageous geological and geographical position, in a valley, with one of the most sluggish rivers in England, and a clayey and impervious water-logged sub-soil, our incomplete, and therefore inadequate, drainage, our death rate has fallen so rapidly, with declining vaccination, that it had actually fallen below the general death rate of England and Wales. The death rate for England and Wales was 17.9 for 1888-89, and that for Leicester 17.5.

"These figures as compared with times of high vaccination, mean an additional saving of about 1,400 lives each year in Leicester alone, above the normal saving in England and Wales. If this extra gain could be similarly achieved in the population of the whole country, other things being equal, it would, of course, mean an enormous saving of life, amounting to very many thousands beyond that which has actually been effected.

"When it is borne in mind that England and Wales include all the rural districts, where the death rate is very low, and that here our people are chiefly an artisan and manufacturing population whose circumstances are ever inimical to the health of the younger lives, Leicester's progress from being one of the unhealthiest of towns to its present proud position must be acknowledged to be marvellous.

"With such remarkable facts in their own experience, Leicester people can calmly await the verdict of all thoughtful minds, assured that their course of action in rejecting vaccination, and their reliance upon sanitation, will in the long run break down existing prejudice, and that it will receive widespread and universal approval and adoption."

J. T. BIGGS.

Sir W. J. Collins, and Mr. J. Allanson Picton, the Dissident members of the Royal Commission, in their Minority Report, par. 182, endorse Mr. Biggs:—

"In the statistics which Mr. Biggs furnished we do not find any evidence that the increasing disuse of infantile vaccination in Leicester has prejudicially affected the mortality of young children; on the contrary, there has not only been a marked reduction of the general death rate since 1875, but a reduction in the death rate of infants under one year, a rate which reached its highest point since 1838 in the period 1868-1872, when vaccination was most thoroughly enforced."

#### *Sketch of Sir W. J. Collins.*

In view of the very unfair disparagements of anti-vaccinists by pro-vaccinists in general, and also that readers may note the quality and *status* of our witnesses, I here present a brief sketch of Sir Wm. J. Collins, M.P. for St. Pancras, who is leader of the Anti-Vaccinists in the House of Commons. We might point with equal pride to Professors Creighton and Crookshank, and other men of note whose opposition to vaccination is the result of *special* and lengthy study of the subject:—

"He graduated at the University of London, B.Sc. (with honours) in 1880; M.B., B.S. (with double first-class honours and gold medal in 1881); M.D. in 1882, and Master of Surgery in 1885. He took the gold medal in Sanitary science in 1887. He became F.R.C.S. in 1884. He was elected a Fellow of London University and a Senator in place of Lord Sherbrooke in 1893. With these attainments Sir William no doubt had within his reach professional emolument beyond our power to estimate, but without relinquishing practice altogether he has chosen to devote the bulk of his time to the public service. He was for some time a teacher of Anatomy at St. Bartholomew's Hospital, where he gained many distinctions. He has accomplished rare feats of surgery, at the London Temperance Hospital, to which he is visiting surgeon. He is ophthalmic surgeon to the Northwest London Hospital, in Kentish town, and visiting surgeon to the Royal Eye Hospital at Southwark. Notwithstanding this busy professional life, he has found time to serve as a Royal Commissioner on the

vaccination laws; and on the executive of King Edward's Hospital Fund, and as Hon. Secretary of the League of Mercy. His municipal services to London have been conspicuous. He has held the highest positions on the London County Council with distinction. He was chairman in the Diamond Jubilee year, 1897-8, and was, and is, the first chairman of its Education Committee, in which difficult position he has continued to exhibit the same qualities of tact, courtesy and impartiality which gained for him the esteem of all parties when he occupied the chair of the Council. If the House of Commons wants to be guided by 'authority' it will be difficult to please if it does not find such authority in the man whose career is thus only briefly outlined."—*The Vaccination Inquirer*, Feb., 1906.

The *British Medical Journal* published his answer to professional brethren in these terms:—

"After serving on the Royal Commission on Vaccination, he came to the conclusion that vaccination should be voluntary, not compulsory. Neither the principle nor the practice in respect to the conscientious objector approved themselves to him."

At the annual meeting of the National Anti-Vaccination League, Mr. Broadhurst, M.P., expressed his desire that Sir William Collins should be Parliamentary leader, saying:—

"Sir William Collins is a man of great eminence in his profession. There is no man who knows this subject better than Sir William Collins, and he is a man of great capacity and ability, to express, explain, argue for and defend his position; and, being eminent in his profession, he cannot be jeered at, and laughed at, and ridiculed, and kicked and cuffed as a poor layman is on this subject."

This is one of those termed by Dr. Hodgetts: "A coterie of unscientific observers and amateurs!" Let the reader judge.

To manipulate a few figures, as he does, and, while ignoring or neglecting the weighty considerations presented regarding Leicester, dismiss the subject by asking, "Where, in these figures, is there anything to disprove that vaccination is a life-saver?" is simply to trifle. As already pointed out, the naked figures (even if accurate) taken apart from the modifying circumstances prove nothing. Taken as he gives them, however, 199 vaccinated persons are shown to have developed smallpox, whereas there were only 158 unvaccinated that did so, and this out of a population principally unvaccinated! May I in turn ask: "Where in these figures is there anything to prove that vaccination *protects*?" This, however, is not the use he intended to be made of them.

Our greatest concern should be with ultimate results. If we put on one side of the scale the weighty facts and figures of Leicester's Town Councillor, together with those of the Dissident Commissioners, and on the other side (supposing them to be accurate) the figures adduced by Dr. Hodgetts, can there be any reasonable doubt as to what the decision should be? On the one hand we have a large mass of carefully collected and scientifically arranged data, which was submitted to the Royal Commission—as critical a body of experts as could be found—some of whom, on account of their sympathies, could be relied on to challenge what, in their opinion, bore unduly against vaccination. On the other hand, a few naked figures, collected by partisans of vaccination and unaccompanied by any of the many modifying considerations, which, in the interests of truth, should be allowed for. The fact is that Leicester has given, in this "object lesson," an unanswerable argument in support of isolation and sanitation, as a *safe* and effective means of controlling smallpox. On the contrary, vaccination does not "protect" from smallpox, but it is a prolific breeder of foul and deadly diseases.

#### *Dr. Hadwen on Vaccination.*

As a counterpart to the brief sketch of the history of vaccination and smallpox with which Dr. Hodgetts begins his pamphlet, I offer the following, from an address delivered in Gloucester, Eng., by Dr. W. R. Hadwen, M.D., L.R.C.P., M.R.C.S., L.S.A., gold medalist in medicine and surgery, etc. Dr. Hadwen has been lecturing, *gratuitously*, for

several years, in the leading cities of Great Britain, to crowded audiences, for which he is eminently qualified. I deem this expedient, because of Dr. Hodgetts' complaint, on p. 21, that "the discussion of this question with the laity is most difficult, as naturally their grasp of medical theory and practice is, at the best, but hazy, and they cannot be expected to grasp the true inwardness of cause and effect." Here is a "foeman worthy of his steel":—

#### *History of the Movement.*

"Thomas Carlyle has told us 'that no error is fully confuted until you have seen not only that it is an error, but also how it became one.' It will, therefore, be as well for me to take you over something of the history of the movement, and give an idea how this gigantic superstition and this monstrous fraud of vaccination came to be enforced, and came to be adopted by the profession and the public. The 'discoverer' so-called was, as you all know, a man by the name of Edward Jenner, who lived at Berkeley, in your own county. He was not, however, the discoverer. The whole thing was a superstition of the Gloucestershire dairymaids years before Jenner was born—(laughter)—and the very experiment, so-called, that he performed had been performed by an old farmer named Benjamin Jesty twenty years previously. Now this Edward Jenner had never passed a medical examination in his life. He belonged to the good old times when George III. was King—(laughter)—when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity, and he hung up 'Surgeon, apothecary,' over his door without any of the qualifications that warranted the assumption. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he then communicated with a Scotch university, and obtained the Diploma of Doctor of Physic for the sum of £15 and nothing more. (Laughter.) It is true that a little while before he had obtained a Fellowship of the Royal Society, but his latest biographer and apologist, Dr. Norman Moore, had to confess that it was

#### *Obtained by Little Less Than a Fraud.*

It was obtained by writing a most extraordinary paper about a fabulous cuckoo, for the most part composed of arrant absurdities and imaginative freaks, such as no ornithologist of the present day would pay the slightest heed to. A few years after this, rather dissatisfied with the only medical qualification he had obtained, Jenner communicated with the University of Oxford, and asked them to grant him their honorary degree of M.D., and after a good many fruitless attempts he got it. Then he sent to the Royal College of Physicians in London to get their diploma, and even presented his Oxford degree as an argument in his favor. But they considered he had had quite enough on the cheap already, and told him distinctly that until he passed the usual examinations they were not going to give him any more. This was a sufficient check in Jenner's case, and he settled down quietly without any diploma of physician. The period in which he lived was undoubtedly a very filthy period. It was a time when, to take London for instance, the streets were nothing but a mass of cobble stones, the roads were so narrow that the people could almost shake hands across the streets, and as for fresh air they scarcely knew anything about it, for locomotion such as we have to-day was unknown. Sanitary arrangements were altogether absent. They obtained their water from conduits and wells in the neighborhood. Water closets there were none, and no drainage system existed. It was in London especially that smallpox abounded, where bodies were buried in Old St. Paul's Churchyard in Covent Garden only a foot below the soil, and people had to get up in the middle of the night and burn frankincense to keep off the stench; and where those who could afford it had houses

on each side of Fleet river, so that when the wind blew towards the east they lived in the west, and when it blew towards the west they lived in the east. This was the condition of old London, and you cannot be surprised if smallpox was then what Dr. Bond calls a scourge; you cannot be surprised if smallpox has declined since, even *after* this wonderful discovery of vaccination—(laughter and cheers)—and let us not forget that sanitary improvements began in London as early as 1766, and smallpox began to decline as a consequence before vaccination was invented. I won't go now into

#### *The Personal Character of Jenner,*

but Dr. Creighton has well described him when he tells us that he was vain and petulant, crafty and greedy, a man with more grandiloquence and bounce than solid attainment, unscrupulous to a degree, a man who in all his writings was never precise when he could possibly be vague, and never straightforward when he could be secretive. This is the character that Dr. Creighton gives him; and as for the statement, which we constantly hear, that Jenner received such wonderful homage in the later years of his life, we well know that his closing years were years of misery as the failures of his fetish began to crowd upon him. It was on January 23rd, 1823, that he wrote his last letter to his confidential friend, Gardner, when he told him he was never surrounded by so many perplexities. Two days later Jenner breathed his last. To proceed to the subject, we must remember that this practice of vaccination was simply a legend. The idea of charming away disease has been common in all countries and at all times, not only amongst the ignorant but amongst the educated. In old herb books we find how much the remedies for certain diseases depended on the jingle of the names; and there is no doubt that the way in which the idea got amongst the dairymaids that a person who had had cowpox never had smallpox depended upon the jingle of cowpox and smallpox, and it was this which had such an extraordinary effect upon the mass of the people at that time. In the old herb books, for instance, we find that if you want to prevent suffering from the bite of a mad dog you must carry a herb called hound's tongue, and again, that to prevent the ill-consequence of a dog bite you must take a portion of the root of a dog rose. This kind of thing was common at that time; it was

#### *A Most Superstitious Period*

in which Jenner lived, when live frogs were swallowed for the cure of worms; when cow dung and human excreta were mixed with milk and butter for diphtheria; when the brains of a man who died a violent death were given in teaspoonful doses for the cure of smallpox. Even Jenner had invented, not merely a cure for smallpox but also one for hydrophobia, which quite takes the steam out of Pasteur's treatment. All you had to do was to duck the man who had been bitten three times in a stream of running water, only taking care that each time you ducked him life became almost extinct. (Laughter.) He said he never knew that to fail under any circumstances. (Renewed laughter.) He evidently had an idea that persons bitten by a mad dog became possessed of an evil spirit and should be treated as they used to treat the witches. So much for Jenner. When he first of all heard the story of the cowpox legend that the dairymaids talked about, that if you only had cowpox you can't have smallpox, he began to mention it at the meetings of the *Medicoconvivial Society*, where the old doctors of the day met together to smoke their pipes, drink their glasses of grog, and talk over their cases. But he no sooner mentioned it than they laughed at it. The cow doctors could have told him of hundreds of cases where smallpox had followed cowpox, and Jenner feared he would have to drop it. In 1796, however, he performed



### *His First Experiment*

as it is called. He took a boy named James Phipps and inoculated him with some lymph which he took from a cowpox vesicle. A short time afterwards he inoculated this boy with smallpox, and for very solid reasons which could be explained, the smallpox did not take. 'Now,' said Jenner, 'is the grand discovery. This will answer my purpose, and I shall soon be able to get another paper for the Royal Society,' to follow in the wake of the glorious euckoo, which has been wittily termed 'the bird that laid the vaccination egg.' (Laughter.) That was in 1796, and we are close upon the century since that wonderful experiment. Russia is preparing to celebrate it, and the Bristol medical men are sending round for subscriptions for £1,000 in order to purchase the relics of this wonderful man—such as his snuff box, his lancets, and the chair the great man sat in—to put in the museum of the Bristol University. I have noticed that the doctors have omitted one important article which appeared in the Bristol Exhibition—

#### *A Hair From the Tail of the First Cow*

that supplied the vaccine lymph. (Loud laughter.) I am sorry that they have left that out. I am sure nothing would so stir the hearts of the coming race of medical men as an evidence of belief in the principle contained in the old herb book by which a person had to carry a hair of the tail of the dog that bit him. (Laughter.) I do not know whether the sensation from Russia is going to filter through to England, but unless you people in Gloucester are going to be swayed by the manifesto issued by the medical men, my advice to you is to keep your rejoicings for the 5th of November, and then if you happen to be hard up for a companion for Guy Fawkes I would advise you to have an effigy of Edward Jenner to help feed the flames of your bonfire. (Laughter and cheers.) Jenner inoculated this boy James Phipps in 1796. Then, as soon as he had done that, he wrote it down—(laughter)—and went round the neighborhood collecting desultory information with regard to cowpox and cowpoxed milkers. He got cases of those who had had cowpox years before, and had never had smallpox, as if everybody was bound to have the smallpox. Then he took some worn-out paupers, over 60 years of age, who had had the cowpox years and years before, and inoculated them with smallpox to see if they would take. He found they did not take, because as people get advanced in life they are more or less proof against it. 'This,' said Jenner, 'is the grand proof of the value of inoculation of cowpox as a preventive of smallpox.' These were the materials which he got together in order to present his paper to the Royal Society. It was not to be surprised at that, with miserable material such as this, the Royal Society, though at that time at so low an ebb scientifically, should, nevertheless, immediately reject his paper as unsatisfactory and unsuited to a scientific society or a healthy public. (Cheers.) Jenner took care in that paper never to mention the cases of people who had cowpox and

#### *Had Smallpox Afterwards.*

He mentioned the cases of a dozen old men who had cowpox and did not take smallpox afterwards, but he could have had hundreds of cases of people who had had both. These he took good care never to say anything about. As soon, however, as he came back with his paper the cow doctors were at him. They said this was all rubbish, and began to pour on him hundreds of cases, just as we pelt the pro-vaccinists with figures showing that ninety per cent. of those who have had smallpox have already been vaccinated. (Cheers.) So Dr. Jenner soon found he would have to change his whistle, and invented a novel idea. The idea he started was this. He said there are two kinds of pox. One is the genuine kind and the other spurious, and those who have had cowpox and yet had smallpox

afterwards have had the spurious variety. Those who had cowpox and did not have smallpox afterwards were those who have had the genuine disease. This was a very clever and specious kind of argument, and the next thing that Jenner had to do was to find out where the genuine cowpox could be found. Accordingly, on going into a stable one day he found that a cow had been affected with a very peculiar kind of disease that was produced in this way. It seems that a man had been seeing to the grease upon a horse's heels and had gone to milk the cows without washing his hands. The result was that it produced that peculiar kind of disease known by the name of

#### *Horse-grease Cowpox.*

'This,' said Jenner, 'is the life-preserving fluid,' and he went home to write about the wonderful virtues of horse-grease cowpox. However, it was necessary to perform an experiment, and he inoculated a boy named John Baker with horse-grease, then direct from the horse's heels. He intended later to inoculate him with smallpox in order to see whether it would take, but it was something like the case of the man, you remember, who had an idea that if he only gave his horse a gradually diminishing diet he would at last be able to keep it on nothing. You remember that the horse died before the experiment could be completed, and it was the same with John Baker, for the poor boy died in the workhouse directly afterwards from a contagious fever contracted from the inoculation. (Shame.) He then took some of the horse-grease cowpox and inoculated six children, and without waiting to see the result or to prove whether it would protect or not he rushed to London to get his paper printed. And in that paper he had the audacity to assert that it was not necessary to wait to see the result because the proofs he already had were so conclusive, and the experiments had told such an extraordinary tale—although he had completed but one experiment in his life, and that did not prove it at all. That boy James Phipps was hawked about the country as a proof of vaccination, but he had not been inoculated with horse-grease cowpox at all, but with spontaneous cowpox, which Jenner now declared in his second paper was absolutely useless and unprotective against the disease. But as soon as the paper was published the outcry was tremendous. 'What,' said the people, 'take horse-grease, filthy grease from horses' heels, take that and put it into the blood of a child! No, they would have nothing to do with it. They did not mind having cowpox without the horse, but they could not think of having the cowpox with the horse in it. Dr. Pearson wrote Jenner, telling him he must take the horse out, or 'it would damn the whole thing.' Consequently—there is no accounting for taste—they denounced horse-grease cowpox, but were prepared to accept spontaneous cowpox. What did Jenner do? Did he attempt to stick up for his creed or to prove that he was right? No;

#### *He Wanted Money.*

He said he was looking forward 'in the fond hope of enjoying independence,' declaring he was in an impecunious condition. He accepted the verdict of the people. They wanted cowpox; they should have it. And accordingly he wrote a third paper and tried to wipe out what he had written before. With the exception of a solitary foot note in that paper horse-grease cowpox was not mentioned at all, and he fell back on the spontaneous cowpox theory which he had previously denounced as useless and unprotective. This spontaneous cowpox is what we are recommended to have by Dr. Bond in almost his last clause, *i.e.*, having lymph direct from the cow, which is denounced by the discoverer himself as absolutely unprotective against the disease in question.

#### *Why Vaccination Was Foisted on the People.*

"Well, having told you briefly the history of the matter, you may ask, 'However was it that this thing was foisted on the people? How

came the medical men of the country to accept it?' In the first place science was then at a very low ebb. It was about the time Joanna Stephens lived. She had a wonderful remedy for stone, which gained great notoriety. There was a great anxiety to obtain it, and at last a subscription list was opened. It was headed by the Archbishop of Canterbury, and all the leading doctors subscribed. Joanna wanted £5,000 for her recipe. The money was obtained and the recipe came to light. It ran as follows: 'My medicines are a powder, a decoction and a pill. The powder consists of egg shells and snails, both calcined. The decoction is made by boiling some herbs (together with a ball, which consists of soap, swine's cresses burnt to a blackness, and honey) in water. The pill consists of snails calcined, wild carrot seeds, burdock seed, ashens keys, hips and haws, all burnt to a blackness, soap and honey.' She got her £5,000 and the doctors got their recipe; they say that fools and their money are soon parted. (Laughter.) I don't begrudge either Joanna Stephens the money or the doctors her recipe, but I don't think any more of the doctors in consequence, and we can't be surprised at their accepting with so little compunction the wonderful recipe of Jenner for smallpox. There was another reason why they accepted it, and that was this, the majority of the doctors of that time had never heard of or seen cowpox. Dr. Denham, writing at that time, said the majority had never heard of it. However, when Jenner came forward with the letters F.R.S., M.D., after his name, with all the impudence of a charlatan, saying, 'Such is the singular character of my discovery that a person who is once inoculated with cowpox is for ever afterwards secure against smallpox,' the whole of the profession was arrested by the deliberate statement made, and they all bowed down before the golden calf which Nebuchadnezzar the king had set up. (Laughter and cheers.) Another reason was that

*Inoculation Had Turned Out a Failure.*

What was inoculation? It consisted in this: it was supposed at that time that smallpox was a permanent evil influence amongst us, and that everybody was obliged to have it some time or other before they died. Consequently it was thought if they could only have the smallpox in a mild form and at a convenient season, it would be nice to have it over, just as mothers now think that their little ones must have measles, scarlatina, whooping cough, chickenpox, etc., and are glad to get it over. It was consequently said, what is more simple? Let us give the people a mild case of smallpox when they are well and able to resist it. This idea, which became very popular, first of all originated in India. They had there a smallpox goddess whose name was Matah, and the Hindoos used to inoculate themselves with smallpox in order to appease the goddess, fancying that if they did so and if smallpox came along they would then have it in a very mild form, or, perhaps, that her Majesty would look kindly upon them, and they might not have it at all. This filtered through to the Ottoman Court, and in 1721 Lady Wortley Montagu, wife of the then ambassador, was so struck with it that in her letters to London she told them that everybody in Turkey was being inoculated with smallpox. Coming from such a person, and from the very cream of society, the people were taken with it, and it became the fashion through the length and breadth of England to inoculate with smallpox. But they soon found that it spread the disease tremendously. It was between 1700 and 1800 that smallpox was so rife. You don't see so much now. Why? They were then giving people smallpox right through the country by inoculation. Dr. Bond talks about the unanimity of the profession. Why the whole profession was unanimous about that then? They said inoculation was the thing and that it must be done. Talk about the unanimity of the profession! That goes for nothing; we have principles to deal with, not the unanimity or otherwise of the profession. (Cheers.) Majorities are never a proof of truth."

### A Typical Pro-Vaccinist Statistic.

The following is a specimen of the tables contained in the pamphlet—a *facsimile* of part of p. 13, reproduced that the reader may have an opportunity to *study* and appreciate it. The doctor asks

“The reader to weigh it well and set it against the distorted figures, the half truths, and mis-statements of the small minority, who would have you believe and follow a coterie of unscientific observers and amateurs.”

#### “Beneficial Results of Vaccination in Schools in England.

“One of the latest examples which illustrates the beneficial effects of vaccination occurred in a school at Ossett near Wakefield, England, in the fall of 1904. On October 27th, the master observed a girl aged 11 in class room A, class standard IV, with a suspicious rash on her face and hands. The M. H. O. was immediately notified and he diagnosed smallpox and removed the girl to the hospital. There evidently had been considerable exposure and the results of the sowing of the seed upon vaccinated and unvaccinated ground is shown as follows:—

Room or Class.	UNVACCINATED SCHOLARS.		VACCINATED SCHOLARS.		TOTAL SCHOLARS.	
	Taking Small-pox.	Escap-ing.	Taking Small-pox.	Escap-ing.	Taking Small-pox.	Escap-ing.
Room A (Standard IV) )	8	0	0	8	19	19
Remainder of )	12	2	5	17	23	25
Room A . . . . . )	13	30	0	13	31	61
Room B . . . . . )	4	8	0	4	14	22
Room C . . . . . )						
<b>Total . . . . .</b>	<b>37</b>	<b>49</b>	<b>5</b>	<b>87</b>	<b>42</b>	<b>127</b>
		<b>77</b>		<b>92</b>		<b>169</b>

“The interesting features of this accidental experiment are:—

“Every unvaccinated scholar in standard IV developed smallpox, while every vaccinated one escaped.

“(2) Of the 42 pupils in the remaining classes in Room A, twelve out of the fourteen unvaccinated went down with the disease.

“(3) Of the five vaccinated who were attacked all were over 11 years of age, and none of them had been re-vaccinated.

“(4) None of the re-vaccinated were affected.

“(5) In Room B, 31 were vaccinated and 43 unvaccinated, all the former escaped, while 13 of the unvaccinated took the disease.

“(6) Of the 26 scholars aged 6 to 9 years in Room C, 14 were vaccinated and 12 unvaccinated, while the former escaped, yet 4 of the unvaccinated took small-pox. Several similar instances have occurred in the writer’s experience in rural schools in Ontario.”

#### Analysis:—

(1) “Every unvaccinated scholar in standard IV,” he tells us, “developed smallpox, while every vaccinated one escaped.”

By consulting the first line of his table, then, we find 8 of the unvaccinated taking, and none escaping, smallpox; while all the vaccinated, viz., 8, escape, thus: 8 plus 8 equals 16; but in his column headed “Total scholars,” 19 are shown to have taken and 19 to have escaped the disease, *i.e.*, 19 plus 19 equals 38—a notable instance of arithmetical progression!

(2) “Of the 42 pupils in the remaining classes in Room A, 12 out of the 14 unvaccinated,” he says, “went down with the disease.”

The second line of his table, however, shows 12 unvaccinated taking and 2 escaping smallpox, and 5 vaccinated taking and 17 escaping. These added together thus: 12 plus 2 plus 5 plus 17 equals 36, yet his column of totals shows 48.

(3) He says: "In Room B, 31 were vaccinated and 43 unvaccinated; all the former escaped, while 13 of the unvaccinated took the disease." Well, 31 plus 43 equals 74, yet his totals are 92.

(4) Finally, "Of 26 scholars aged 6 to 9 years in Room C, 14 were vaccinated and 12 unvaccinated; while the former all escaped, 4 of the unvaccinated took smallpox."

His table, however, shows 4 unvaccinated taking and 8 escaping, and of the vaccinated 4 escaping, none taking; then 4 plus 8 plus 4 equals 16, yet his totals show 36!

A study of this curious table will reveal other blunders which need not be detailed here. How to account for them is not easy, unless they be chargeable to that "medical theory and practice, the laity's grasp of which is, at the best, but hazy." It is a strange kind of food to be served up by one whose object was that the "general public may become seized of the truth as regards vaccination."

The following mate to it appears on p. 7:—

*"Vaccination has Changed Age Incidence.*

"It may be both of interest and importance to the question to illustrate the fact, that vaccination has changed the age incidence of smallpox. The figures are those of Warrington, in which epidemics of smallpox occurred in 1773, when the population was 8,000, and 211 deaths happened; again in 1893, when the population was 54,084, of whom 53,645 were vaccinated.

"The ages are as follows:—

	1773		1893
	All unvac- cinated.	Vaccinated.	Un- vaccinated.
Under one year.....	49	0	8*
1 to 2 years.....	84	0	1
2 to 3 years.....	33	0	0
3 to 4 years.....	18	0	1
4 to 5 years.....	15	0	1
5 to 6 years.....	4	0	0
6 to 7 years.....	2	0	0
7 to 8 years.....	2	0	0
8 to 9 years.....	4	1	1
9 to 15 years.....	0	1	1
15 to 20 years.....	0	1	2
20 to 30 years.....	0	10	4
30 to 60 years.....	0	24	5
Over 60 years.....	0	1	0
	211	28	24

As in the other table, unpardonable carelessness in the proof-reading here is manifest; not only is the addition faulty, but the vertical lines assign two columns to 1773 and one only to 1893, although the opposite of this was probably intended. If not, Dr. Hodgetts shows by column 2 that 38 vaccinated persons died of smallpox 25 years before vaccination was practised!

Assuming, however, that the other was his intention, it would appear by column 1 that in 1773 smallpox was simply a *child's* disease, only 12 of the 211 victims being over five years of age; whereas in 1893 the case is reversed—11 under five years, and 8 of these infants under one month, with 51 mostly in the prime of life and period of usefulness.

Now, while regarding his claim as a baseless assumption, I feel certain that the verdict of most people who examine this matter will be "better to have left 'incidence' alone." The change, whatever its cause may have been, is obviously for the worse. Were we compelled to

choose between the breadwinner and the baby, as to which could best be spared, we should have little difficulty in deciding. It follows, then, that even if he were right in his surmise, he would only be adding another to the long list of reasons for regarding vaccination as a pernicious mischief maker.

Moreover, eight of the unvaccinated deaths were under one month—babies unfitted, probably, in any case to live, and, therefore, not entitled to be reckoned. Not only so, but, presumably, *all* the unvaccinated deaths belonged to this weakly class. Seeing that over 99 per cent. of Warrington's population were vaccinated—the one per cent. residue consisted, doubtless of weaklings whose condition would not permit of the operation.

In view of this, then, it is significant that, by his own showing, 38 vaccinated deaths occurred at Warrington, and only 24 unvaccinated—surely a discouraging lesson to him who asserts that “smallpox may be entirely suppressed, if the practice of vaccination and re-vaccination is but universally adopted.”

Had he been careful to consult a reliable historian instead of drawing on his own imagination, he would have found that:

“In no period of its history has smallpox been so purely an infantile complaint as measles, nor so purely a malady of childhood and early youth as scarlatina or diphtheria. When it first rose to prominence in England, from the reign of James I. onwards, it attacked adults in a large proportion . . . But, as the disease became nearly universal and ubiquitous, it was so commonly passed in infancy or childhood that *few grew to maturity* without having it. The number of adult cases diminished as the disease became more nearly universal . . . In London there were always a good many adult deaths.”—*History of Epidemics in Britain*, p. 623.

#### *Vaccination in Germany.*

Germany may be looked upon as the vaccinist's trump card. German freedom from smallpox the vaccinists claim to be due to vaccination at intervals, and to *nothing else*. Let Dr. Hadwen again testify:—

“It is very interesting indeed how Germany has settled the whole question. They have had no smallpox in Germany since the compulsory re-vaccination Act of 1875 was passed. But why do they begin with 1875? There was a compulsory Vaccination Act in Prussia from 1834, and, according to the Acts of 1834-5, every child in the country was vaccinated before it was twelve months old, and every child, before it began its school life, had to be re-vaccinated; again, every woman, before she was married, had to present a certificate of vaccination, and when the males reached adult life and entered the army they had to be vaccinated with ten marks on each arm, and the law declared that if they kicked up a shindy at it they were to be held down and vaccinated by force. (Shame.)

“Now in 1871-2, that is 35 years after the passing of that stringent Vaccination Act, which vaccinated, re-vaccinated and re-re-vaccinated every citizen practically in the country; they had one of the biggest epidemics that ever occurred on this earth, and no less than 124,948 of Germany's vaccinated and re-vaccinated citizens died. The consequence is that when pro-vaccinators want to find an excuse for re-vaccination they try to cut these 35 years out. Everything before 1871-2, when the great pandemic occurred, was to be blotted out of sight and they wanted to start afresh with 1875, after the German empire had become consolidated and the Prussian laws had been incorporated in those of United Germany. They said it is since that Act was passed that smallpox has been banished from the land. But they won't explain the 35 years before, and they won't tell us what occurred since. Did it stop then? No it didn't! It is true smallpox declined after the great epidemic of 1871-2; it would be a wonder if it did not. But it had all practically disappeared before the Act of 1875 came into force at all. (Cheers.)

### *Why Smallpox Declined in Germany.*

"Between 1872-5 there was practically no smallpox in the country, because the susceptible material had been used up. But after 1875 it still lingered, there was even a recrudescence of the disease, and it rose and rose and rose right on to the year 1883, when a new Act was passed, and that Act ran in this way: 'The local by-laws shall include isolation for smallpox of the entire house, as well as of the chambers where the patient lies, and the isolation shall be continued after the removal of the patient to the hospital and until all needful measures of disinfection shall have been carried out, and anyone wilfully disregarding these orders will be punished with imprisonment.' It was sanitation and isolation that swept the thing out of the country. (Cheers.) But Mr. Walter Long does not say a word about that. Smallpox decreased after 1883, and from 1887 they have had practically no smallpox in the country. Isolation and sanitation did their work. (Hear, hear.) For when they received the money from the French Government the Germans, like level-headed men, were not going to waste it, but they used that money for purifying their River Spree, for building model barracks for their soldiers, for clearing away the wretched rookeries that they had in their cities, for bringing good water and proper drainage into their centres of civilization, and the end of the matter was that by sanitary measures and isolation they cleared this filthy disease from their midst. (Cheers.) But remember this, the result which has happened in re-vaccinated Germany in consequence of sanitation and isolation, has likewise happened in un-vaccinated Leicester for the same reasons. (Loud cheers.) And in both cases—both in Germany and Leicester—the general death rate has been reduced; indeed Leicester has carried off the palm in this respect, for her death rate, which was 27 per 1,000 in 1872, when practically all her inhabitants were vaccinated and sanitation and isolation were neglected, declined to less than 16 per 1,000 in 1901 (when practically all were un-vaccinated) under the influence of her hygienic laws. (Renewed cheers)."

### *The Franco-German War Fable.*

This fable, which started in the hands of Dr. W. B. Carpenter over a quarter of a century ago, and, notwithstanding its complete refutation by the Anti-vaccinists, re-appears in Toronto newspapers, March, 1906, by Prof. A. B. McCallum, asserting that the "French army lost 23,000 soldiers from smallpox," through neglect of vaccination, whereas the "German army lost only 287"—a pitfall into which no one with a reputation for learning should have stumbled; as the falsity of these figures had been demonstrated long ere he thus became the unsuspecting tool of the Provincial Board of Health; and the fullest records of it were ready to his hand had he taken the trouble to consult them. When his well-meant but inept statements appeared in *The News*, March, 1906, they were answered by the present writer, but Editor Willison suppressed the article.

The German army fable, through criticism, has suffered an abatement of 75 per cent., as the following letter from the *London Lancet* of June 8, 1901, clearly shows:

To the Editors of *The Lancet*:

Sirs,—Surely a journal with the reputation of *The Lancet* owes some explanation to its readers for reproducing in the annotation on aseptic vaccination the often exposed fable regarding smallpox mortality in the French and German armies. This statement was withdrawn by Dr. W. B. Carpenter, who originally promulgated it in this country. Its falsity was admitted by Lord Herschell's Commission. But the marvellous comparison keeps "popping up" again, as the old lady said of Mr. Gladstone. In 1899 Mr. Rider Haggard used it in a little lecture to a conscientious objector, and afterward withdrew it. The Jenner Society obtained through the Foreign Office an official statement from the French authorities on this subject. In this the estimate that 23,400 soldiers had died from smallpox was stated (as a little reflection would lead one to expect) to be "greatly in excess of the reality,"

so greatly that the 23,400 was brought down "not to exceed 6,000." An estimate worth little at the best has thus suffered an official abatement of nearly 75 per cent. But the story on the authority of your review is still doing service in the newest pro-vaccination literature, and *The Lancet* has unaccountably given the lie one more start in this country. I am, sirs, yours faithfully,

(Signed) ALEX. PAUL.

On this letter the editor of *The Lancet* comments as follows:—

The figures escaped our attention, we regret to have published them, as their falsity has been established.—Editor of *The Lancet*.

The following frank admission of his error, by Mr. Rider Haggard, appeared in the *East Anglican Times*:—

To the Editor:—

Sir,—I have much pleasure in acceding to the request of Mr. J. T. Wiles, and in acknowledging that the figures as regards the number of French soldiers who died of smallpox in the Franco-German war, quoted by me the other day, are erroneous.

What really happened was that I read these figures, together with other statistics, from a leaflet, the accuracy of which I too readily took for granted. I regret that this should have chanced, and also that such leaflets should be set as a trap for the unwary, who have no means of checking the statements they contain.

The history of this story, so far as I have been able to trace it during the last few days, is not without interest. It would appear—I speak without guarantee and subject to correction—that M. de Freycinet was originally responsible for it. Then Lord Playfair, falling into the same error as myself, repeated it in Parliament and afterwards withdrew the statement, as did Dr. Carpenter and various other people. Since then it has been made use of in Parliamentary debates, and, up to the present, widely disseminated in leaflets, from one of which I was so guileless as to read. I am credibly informed that the real number of French soldiers who died from smallpox during the Franco-German war was some-where about six thousand—even so, a sufficient total.

I am, etc.,

H. RIDER HAGGARD.

Ditchingham House, February 21st, 1899.

One of the latest pro-vaccinists to eat his words on account of this fiction was the Surgeon-General of the U. S. Marine Hospital Service, Surgeon-General Wyman's letter to Hon. Thos. S. Butler, of Pennsylvania, who had called him to account for publishing the story in the *Public Health Reports*, was printed in *The Liberator* (Minneapolis) for July, 1902, together with the correspondence leading up to it. His letter, dated May 10, 1902, acknowledges his mistake and promises to correct it.

But, even if the 23,000 deaths in the French army during this time could be proven, it would only prove that vaccination does not protect against smallpox, for every French soldier was vaccinated or re-vaccinated on his entrance to the army; Dr. Bayard said in 1872 "our army knows no exceptions."

#### *Vaccination in Canada.*

On p. 29 of his pamphlet, Dr. Hodgetts gives a brief statement of his "personal experiences," extending over the last sixteen years. He says:—

"Many opportunities have presented themselves to study the question in all portions of the Province in outbreaks attended with deaths rivaling any of the serious epidemics of history, as well as in others in which the mortality has been as low as any on record."

This must surely be written in the *poetic* vein. Who ever heard of "outbreaks" in Ontario with "deaths (*i.e.*, mortality) rivaling any of the serious epidemics of history"? It is nonsense—a manifest effort to "magnify mine office." A few deaths have occurred in Ontario from smallpox, but so few that they are not to be compared with small-pox mortality in other places. Seldom has the case mortality in Ontario exceeded one per cent. In recent reports it is considerably under that—the last showing only .88 per cent., and if the truth were known most of these deaths would be found to have been due to other diseases, which had sapped the constitution before the alleged smallpox entered.

The type of the disease experienced in Ontario is so mild that many physicians have declined to call it smallpox. That genuine smallpox of a *mild* type does exist in the Province is not denied; and when a severe case occurs it is the result either of a foul-blooded condition in



the patient, or, on the other hand, infection from a foul-blooded person, as was the case some years ago, with Dr. Little of this city, who died of hemorrhagic smallpox, contracted, it was said, while treating a man who had just arrived from Cleveland, Ohio, suffering from syphilis. This man also had smallpox, but the doctor, poor fellow, did not know until it was too late. On discovering the fact he is said to have gone home and vaccinated himself—an insane act in the circumstances, for, if the virus possessed any *virulence*, he was simply adding to the already unbearable dose of venom with which he had become charged. Mr. Little, senior,—Dr. Little's father—declared with some warmth to the writer that his son, at the age of seven years, was vaccinated along with two of his brothers. Thus, Dr. Little appears to have been *twice* vaccinated, which, according to Professor Coste, already cited, was liable to constitute him a fitting subject for hemorrhagic smallpox, of which he died. After death occurred, Dr. Sheard, Medical health officer for Toronto, stated to the newspapers that Dr. Little had never been vaccinated. In some of the *dailies* this appeared in big headlines, accompanied by the comment that "had he been vaccinated he would have been alive to-day." A prompt reply was sent to the newspapers by the present writer; nevertheless the mis-statement continues to this day to do duty in support of vaccination, no attempt having been made by its author to correct it.

On page 23, under the caption "*Ontario Experience of Vaccination*," Dr. Hodgetts says:—

"I would sum up my experience of 16 years' work in Ontario, during which, either personally or through the aid of assistants, over 40,000 vaccinations have been performed, and performed often in the most unsatisfactory conditions, I have never seen a fatality follow vaccination; I have never seen a life in jeopardy by reason of the inoculation of vaccine, and I have yet to see the first case where illness of either a temporary or a permanent character could be ascribed to bovine vaccine."

A report was issued April 12th, 1907, by the Public Health and Marine Hospital Service, Washington (Dr. Wyman, Surgeon-General), in which the writer quotes from this, as follows:—

"Hodgetts reports 40,000 vaccinations done in the Province of Ontario, Canada, without a death."

The reader will observe that this is not as stated by Dr. Hodgetts. He alleges: "I have *never seen* a fatality follow vaccination"—the italics are mine. Between these two doctors a *false statistic* has been created and put into circulation. This is the Surgeon-General Wyman, already mentioned, who, when called to account by Hon. Thos. Butler, of Pennsylvania, for publishing the "Franco-German War fable" in the Public Health Reports, promised to correct his mistake. In the interests of truth it would seem to be the duty of Dr. Hodgetts to ask him to correct this misleading assertion also. The incident furnishes a striking example of how vaccination statistics are often produced.

But Dr. Hodgetts is even more extreme than this—he has "yet to see the first case where illness of either a temporary or permanent character could be ascribed to bovine vaccine." In this matter he is not alone, nor is he entitled to all the glory. Dr. Sheard—Medical Health Officer of Toronto, boasts of 50,000 vaccinations in thirteen years with like benign results. What a magnificent statistic Wyman might have evolved out of the two had he been informed!

No surprise need be felt at these officers not having "*seen*" the evil results of their operations. Probably *not five per cent.* of the vaccinated were ever seen by them or their agents after the operation was performed, although they are supposed to be examined at the end of eight days to see if the virus has "taken." All *verified* vaccinal experience during the last hundred years has been marked by considerable suffering and not a few fatalities. The vaccination endorsed as genuine by Jenner was characterized by erysipelatous inflammation.

If less than the normal amount of this was experienced in Ontario of late years, it may have been due to *inferior* vaccine which, as we shall see presently, was extensively used. Disclaimers such as these are manifestly worthless in view of the conclusive evidence to the contrary by the Royal Commission Report, and other reliable witnesses.

#### *Massey Hall Lecture.*

On March 13th, 1906, an illustrated lecture, on the "Evils of Vaccination," was delivered by Mr. J. A. C. McCuaig, in Massey Hall, Toronto, on behalf of the Anti-Vaccination League of Canada. The following are some of his closing words:—

"Now, a word for Dr. Sheard. He has thrown out a challenge, and to-night we accept it. His challenge is that there cannot be brought forward a case in which injurious results have followed vaccination by him.

"It will be enough for the present to submit a single instance. There are others equally tragic, but I choose this because it has happened within the last six weeks, and because, to a large extent, the facts have been verified.

"The case is that of George Webster, an employee of The T. Eaton Company, Limited. In accordance with the requirement of The T. Eaton Company governing employees he was vaccinated on the 1st or 2nd of February last, it is said, by Dr. Sheard. Webster ceased work, too sick to drag along another day, on the 14th of February. On the 15th, paralysis appeared, commencing in the left arm, the arm in which he had been vaccinated. On the 19th February Webster died.

"The significance of this case is, that one of the three doctors who attended him told not less than three persons that George Webster was in a low condition, as a result of vaccination, and that paralysis was brought on by vaccination. He was vaccinated by Dr. Sheard, doubtless, with the best lymph, pure lymph, no doubt. He was vaccinated six weeks ago. To-night he is in his grave. If he had not been vaccinated by Dr. Sheard he might be living to-day. When Dr. Sheard says 50,000 have been vaccinated by him without evil effects, he says what is not according to record, and he knows it."

To this Dr. Sheard, so far, has not replied. Free admission tickets to that lecture were sent to all doctors in Toronto. Much more evidence of this sort can be adduced if necessary.

#### *Dr. Hodgetts' Compliments.*

As many of our readers will not have access to the doctor's writings, I here quote a specimen of his matter and style:—

"The recent agitation against vaccination in the City of Toronto, which city seems to contain within its corporate limits most, if not all, the faddists in the Province, in my opinion, made prominent the fact, that the education of the public as to the advantages of vaccination and revaccination, has been apparently neglected by those responsible for their instruction; and in these words of censure I would not altogether free the teachers in the medical schools of the Province, for in my experience the knowledge possessed by the bulk of medical students as to the necessity for the continuance of this practice and the carrying of it out on aseptic lines is most meagre.

"The presumption of a body of faddists in endeavoring to inform the public and the medical profession upon a subject about which they know nothing practically is patent to all. In the main their knowledge is simply the result of the imbibition of distorted truths, half facts, and false deductions on the part of a very small minority of scientists, who in like manner are faddists, but certainly deserving of severe censure from health authorities generally, by reason of the fact that their scientific knowledge has been directed into channels which have and will in the future result disastrously for the public good."—*Sanitary Journal*, p. 56.

The emetic which educed this bilious outpouring was the action of the Board of Education on March 1st, 1906, in cancelling the by-law requiring pupils to be vaccinated. On that occasion Trustee Levee presented a petition against compulsory vaccination, signed by over 5,000 of our best citizens, (professional and lay), and it could easily have been swelled to 20,000—a fact incompatible with the belittling remarks above quoted. The vote of 11 to 1 against the by-law caused bitter "wailing and gnashing of teeth" by this "Chief Health Officer," his subordinates and partisans who, prior to that mishap, affected contempt of their opponents. It was a clear indication, however, of public opinion.

### Brantford Meeting.

Let me remind Dr. Hodgetts of a few things which have taken place during these "sixteen years." He will remember the annual meeting of Health Officers at Brantford, Ontario, June, 1901, when his predecessor, Dr. P. H. Bryce, said in his address:—

"The problem the profession wishes solved is one of being supplied with a lymph which fulfils normal requirements. On this continent the production of vaccine lymph is almost wholly in the hands of private manufacturers, and there is, therefore, no standard of vaccine lymph . . . I know of some seven distinct firms whose vaccines are sold in this Province, and I regret to say that I learn from those using vaccine that very varying results are often obtained, not only from different lymphs, but the lymph got from the same firm in different lots, and this has happened at every season of the year."

Some light will be thrown, as we proceed, on these "*very varying results.*" Being deemed sufficiently important to warrant an official investigation, and to extort these significant and damaging admissions from Dr. Bryce, they were doubtless of a nature which the Provincial Board of Health could not afford to divulge.

### Government Grant.

As a result of the Brantford meeting, application was made to the Ontario Government for a "grant," to pay for "investigating the cause of the failure of a large proportion of the vaccine to act. . . and of its excessively virulent effects in many cases." Hon. J. R. Stratton, Provincial Secretary, allowed \$80.00, and a committee was appointed, consisting of Dr. J. A. Amyot and Professor C. B. Shuttleworth, of Toronto; Dr. H. R. Franks, of Brantford; Dr. J. Coventry, of Windsor; with Dr. W. T. Connell, of Kingston, as chairman.

This committee reported in 1902, at Berlin, Ontario. Little seems to have been accomplished by them beyond spending the public money, and weaving a screen to hide from public view their own official impotence. They admit that they "had not been able to visit the various manufacturers of vaccine"—the chief thing, one would imagine, for which they, as a Vaccine Commission, had been appointed! Their report is chiefly a collation of extracts from medical journals and other vaccination literature, interspersed with some comments and suggestions of their own, but of little practical value to those outside the medical profession, and probably not much more to them inside.

One statement in it may be noted in passing: "At the Animal Vaccine Establishment in England, the final test, before placing the vaccine on the market, is made on children" (pauper children, doubtless, of whom there are plenty there). The value of this "test" is obvious. Tests made on guinea pigs, rabbits, etc., necessarily are lacking as a gauge of what may happen in the *human* constitution, because the *parallel* is lacking; therefore, to experiment on pauper children (if that be permissible) is to furnish (at their expense) the *best possible safeguard* to the public. But it must startle parents, generally, to learn that "there is *no such test anywhere on this continent!*" The italics are mine. The discussion which followed the reading of the report is of more than passing interest. Dr. Bryce said:—

"The report very fully details the great care which is necessary in producing successful lymph of any kind . . . If it is impure lymph, the length of time taken to purify it by glycerination may be long enough to make it inert. All this points to the fact that nothing but the greatest scientific care, in production and subsequent handling of vaccine, can be expected to produce anything but unfortunate results."

Has this indispensable care been manifested in the manufacture and handling of the American vaccines? Or is this possible in circum-

stances such as Dr. Bryce has admitted, and described; where "private enterprise" is entrusted with this dangerous business; where there is "no standard of vaccine"; where there are a dozen or more of such exploiters at work, tearing each other's hair, and publicly denouncing each other's products, with all their might, with tongue and pen? No means, it must be confessed, exists for adequately controlling and regulating this worse than "opium trade." There are millions of money behind it, and millions annually made out of it. Vaccination has become a *medical fetish*, and its devotees, who have been entrusted with the guidance of the public in health affairs, are acting as under a powerful narcotic. It goes without saying that "the greatest scientific care" has not been, and *cannot* be, observed, therefore the most "unfortunate results" have attended the practice, as Dr. Bryce predicted they would.

Dr. Cassidy said:—

"The really interesting point to me, in connection with this matter of vaccination, is the possible introduction of tetanus. The question of bovine vaccination opens up so many points for discussion, that a man is tempted to go back to the practice of the first days, and use humanized lymph. With bovine vaccination I have seen some of the vilest forms of sore arms. I have seen cases of post-vaccinal ulcer, and have been obliged to treat them—boys, otherwise healthy boys, sons of good sound parents, with arms sore for three consecutive months. I have never seen such a result with humanized vaccine . . . . We have had the strong evidence of McFarland, of Philadelphia, evidence not yet controverted, that 63 cases of tetanus (lockjaw) resulted from the use of bovine virus, in cities such as Philadelphia, Camden, N. J., and the immediate neighborhood . . . . Well, that is not a very agreeable picture to contemplate . . . . Medical editors were loath to believe that vaccine virus, from *bona fide* well-kept vaccine farms, could simultaneously introduce tetanus with vaccine. The idea was detestable. We were preaching vaccinate! vaccinate! and, at the same time, a bovine virus could be used, on our advice, capable of producing a deadly disease like that . . . . I draw the line at tetanus. If we cannot have bovine virus we can depend upon, what is the position of the doctor? A most unhappy one. If you were asked when going to vaccinate a child, 'Will you guarantee that the child will not take tetanus from that vaccine, would you accept the challenge? And, if you do not accept the challenge, what right have you to insist on vaccination? . . . . The conclusion I draw is, that either the Provincial, or the Federal, Government should take action, by which all vaccine virus in this Province shall be examined and tested. I think the tests should be used on the vaccine farms, and all vaccines placed on the market should be tested in such a way that physicians will not commit such an outrage, as to introduce tetanus along with the vaccine. The tests should be made on animals. It is scarcely fair to be making bacteriological tests on the children of this country.'"

#### *Vaccine Virus: What Is It?*

The foregoing startling revelations, by two Health Board members, naturally suggest an inquiry, on the part of the public, into the source, nature, etc., of the vaccines that are being used to vaccinate their children, and re-vaccinate themselves.

Vaccine, from Lat. *vacca*, cow, is a product of the *disease* named "vaccinia." Whether it originated with the cow, or was accidentally generated in her, is an open question. The fact that *no bull* was ever known to have it is suggestive of the latter view. The point to be noted is, that vaccine is a *disease-product*, and a very revolting one at that, as will appear later. The assurance is freely given by pro-vaccinators, that no trouble need be feared if "pure lymph" is used, and "due care at, and after, the operation is exercised." This, however, is a mere blind. As Dr. Cassidy points out, "No doctor will guarantee that the child will not take *lockjaw* from the vaccine." He might have added a dozen of other diseases that have been proven to result from vaccination. Vaccine virus—at best a *virulent animal poison*, liable not only to be pregnant with every disease-taint the animal has been heir to, but also invaded by other disease germs, which gain an entrance during the process of manufacture—is no more entitled to be called "pure lymph" than it is to be called *pure milk*.

It is very significant that, as long ago as 1883, the Grocers' Company, in England, by reason of the numerous disasters following vaccination, offered a prize of £1,000 for the discovery of the characteristic organism of vaccinia; but this prize so far has not been claimed, which seems to show that this organism or germ (if there be one) has not been discovered. If, then, it has not been discovered, it is evidently impossible to say that any sample of vaccine contains it and no other. Moreover, the claim that glycerination of vaccine, while slaying all other "disease germs," respects the vaccinia one, is too farcical for sober credence.

According to the *Indian Lancet*, "glycerine is a nutritive medium for the growth of putrefactive and other germs."

The *London Lancet*, after investigating the various vaccines on the market in 1902, pronounced them nearly all alive with "innumerable" extraneous organisms, and placed that of the Jenner Institute only twelfth in order of merit. It was to "glycerinated" vaccine that a German Commission attributed the disaster at Rügen, where vaccination infected 320 persons with a loathsome disease; and the Royal Commission recorded 84 cases of serious injury, with 24 deaths, from its use.

*The London Lancet*, January 7, 1899, says editorially:—

"Up to the present of glycerinated lymph derived from eleven or twelve different sources, in one instance only was the lymph really good . . . One sample 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."

Enough of this.

The other form of putting up vaccine is known as the "dry points" method, by which means the virus is taken direct to "ivory points," laid out to dry, and, when dry, put in boxes for use. Both methods will be discussed later.

#### *Which Kind Do Canadians Get?*

Dr. Hodgetts says:—

"The reputable producers of vaccine (in the United States, from which country we derive our chief supply) are under the inspection of the Federal authorities, and are licensed by that authority. The laboratories and stables are kept as clean as possible," etc.

Note the doctor's qualifier—the "reputable producers." Is this one of them?

#### *Description of Incubating Stables of the Pennsylvania Vaccine Company, from the Annual Report of the Pennsylvania State Board of Health for 1896:*

"Second floor used for hay and grain; stalls and centre aisles of earth and wood ashes mixed. Floors cannot be flushed; they are dug up and replaced by fresh earth and ashes every six months. Ground soaked with urine. Cleanliness impossible. Dust from hay loft above filters through crack in ceiling and renders air of room at feeding time unnecessarily dusty. The bench of operating rack is covered with a dirty bed-tick, filled with loose straw, upon which the animal lies on its back. No drainage of operating room or stables; the urine and fecal matter collected in receptacles, under tables or racks. No provision for the exclusion of flies from operating room or stables. Animals from eight to eighteen months old. No inspection is given by a veterinarian, nor exclusion of tuberculosis by tuberculin test attempted. The operator says he does not believe much in asepsis or antiseptic. No temperature of animals is taken. The crust is scraped off with an unsterilized knife and wooden paddle. No cleaning is done to the parts previous to this. No care is taken to sterilize any of the instruments. The points are dipped one by one into the lymph and then laid upon dusty and unsterilized plates to dry. No fluid lymph is collected or sold. No care is taken to secure aseptic points, and they are, moreover, freely handled by the operator and stablemen with unwashed hands. We are sorry to say that not even the ordinary precautions of cleanliness are observed, and hence, no bacteriological control is given, either to the operation and the care of the vesicle, or through the product.

#### *Summary.*

"This establishment has rather a commercial than a scientific aspect. It is very doubtful if ashes have any disinfecting properties, such as is claimed by the operator.

The fact that the hay loft is directly over the incubating stables renders it possible to have very dirty and infected vesicles, since dust can filter down upon the backs of the animals. No tuberculin is used. Cattle seem thin and scrubby. The separate charging of the points by hand and laying them on a dirty plate is neither cleanly nor hygienic. It is doubtful if a wooden paddle can be thoroughly cleaned, and its use in removing pus should be discontinued, since it is likely to infect fairly healthy vesicles if such exist. The mattress-covered operating racks are filthy."

The foregoing savory morsel of Health Board information was issued by the H. K. Mulford Company, in a sixteen page pamphlet, entitled "The Exposure of a Disreputable Proceeding," published by them in Toronto, January, 1902, apparently designed to "expose" Dr. H. M. Alexander & Company, vaccine manufacturers, of Marietta, Pa. Dr. Alexander is alleged by Mulford to be the owner of this "Pennsylvania Vaccine Company," which "was incorporated under the laws of the State of Pennsylvania, on the 26th day of November, 1901, with a paid-in capital of \$1,000.00." A lovely institution, surely, for one of the leading "reputable" vaccine manufacturers to own!

Not only because of Mulford's squealing, but of other evidences as well, it is clear that, whether "reputable" or not, Alexander is one of the *leading* vaccine manufacturers. I have a copy of an elaborate circular which was issued by Alexander & Company, setting forth an analysis of twelve different vaccines, picked up in the open market, at the close of the smallpox epidemic in Chicago, some years ago; Mulford's probably was one of them. The analysis was made by the *City Analyst*, and it was undertaken because of the unusually large number of casualties and deaths from vaccination during the epidemic. A purity scale of 1 to 100 is used to signify the degrees of purity of the respective vaccines. Alexander, of course, stands at the head—the only "pure vaccine"—the rest are represented everywhere along the scale, some even at the bottom—"very bad."

#### *Mulford Versus Alexander.*

There is thus a keen rivalry between these two firms. The H. K. Mulford Company are the leading vendors of glycerinated vaccine: whereas the H. M. Alexander Company represent the "dry points" method. Mulford charges Alexander with making

"A direct attack against glycerinated vaccine, and in such a way as to prejudice the public mind against vaccination and against *our* vaccine in particular."

Then goes on to say:—

"We have in our possession the signed statements of physicians of Camden, who purchased Alexander's vaccine at Beringer's drug store, and used it on five patients who afterwards contracted tetanus . . . In preparing dry vaccine points the virus is transferred immediately from the vaccinated surface of the heifer to the points, so that all the germs and inflammatory products which are necessarily present in and about the vaccinated surface of the heifer are, from very necessity, transferred direct to the ivory point. Consequently vaccine points can *never* be absolutely free from germs and dangerous foreign material (necrosed tissue)."

Mulford is supported by others writers as to the impossibility of excluding "extraneous disease germs" from the "ivory points." Even Dr. Hodgetts admits that "glycerinated lymph is most in favor amongst the best observers, and has the approval of the British Royal Commission." Notwithstanding this, I am credibly informed that when compulsory vaccination was being carried on in our Public Schools, the "ivory points" were used; and, I presume, the same practice is generally followed still!

What excuse can our Provincial Board of Health furnish for this deliberate choice of what is admitted by most authorities, including *themselves*, to be an *unavoidably impure and dangerous* article? Is it that the "dry points are more *handy*? A vaccinator can be despatched to any place with his pockets full of them, and, after ordering his victims to "bare their arms," instead of using a "sterilized lancet," he

simply rasps the skin with the "ivory point," rubs in the virus, and throws the "point" away! By this means large numbers can be vaccinated in short order, and a "good thing" made of it.

A correspondent recently wrote the following description of his experience:—

"Secretary Anti-Vaccination League, Toronto.

Sir,—I have had some experience with those so-called Medical Health Officers, and the last one I had to do with must have missed his calling. He would have been more in place on a ranch branding cattle, or in a wool-pulling establishment, for I can swear he knows how to *scrape*.

"My experience was while travelling from North Bay to Thessalon, Ontario. The so-called smallpox was prevalent along that route, and I encountered one of those branders. I was asked to take off my coat and allow him to brand my arm, but I refused. I asked him for his authority, so he produced his credentials, and, rather than cause a scene, I allowed him to brand me on the leg.

"I placed my boot on the back of a seat in a first-class car, and told this butcher to proceed. He pushed up my pant leg, pulled down my stocking, then took from his pocket a jack-knife, and rasped my leg up and down until he had a raw place about one and a half inches long. He gave it the finishing touch by rubbing it over with what he called a "point." It gave me a pointer as I watched his procedure. The knife was simply wiped on his pants and put back in his pocket, to wait for the next victim.

"Yours truly,

"G. H. C."

"Thessalon, Dec. 19, 1906.

What is the value of Dr. Hodgetts' statements regarding the innocuousness of vaccine in presence of the foregoing facts? They are worse than idle talk. Has anything practical been done to correct the malpractice which, four years ago, was urged by the Provincial Board of Health, as a reason for spending the public money? Apparently not. The committee "reported," and they talked to their medical brethren of how Dr. Blaxall, in England, does in producing vaccine; and they compared the English with some American methods, very much to the latter's disadvantage; and they were of the opinion that it would be a good thing to spend some public money in this way every year! They had a "good time," obviously. They went home happy, "resting from their labors."

Their "works that follow" are not much to their credit. The same ruthless insistence on vaccination with those *confessedly* impure vaccines goes on unabated. At the present moment they are making an organized effort to re-introduce compulsory vaccination of pupils in Toronto's Public Schools, from which they were ingloriously "knocked out" on March 1st, 1906. It is surprising that Dr. Cassidy, in whose remarkable utterances, already recorded, there are clear indications of a troubled conscience, should have remained, until recently, a member of the Provincial Board of Health; and, for aught that appears to the contrary, an active supporter of the vaccinal blood-poisoning he had so forcefully called public attention to.

All the fine talk about "aseptic appliances," "sterilized lancets," etc., disappears as vapor in face of these facts. A public explanation of this strange conduct should be insisted on, and the practice put a stop to forthwith. Vaccination with such viruses is at best a bad business; but where there is a choice of vaccines, as there seems to be here, our "salaried officials" should see that the public are protected as far as that is possible; otherwise they should be relieved of duty.

#### *How Vaccine is Produced in England.*

From calves which "vary enormously," suitable ones are chosen. "The most suitable calves are from three to six months old, with smooth, supple skins, clear eyes, and, generally in the pink of condition." They are laid on a "tilting table," the lower part of the abdomen is shaved, then washed and dried. "The calf is then vaccinated with glycerinated calf lymph in parallel linear incisions." After vaccination, the calf is

removed to a stall and tied, so that it cannot rub itself until the vesicles are developed (from 5 to 6 days).

It is then returned to the operating table and washed. "The skin is put firmly on the stretch, and the vesicles and their contents collected with a sterilized Volkmann's spoon, each line being treated in turn and scraped." The mute sufferers are then "transferred to the slaughter house and slaughtered"; and, in order to be consistent, the carcasses from which this putrid virus has been taken to poison the blood of humanity, are sold as human food—"vaccinated veal"—to perform a like service through the stomach!

The pulp is taken in stoppered bottles to the laboratory, then passed through a triturating machine, mixed with a certain quantity of glycerine and water, and, eventually, put up in tubes containing enough for ten vaccinations—"Glycerinated Vaccine Virus."

As vaccine manufacture is in England a *Government* industry, it is strange that the Government should thus violate its own law, which forbids the sale of diseased animals as human food!

What the practice in this respect is in America, whence the most of our vaccine comes, and where unbridled greed for the "almighty dollar" is much in evidence, we will not venture to say. Perhaps for our peace of mind the less known about it the better.

#### *Vaccinal Disasters.*

Dr. Hodgetts admits that "deaths have, from time to time, occurred as the result of vaccination," but asserts that "neither the deaths nor the complications are as many or as serious as the general reader is led to believe."

The reply to this is, that the widespread aversion to vaccination which exists is only to a very limited extent the result of *reading*. But there are few parents who have not, either in their own families, or the families of others, been eye-witnesses of vaccinal disasters too horrible to be forgotten. No sophistry emanating from any salaried partisan of vaccination, will have the least effect in erasing such pictures from those minds. They are there to stay.

Here is one taken from the evidence presented to the Royal Commission on Vaccination:—

"As an example of the dreadful results of vaccination, even where special care was taken, the following case from the Sixth Report of the Royal Commission (p. 128) is worthy of earnest attention. It is the evidence of Dr. Thomas Skinner, of Liverpool.

"Q. 20,766. 'Will you give the Commission the particulars of the case?' 'A young lady, 15 years of age, living at Grove Park, Liverpool, was re-vaccinated by me at her father's request, during an outbreak of smallpox in Liverpool in 1865. As I had re-vaccinated all the girls in the Orphan Girls' Asylum, in Myrtle St. Liverpool (over 200 girls I believe) and as the young lady's father was chaplain of the asylum, he selected, and I approved of the selection, a young girl, the picture of health and whose vaccine vesicle was matured, and as perfect in appearance as it is possible to conceive. On the eighth day I took off the lymph in a capillary glass tube, almost filling the tube with clear transparent lymph. Next day, March 7th, 1865, I re-vaccinated the young lady from this same tube, and from the same tube, and at the same time, I re-vaccinated her mother and the cook. Before opening the tube I remember holding it up to the light and requesting the mother to observe how perfectly clear and homogeneous, like water, the lymph was; neither pus nor blood corpuscles were visible to the naked eye. All three operations were successful, and on the eighth day all three vesicles were matured 'like a pearl upon a rose petal,' as Jenner described a perfect specimen. On that day, the eighth after the operation, I visited my patient, and to all appearance she was in the soundest health and spirits, with her usual bright eyes and ruddy cheeks. Although I was much tempted to take the lymph from so healthy a vesicle and subject, I did not do so, as I have frequently seen erysipelas and other bad consequences follow the opening of a matured vesicle. As I did not open the vesicle that operation could not be the cause of what followed. Between the tenth and eleventh day after the re-vaccination—that is about three and a half days after the vesicle had matured and began to scab over—I was called in haste to my patient, the young lady, whom I found in one of the most severe rigors I ever witnessed, such



as generally precedes or ushers in surgical, puerperal, and other forms of fever. This would be on March 18th, 1865. Eight days from the date of this rigor my patient was dead, and she died of the most frightful form of blood poisoning that I ever witnessed, and I have been 45 years in the active practice of my profession. After the rigor, a low form of acute peritonitis set in, with incessant vomiting and pain, which defied all means to allay. At last, stercoraceous vomiting and cold clammy deadly sweats of a sickly odor set in with pulselessness, collapse and death, which closed the terrible scene on the morning of March 26th, 1865. Within twenty minutes of death rapid decomposition set in and, within two hours, so great was the bloated and discolored condition of the whole body, more especially of the head and face, that there was not a feature of this once lovely girl recognizable. Dr. John Cameron, of 4 Rodney street, Liverpool, physician to the Royal Southern Hospital at Liverpool, met me daily in consultation while life lasted. I have a copy of the certificate of death here.'

"Q. 20,767. 'To what do you attribute the death there?' 'I can attribute the death there to nothing but vaccination.'"—*The Wonderful Century*, pp. 233-4.

The reader will notice the emphasis placed on the *clearness* of the "lymph" by Dr. Skinner. "Neither pus nor blood corpuscles were visible to the naked eye." Contrast this with the foregoing description of how vaccine is *now* produced: "vesicles and contents scraped" from the bloated abdomen with a spoon! By one method of preparation to be churned together with some glycerine and then bottled; but by the other taken directly and dried on "points." It was probably this contemplation which filled Dr. Cassidy's mind when he delivered that slashing impeachment of "bovine virus," already narrated, in which he pointed out that 69 cases of lockjaw, in one locality, resulted from its use, and declared: "The idea was detestable. We were preaching vaccinate! vaccinate! And at the same time a bovine virus could be used, on our advice, capable of producing a deadly disease like that!" Dr. Cassidy remarked that he "had never seen such a result with humanized vaccine." The above case by Dr. Skinner is one of these which he would do well to ponder. The history of vaccination shows that whether vaccine is clear or turbid, bovine or humanized, the results are practically the same, and there is no means of escape from these dreadful consequences but by leaving the dangerous, and worse than useless, practice severely alone:

"The evidence given by Dr. Husband, of the Vaccine Institution of Edinburgh, established the fact that all lymph, however pellucid, really does contain blood cells." *Report of Royal Commission* (section 430).

On the other hand, Dr. Hodgetts' confident assertion that,

"With the use of glycerinated calf lymph and the discarding of humanized lymph, the question of syphilitic infection through vaccination can be eliminated from the list, as the bovine species is totally insusceptible to infection,"

is fairly and fully met by section 213, *Minority Report*:—

"It has indeed quite recently been recognized that it is possible for vaccination, even when the matter has been derived from the calf, to give rise to a certain train of symptoms (including snuffles, thrush, eruptions on the genitals, bubo in the arm pit, phagedenic sores and nodes), symptoms which have hitherto been regarded as peculiar to syphilis, and which in some cases have been benefitted by mercurial treatment. The real nature of such cases has given rise to much dispute; well experienced surgeons, who saw these symptoms and examined them carefully, thought they could be none other than those of syphilis. Others of high authority regard them as 'vaccinia' in a severe form. Dr. Creighton explains all such cases, as well as those of vaccino-syphilis, as due to cowpox without contamination by human syphilis. Whatever their real nature, it is impossible to refuse to recognize them as the direct consequences of vaccination. Fuller knowledge is required to explain them, but when the assertion is made that the transmission of syphilis by vaccination is exceedingly rare, it must be borne in mind that the fact that vaccination with calf lymph, and therefore independent of venereal contamination, is capable of evoking symptoms indistinguishable by experienced surgeons from those of syphilis, has only recently been brought to the notice of the profession.

"Mr. Hutchinson says these cases look to him quite as much like vaccinia as syphilis, and are so closely parallel that were syphilis conclusively proved in any one, he would be prepared to admit it in the others. . . . That these abnormal results may follow vaccination with calf lymph, the following words of Mr. Hutchinson are significant: 'The final supposition is that it is possible for vaccination independently

of any syphilis, whether implanted or hereditary, to evoke symptoms which have hitherto been regarded as peculiar to the latter malady, and which are apparently greatly benefitted by specific treatment.'"

Again, "The remarkable increase of infantile syphilis, which some statistics show since 1853, has not received an adequate explanation . . . It has been alleged on high authority that 'a large proportion of the cases of apparently inherited syphilis are really vaccinal.'" (Section 216.)

"Horse grease"—a syphilitic exudation from cracks in the heels of diseased horses—was alleged by Jenner to be the cause of the "genuine cowpox." Ever since then syphilis has been propagated by vaccination—If we "sow the wind," we must expect to "reap the whirlwind."

#### *Re-Vaccination.*

Dr. Hodgetts' claim, already alluded to, that "smallpox may be entirely suppressed if the practice of vaccination and re-vaccination is but universally adopted," is a glaring absurdity in view of the thousands who have died of smallpox not only *twice* vaccinated but oftener. It seems almost a waste of time to reply to such random talk. The following cases from the "Minority Report" show this:—

Sec. 149.—"In London, of 108 cases of smallpox in re-vaccinated persons, seven were severe, and four, or 3.7 per cent., fatal, a fatality higher than in the once vaccinated class."

Sec. 150.—"The army, in obedience to very numerous orders, has been very thoroughly re-vaccinated, and, in the opinion of Brigade-Surgeon Nash, 'it is as perfect as endeavors can make it,' and he was unable to suggest any means whereby it could be made more thorough than it is. From the table he put in we learn that from 1860 to 1888 there were 3,953 cases of smallpox and 391 deaths in the army, giving a case mortality of 9.9 per cent.' . . . 'In the report of the Army Medical Department for 1888, speaking of smallpox mortality in Bengal, it is stated, 'The greatest number of cases occurred at Lucknow, 32, with five deaths; all the men had been re-vaccinated, and the cases varied from very mild to severe and confluent. . . .

"A detachment of the 1st Battalion Welsh Regiment was stationed at Assouan during the latter part of 1888 and the early part of 1889; during that time an outbreak of smallpox occurred among the native population, and the disease broke out among the troops; two cases occurred also on the voyage from Assouan to Cairo. Notwithstanding all the precautions taken in Cairo, and due regard having been paid to vaccination and *re-vaccination*, the disease kept on the increase, and in the month of May presented signs of doing so still further. The Welsh Regiment, which suffered most, on the recommendation of the principal medical officer, was removed to Abbassiyeh, where the situation is healthier and intercourse with the natives could be prevented. After these precautions were adopted there appears to have been a considerable reduction in the amount of smallpox among the troops in Egypt.'"

A better example than this, of the efficiency of isolation and sanitation, and the *utility* of vaccination and re-vaccination, to control smallpox, could hardly be found.

"In the Report of the Metropolitan Asylums Board for 1890, we learn that, during the year, twenty-six patients were admitted for smallpox, and two of these died. The first, aged twenty-six, had been unsuccessfully vaccinated at nine months of age, and successfully vaccinated when ten years of age, and the scars were obscured by the eruption. The other was in a man aged forty-four, who had been three times successfully vaccinated. Five of the twenty-six patients were unvaccinated, and none of these died."—*Century of Vaccination*, p. 223).

In the same work, pp. 234-5, Dr. Tebb has a table showing the smallpox incidence in the German army from 1834 to 1887. In this period there were 7,505 cases and 291 deaths. Now all these military examples were not only "protected" by frequent and thorough vaccination, but they had the advantage of being *picked* men, with robust constitutions, and of an age at which the disease is less liable to be contracted.

We are often met by the assertion that "smallpox has been stamped out of Germany by vaccination." The following extract from *The Vaccination Inquirer* of February, 1907, is of interest:—

#### *The Argument From Germany.*

"*The Impfgegner* in 1907, for January and February, has an article with the heading 'Fresh smallpox epidemic in exemplarily vaccinated Germany.' It quotes

newspaper accounts showing up to December 9th or 10th the existence of black smallpox in Metz and neighborhood, and also in Mulhausen and vicinity. The newspaper paragraphs tell of the isolation of both patients and suspects; and *The Impfgegner*, commenting on garrison orders for fresh vaccination, says, 'as we go to press the epidemic has not been subdued, nor will it be by more vaccination, but only by sanitary measures.' The protection of vaccination is declared to be a fairly tale.'

Another case and I shall have done with this aspect of the matter. Dr. J. A. Hensal, one of the surgeons in the German army, in an address delivered on February 2nd, 1900, said:—

"In June, 1888," (Note—First Compulsory Vaccination Act passed in 1834, and the second Compulsory Vaccination Act passed in 1874, so that every man had been vaccinated and re-vaccinated), "I was on duty in Strasburg, and over 2,000 cases of smallpox were in the pest-house, every one successfully vaccinated but three months before, and for the third time. I myself was laid up for five weeks, although I had been vaccinated for the seventh time successfully. In June, 1898, I witnessed the amputation of three arms, and the discharge of four men from the army for general disability, all from vaccination. After this experience I am convinced that vaccination is no protection against smallpox."

So, it seems to me, would any other man of common sense, when the facts are brought to his attention. How Dr. Hodgetts, in presence of such evidences as the foregoing, and thousands which might be added, can come to such conclusions as we are examining is a marvel. The erratic nature of his arithmetic has already been shown, in his tabular work; now the conviction is forced upon us that his logic is equally defective.

#### *Smallpox Virus as Vaccine.*

Dr. Hodgetts' false arithmetic and false logic are not the only things we object to in connection with his visionary theory of re-vaccination. He ought to know that Jenner, whom he and his fellow-worshippers have idolized, is now being quietly discredited.

When re-vaccination was first proposed, Jenner declared, "Re-vaccination will rob my discovery of half its virtue." He also saw that universal vaccination could never be, unless the competing practice of *variolation* (inoculation with smallpox) were put a stop to; but he died seventeen years before this idea was carried into effect. In 1840 the practice of *variolation*, which had lasted 120 years and been the means of enormously increasing the prevalence of smallpox, was declared illegal by Act of Parliament.

A modified form of *variolation*, however, under the misleading name of "vaccination," has been practised from that day to this. In Germany, Denmark, France, Switzerland, India, England, the United States of America, and elsewhere, experiments have been carried on by a large number of medical men, with the dual object of (1) identifying *vaccinia* (cowpox) with *variola* (smallpox), and (2) renewing the *deteriorating* strains of virus.

Dr. S. Monekton Copeman, in his work, "*Vaccination—Its Natural History and Pathology*," p. 42, says:—

"So far as I am aware, the first recorded experiments are those of Gassner, of Gumburg, in 1801, who succeeded, after no less than ten fruitless attempts, in directly inoculating a cow with smallpox virus. The lymph thus obtained was employed for the vaccination of four children, from whom other seventeen were subsequently vaccinated."

The method adopted by Dr. Copeman himself is to inoculate an egg with virus taken from *smallpox corpses*, then pass the result through one or more monkeys, next a calf or calves, and, finally, into children. What, then, is the *nature* and *bearing* of this practice? It differs entirely from that introduced by Jenner. His vaccine virus was based on "horse-grease." He pointed out that there was a natural "cowpox," and a cowpox caused by infection of the cow with "grease" from the diseased heels of horses, communicated through stablemen, who used to do the

milking after washing the horses' heels. "Grease" is considered to be *syphilis* in the horse. The former kind, Jenner termed "spurious cowpox"—all his vaccinal failures were charged to it; the latter kind he named "genuine" cowpox—this received credit for all successes. He even went farther. Through the aid and prompting of Sacco, of Milan, he adopted "horse-grease" *direct* from the horse, dispensing entirely with the cow.

"He supplied the National Vaccine Establishment with horse virus; he sent it to Edinburgh; he distributed it among his medical acquaintances; he described it as 'the true and genuine life-preserving fluid.'"—*White's Story of a Great Delusion.*

Such was the shifty, unscrupulous character of Edward Jenner, author of vaccination.

A clear distinction, in English law, is drawn between inoculation with cowpox (vaccination) and inoculation with smallpox (variola-tion). The two things are not only separate, but the former is *compulsory*, whereas the latter is *prohibited*. In 1878, the Irish Local Government Board, having heard of some eccentric person who was going to use smallpox matter for the manufacture of his calf lymph, threatened to prosecute. In England the law does not seem to have been put in motion, although considerable quantities of virus have been produced there in this way. Mr. White quotes from Dr. Seaton's *Hand-book of Vaccination*:—

"Mr. Ceely, of Aylesbury, 1839, succeeded in inducing vaccine vesicles on two striks by inoculation with variolous lymph, and in thus establishing lymph stocks, which passed at once into extensive use, so that, in a few months, more than 2,000 children had been vaccinated from them. In December, 1840, Mr. Badcock succeeded in variolating a cow at Brighton, and deriving therefrom a stock of genuine vaccine lymph. In this manner he has raised stocks of vaccine lymph for use on no fewer than thirty-seven separate occasions. The lymph thus obtained by him is now largely employed; it has been supplied to many hundreds of practitioners, and very many thousands of children have been vaccinated with it. Mr. Ceely's experiments were repeated in America in 1852 by Dr. Adams, of Waltham, and Dr. Putnam, of Boston, who were able, it is said, to furnish the city and neighborhood of Boston with all the vaccine matter used there since that period."

Again, Sir John Cordy Burrows, a surgeon, speaking as a magistrate, at Brighton, on 5th February, 1876, observed:—

"The public seem scarcely to understand what vaccination means. The vaccine lymph taken from a child is nothing more than what has passed from a small-pox patient through a cow. In 1856-58 I took an active part in inoculating seventeen cows with smallpox, producing in three cases vaccine lymph, and from those the world has been supplied."

Now, if readers bear in mind what was said about the vaccine virus furnished by Drs. Woodville and Pearson to Jenner when his stock ran out, they will readily perceive that vaccine virus *variolated*, either *accidentally* or *intentionally* and *deliberately*, has been employed on a large scale, co-extensive and concurrent, with the practice of vaccination from beginning to end. The "monkeying" by Dr. S. M. Copeman, at the Animal Vaccine Establishment in England, already described, is a fitting climax to this putrid disease-engendering practice.

Then, as to its *bearing* there cannot be a reasonable doubt. Variolation from person to person, as practised from 1721 to 1840, was considered a prolific means of increasing smallpox. Does the mere passing of smallpox through one or more of the lower animals rob it of its infectivity? No reputable authority will vouch that it does.

"The Lyons Commission, appointed by the Society of Medical Sciences in 1865, having Chauveau as its head, left not a doubt that from inoculated smallpox nothing could be derived but smallpox. It would be as reasonable to sow barley and expect to reap wheat as to convert smallpox into cowpox by implanting it in cattle."—*What About Vaccination?* p. 123.

"The specific nature of the lymph of the 'Lyons' papule is held to be shown by the fact that such lymph, when used on the human subject, gave rise to small-pox . . . lymph from a 'Lyons' papule of the second remove also gave rise in the human subject to smallpox . . . Thus Chauveau and his Commission found

that smallpox implanted in the bovine animal gave rise to a specific effect which was not cowpox, but was of the nature of smallpox, though its manifestations in the cow were different from those of smallpox in man."—*Vaccination, Its Natural History and Pathology*, p. 49.

What then? Simply this: Vaccination (which as we have seen is but *modified variolation*) being more or less contagious is liable to propagate smallpox *indefinitely*; therefore, instead of vaccination, if universally performed, suppressing smallpox, as Dr. Hodgetts *naively* asserts it would, the exact opposite will be the case. It would be as reasonable for him to assert that a sure method of extinguishing fire is to add fuel freely to the flames!

The ignorance of large numbers of the medical profession on this subject is unaccountable. The representatives of the Board of Health, who, on Thursday evening last (February 21st), were endeavoring to re-establish compulsory vaccination in the Public Schools of Toronto, when they were confronted during the discussion with the statement that vaccine virus is now got by inoculating calves with "*virus from smallpox corpses*," admitted that they knew nothing of this, and so incensed was one of them that he called special attention to the charge, and said that he would willingly be one of a commission to investigate and, if the charge were found correct, prosecute the man who was guilty of doing such a thing. It is needless to say that this gentleman was promptly furnished with the evidence.

The type of smallpox which now obtains—generally so mild as to be indistinguishable from chickenpox and some skin diseases, with an *occasional severe case*—is precisely what we ought to expect as the result of *modified variolation*. We must recognize the law of "reversion to type" in this matter, and realize that the inoculation of that "tamed" (?) virus into a foul-blooded body is liable to produce "*untamed*" smallpox. "Can the Ethiopian change his skin or the leopard his spots?"

#### *Tuberculosis.*

According to Dr. Hodgetts, "Tuberculosis may be eliminated from the list" of evils caused by vaccination, because (1) "Calves rarely have tuberculosis", (2) "the tuberculin and the post-mortem tests are applied."

In this matter the doctor limps as usual. If he would take the trouble to do a little *general* reading on these subjects instead of "cramming" himself with the made-for-the-purpose-statistics of Welch and Schamberg, his writings would probably have a different complexion, and there might be some excuse for spending public money in their publication. Possibly he will console himself with the thought that he is not the first of the "brethren" who have been *artlessly* led into using "cooked food"—Rider Haggard, Sir Lyon Playfair, Dr. W. B. Carpenter and others being noteworthy associates.

His assertion that "calves rarely have tuberculosis" should be received with caution. Veterinarians only go so far as to state that:—

"The large majority of cattle are born healthy. . . but it is necessary to take all calves away from infected stables immediately after birth, and to nourish them from the second day with cooked milk or with milk from healthy animals."—*Paper by Professor Harrison, 26th Annual Report, Ontario Agricultural College*, pp. 87-90.

No person familiar with the movements of the average farmer will believe that this ideal care of calves obtains to any appreciable extent; therefore, even if *born* healthy, a very grave danger of infection exists before they are of age to use as vaccinifers, seeing that, according to Prof. Harrison:—

"Tubercle-bacilli are found in great quantities in stables where tubercular cattle live. . . are present in the evacuations of diseased animals and men; and they can live for a long time in obscure and narrow places."

Prof. Harrison further says:—

"The conflict with tuberculosis in the domestic animals demands our attention from two points of view: First, because in most civilized countries it is, of all contagious diseases, the one which causes the greatest economic losses; and, secondly, because it is *one of the sources of human tuberculosis*. Whilst in many European countries tuberculosis is a disease of ancient date, it may be shown that, in the course of the past century, it has spread to many other countries, where before it was almost unknown."

Calves are not, as a rule, housed distant from the place of birth, nor are they often fed on "cooked milk." Regarding "milk from healthy animals," no guarantee can be given, as cows are often tuberculous without being suspected. In proof of this:—

"The first-born child and only son of the most distinguished Veterinary Surgeon of the Dominion had to be weaned when he was only three weeks old. In order to save the life of his child, the doctor bought a fine Jersey cow, and the milk of that cow, so much as was necessary, was set apart for the use of the infant. After a time a peculiar, obstinate and intractable diarrhoea set up in the body of the child. The best medical advice was procured, and all that skill could do was done, but in vain. The child faded and died and was laid to rest under the green sod of the prairie. The disease was declared to be '*consumption of the bowels*.' After all was over the doctor, the child's father, determined, if possible, to ascertain the cause of his child's death. Heredity was excluded, because, as far as could be traced, several generations, his ancestors, male and female, had been people of robust and vigorous constitutions. The same was found to be true of the child's mother and all her people. At length suspicion fastened on the cow. She was killed, and a *post-mortem* examination showed that the udder was a mass of tuberculous disease."

No better example than this could be imagined. If one so high in his profession could be so greatly deceived by this treacherous disease, what assurance can we have that any other veterinarians could do better? None whatever. It follows, then, that, unless the cow be slaughtered and *post-mortem* be held, no one can tell whether the milk is the product of a badly diseased animal or not. This, of course is never done, save in exceptional cases.

#### *The Tuberculin Test.*

This "test" cannot be relied on to the extent necessary for *vaccinal* purposes (if at all). The slightest tubercular affection in a calf or "*heifer*" would disqualify it for this highly dangerous business. The disease does not even require to be "*active*"—if it be "*latent*" the animal is unsuitable. Hence, the "*post-mortem*" examination mentioned by Dr. Hodgetts is useless, as *latent* disease would not be visible to inspection. Concerning the "*tuberculin test*," Prof. Harrison says:—

"Tuberculin sometimes fails to discover the existence of *advanced* cases of the disease. . . . We must admit that there are, unfortunately, not a few cases in which it fails to provoke a reaction in *highly tubercular*, and hence *very contagious* animals."

#### *Prevalence of Bovine Tuberculosis.*

Slaughter house inspection discovered cases of tubercular animals as follows:—

"Prussia, 15.8 per cent.; Saxony, 27.5 per cent.; Leipzig, 32.9 per cent.; Schwerin, 35 per cent.; and Kiel, 48.1 per cent."

Under the tuberculin test the reactions were as follows:—

"Saxony, out of 259 cattle, 79 per cent.; Austria, of 512 animals, 43 per cent. were tubercular; Switzerland-Friborg, 52 per cent.; and Geneva, 41 per cent. reacted.

"In England, Mr. Hunting, at the autopsy of three to four thousand cows, found about 20 per cent. tubercular, and McFadyen states that, during the last two years, out of 4,379 cattle (for the most part apparently healthy, from different parts of Scotland and England), 31.7 per cent. have reacted to tuberculin. . . . In the slaughter houses in Manchester, out of 367 cattle killed, 29.4 per cent. were tuberculous."

In a "Report on Tuberculosis in Ontario," 1894, by P. H. Bryce, M.D., Secretary to Provincial Board of Health, this appears (p. 11):—

"Of all cattle slaughtered in Midlothian District, 22.5 per cent. were tuberculous; and of all the cattle in the London District, 15.5 per cent. were tuberculous . . . In some herds slaughtered the percentage of tubercularized was as high as 75 per cent.; and only a few herds were without tubercularized animals." Earl Spencer's herd of Jerseys, containing over a score of animals, was tested by Prof. McFadyen and found by test to all have tuberculosis. The whole herd was slaughtered, and results of *post mortem* confirmed the diagnosis."

Did space permit, similar figures might be given from France, Belgium, Denmark, Sweden, Australia, United States and Canada.

Thus, as Professor Harrison declares:—

"These figures suffice to show that tuberculosis is an extremely widespread disease."

They also show, most clearly, that the grounds on which Dr. Hodgetts based his assertion that "calves rarely have tuberculosis," are worthless, and his "tests" (so-called) are useless for vaccinal purposes.

#### *Koch's Theory.*

The transmissibility of tuberculosis from the bovine to the human body has been definitely confirmed by the recent "Report of the Royal Commission, appointed in England to enquire into the relations of the human and animal tuberculosis." The report says:—

"The human body can be infected by bovine tuberculosis. Moreover, the results which we have recorded show that the bovine body can be infected by tuberculosis of a human source, in some cases complete, in others to a limited extent. Bovine animals and man can be reciprocally infected."

Koch's theory is thus *discredited*. It is now simply a question of evidence as to what part vaccination plays in the fearful slaughter of human beings at present by Consumption. Dr. D. E. Salmon, head of the Bureau of Animal Industries, Washington, says:—

"The danger from bovine tuberculosis can no longer be doubted. *Twenty-five per cent. of the cases of tuberculosis in children*, or a greater or smaller proportion, are due to infection from animal sources."

Dr. Salmon probably means through using the milk or flesh of tuberculous animals as food, but if such results can be produced by *cating* these articles, how much more through inoculating the *essence* of the beast into one's veins? We know that considerable quantities of noxious substances can be *swallowed* with impunity, whereas a particle of them entering directly *into the blood* would cause death. Nature has placed safeguards along the "Alimentary Canal," where, in the process of digestion and assimilation, injurious things may, in some degree, be neutralized; but these safeguards are absent from the "Circulatory System." How reprehensible, then, is the inoculating of *viruses* from *smallpox corpses* and other foul sources into the veins! It is impossible to tell by analysis what any sample of virus will do, hence no doctor can guarantee it; therefore, as Dr. Cassidy asks, "What right have they to insist on vaccination?"

Dr. S. M. Copeman's process of passing virus from smallpox corpses through monkeys and calves, in order to produce vaccine virus, is an *aggravation* of an abhorrent practice which was promptly prohibited in Ireland. The more animal bodies this virulent disease-product is passed through, the more disease-taints are likely to be in it; and, as monkeys are among the most *tuberculous* of animals, it is liable to be more dangerous, in this respect, for having passed through them in addition to calves. These *monkey* experiments, of Dr. Copeman, seem designed to blind the public. Professor Charles Creighton, Chairman of the Sixty-second dinner of the National Liberal Club Political and Economic Circle, on December 10th, 1906, said:—

“Ever since the affinity of cowpox to syphilis was established to the satisfaction of the Medical Department, by the celebrated case at the Leeds Infirmary, in 1889, they had (it is clear me) been resolved to get rid of Jenner’s prescription altogether, and to bring in the original smallpox inoculation by a back door, so that there need be no radical change in the law and no surrender to their critics, medical or lay.”

#### *Lowering the Vitality.*

Another way (admitted by eminent pro-vaccinists) through which vaccination tends to cause tuberculosis, is by “lowering the vitality.” If tuberculosis, however, be the result of vaccination, it matters little which route it comes by. That it does come the following cases of local disaster prove:—

(1) An employee of the C. P. R.—a strong, healthy man—was vaccinated in May, 1900, but the vaccination was said not to have “taken.” In June inflammation of the throat set in, and a few months later increased, accompanied by night sweats, etc. The C. P. R. Company sent him west to Calgary, for a change of air, but all in vain. He died of Consumption, July, 1901. His weight declined from 185 to 140 pounds. Dr. Becker’s certificate of death ascribed his trouble to the development of tuberculosis as the result of vaccination.

(2) A young woman, aged twenty-two, had always been strong and healthy, but was vaccinated in November, 1903, in order to keep her position in a leading Toronto Departmental Store. After a few days she was unable to attend to her work, and, after a period of constant suffering, died of tuberculosis on July 29th, 1904, the arm never having healed. Her mother and sister believe vaccination responsible for the trouble.

#### *Tuberculosis Versus Smallpox.*

Recent Health Reports show an extreme *disparity* in the mortality of the two diseases. According to the *Toronto Globe* there were, in February, 1906, 55 cases of smallpox in Ontario — no deaths. Tuberculosis had 200 cases, with 196 deaths. This is about normal for tuberculosis, which slays annually in Ontario about 2,500 persons, mostly in, or just beyond, the period of adolescence. The annual death roll for Canada is about 8,000, with an army of 40,000 consumptives constantly marching to the grave, having only the faintest prospect of recovery.

Mr. Foster, United States Consul, speaking at the Annual Meeting of the “*Canadian Association for the Prevention of Consumption and other Forms of Tuberculosis*,” at Ottawa, March 28th and 29th, 1906, says:—

“Assuming it to be at the present time in the vicinity of 200 per 100,000 of population, the death roll in the United States from tuberculosis would be something like 160,000 per annum.”

Here, then, are two diseases, one is *constantly* and alarmingly prevalent in all countries where the blighting practice of vaccination has obtained a footing; moreover, it slays *nearly all* its victims; the other is now only an *occasional visitor*, comparatively few are attacked by it, and its “*case mortality*” is, as we have seen, less than 1 per cent. Yet, in order to furnish a fancied “*protection*” from attack by the latter, the law requires every child to be inoculated before it is three months old, with vaccine virus derived from bovine animals, notwithstanding the fact that tuberculosis prevails to at least as great an extent among cattle as it does among human beings. And as, by the latest Report of the Royal Commission, in England, on tuberculosis, “*Bovine animals and man can be reciprocally infected*,” it follows that vaccine virus is a *direct means* of transferring this terribly fatal scourge from one to the other.

In view of these facts it seems to me that to *abandon vaccination* would be the most direct and most rational, because least expensive, hence most practical, way of reducing the death rate from Consumption.



Vaccination can be shown, I believe, to be the cause, directly and indirectly, of 50 per cent. of the trouble. But, will this be done? Probably no.

#### *Tuberculosis Conference at Ottawa.*

Two years ago, Rev. Mr. Moore, Secretary of the Canadian Association for the Prevention of Consumption and other Forms of Tuberculosis," sent me an invitation to attend their annual meeting at Ottawa. Prior to this I had written an article entitled "May Consumption be Caused by Vaccination?" intending it for the press. On receipt of this invitation, our President—Mr. Nasmith—suggested my going and reading the paper at that Convention.

Accordingly, I went and there met Health Officers and other medical men from all over Canada. Near the close of the proceedings, having listened to the various speakers, I asked permission to read my paper, intimating that it had a direct bearing on the subject under discussion. The disclosure of my relationship to the Anti-Vaccination movement, and the suggestion on my part that the abandonment of vaccination would be an inexpensive and effective means of controlling Consumption evoked a storm of frowns, and resulted in the Chairman ruling me out of order.

The majority of the speakers had urged the building of *Sanatoria* on a large scale. There were two, however—Drs. Third, of Kingston, and Sheard, of Toronto, who (to their credit be it said) opposed that proposal because of its unbearable cost.

Isn't it strange that highly educated men should be found agitating for Government aid to force upon the community wholly impracticable—often *visionary* and *pernicious* ideas? Some of their pet schemes are prohibition of "spitting," "kissing," etc. They give it as their solemn judgment that the alarming prevalence of the "White Plague" is largely due to these natural and long-lived habits! On this ground they have succeeded in passing an Anti-Spitting law—their Association being so perfectly organized that no measure is too absurd for it to carry through. At the same time they will fight to the death for the continuance of the vicious Vaccination Act, which requires every baby to be vaccinated before it is three months old; resulting, where enforced, in death to a large percentage of them; and, in the light of the foregoing evidences, laying the foundation for White Plague mortality in many more ere the period of manhood is reached.

#### *The Philosophic View.*

The weighty words of Herbert Spencer:—

"You cannot change the constitution in relation to one invading agent and leave it unchanged in regard to all other invading agents. . . .

" . . . Hence, as a constitution modified by vaccination is not made more able to resist perturbing influences in general, it must be made less able. . . . the assumption that vaccination changes the constitution in relation to smallpox and does not otherwise change it is sheer folly,"

should have a deterrent effect on legislators, whose aid may be invoked for the passing of laws, and spending of public funds in connection with this question. Not a dollar should be granted before a general discussion of the subject has taken place. In presence of the mass of evidence now available, as well as the large and rapidly increasing volume of intelligent and *learned* opposition to vaccination, nothing less than this is demanded.

To account for a blight so universal, persistent and deadly as Consumption, there must be an *adequate* cause, co-extensive with it, and so related to the human frame, as well as of such a nature, that a *reasonable* charge may be made. Such is Vaccination, which, for over a century,

has been polluting the life-stream of all civilized people, not merely by a *single* operation in infancy, which Jenner—its author—fondly imagined would be sufficient for all future time; but by dose upon dose, as often as the whim of the local Medical Health Officer may dictate—a period varying anywhere from ten years to *two weeks*—the Toronto favorite.

Nothing at once so *ludicrous and mischievous* has ever been inflicted upon mankind. It is designed to keep the human constitution *permanently* in an unnatural, therefore *diseased or unhealthy*, condition. This it does effectually—"the sins of the fathers being visited upon the children, even unto the third and fourth generation." Its effects are seen in the more or less *scrofulous* condition of most children; hence the agitation at present going on in Canada for "Medical inspection of school children." Thus the Government having, on the advice of the Medical Faculty, through vaccination, helped to wreck the constitutions of the rising generation, it is now asked to appoint its mischievous advisers to attend to the pupils' ailments at the public's expense! How long will the public submit to be humbugged in this way?

#### *The Religious Objection.*

It is also matter for surprise as well as regret that Dr. Hodgetts should be able to say, as he does, that "but few clergymen have brought forward the religious objection; the objectors have been those in the narrowest circles of the excessively pious laymen."

That there is a "religious objection" to the "compulsory blood-poisoning with animal diseases" of our children and ourselves is clear, and it is to be regretted that a larger number of the recognized expounders of religious thought have not been quick to perceive and act upon it. The *moral* aspect of this vaccination controversy is the one which appeals to the largest number. Has any civilized Government *moral* sanction for *compelling wholesale* inoculation of a filthy and highly dangerous disease upon its healthy subjects, professedly for the purpose of preventing the incidence of another disease which not one in a thousand of them may ever take, and which does not, in these days, slay one per cent. of those who do take it? Not only so, but as has been shown, there are other means of grappling with this much dreaded but greatly exaggerated disease, along the lines of cleanliness and consequently of godliness—means, to say the least, unspeakably more effective. Vaccination is not only defiling and frequently fatal, but its claims to "protect" against smallpox have been completely falsified. On the basis of "*pure and undefiled religion*," then, intelligent and God-fearing citizens have an "objection" which is entitled to be respected, and "clergymen" might reasonably be looked to, in a paramount sense, to assist in maintaining this, their God-given right. The words of Sir Thomas Watson, F.R.S., late president of the Royal College of Physicians, are to the point here:—

"I can readily sympathize with, and even applaud, a father who, with the presumed dread or misgiving in his mind, is willing to submit to multiplied judicial penalties rather than expose his child to a risk so ghastly."—*Nineteenth Century*, June, 1878.

Can anyone who claims to be an "ambassador" of Him who went about "healing all manner of disease amongst the people" consistently be an *active* participator in, or a sympathizer with, or *even neutral* regarding a process, the object and essence of which is to *engender* disease?

Strange as it may appear, Vaccination was introduced and established largely through ecclesiastical aid; and to-day, after a century of the crookedest practice and argumentation to which any body of educated people ever lent themselves, and when the land is flooded by

unanswerable exposures of the falsity, the ludicrous spectacle is seen of high ecclesiastics actively co-operating with, if not actually members of, the Imperial Vaccination League!!! Verily, "If the light that is in them be darkness, how great is that darkness."

Clergymen, however, are not all of this class. There are many worthy exceptions, prominent among whom is the late Rev. Hugh Price Hughes, M.A. (Ex-President of the Wesleyan Methodist Conference), whose views appear in the following letter:—

8 Taviton Street,  
Gordon Square, W.C.,  
October 14th, 1899.

Dear Sir,—

"My engagements will prevent me from attending the Anti-Vaccination Conference, at Leicester. I can only say that as the son of a medical man I was brought up after the strictest sect of those who believe in vaccination. Of late years, however, I have been compelled to study the question, and the facts produced before the Royal Commission have finally convinced me that vaccination is a great mistake, and that compulsory vaccination is one of the most fearful outrages of sacred human rights that selfishness and cowardice have ever devised. Some of the most prominent advocates of vaccination have admitted to me in private conversation, that the admirable system of sanitary reform and isolation practised at Leicester would, in their judgment, be quite as effective as vaccination, but that it would be more difficult to enforce it. My own impression is that they will ultimately find it not only difficult, but impossible to trample upon the enlightened consciences of serious men. If it is right to infect the healthy body of a helpless child with one foul disease, it is equally right to infect it with every other, and that is the ideal of the extreme vaccination party which first roused my deep concern. Leicester has proved that we can stamp out smallpox much more effectually by sanitary reform and isolation of particular cases than by vaccination. How insane it is, under these circumstances, to make ruthless attacks upon the consciences of those who have studied the question! We are all greatly indebted to the men and women of Leicester for the courage with which they have resisted intolerable tyranny. I greatly regret that the noble medical profession, to which we are all so deeply indebted, should have been committed to a conflict with the human conscience. We do not doubt the sincerity of our opponents, any more than I, a Protestant, doubt the sincerity of the Roman Catholic priest, who believes in transubstantiation; but that is no reason why I should submit to what I consider is totally mistaken and utterly wrong. I further feel, as a Christian, the strongest *a priori* objection to a system which is essentially a compromise with evil. A physician of the body has no more right to enter into a compromise with disease than I have, as a physician of the soul, to enter into a compromise with sin. The true remedy for smallpox, as has already been proved in the case of all allied diseases, is such vigorous sanitary reform as we are all prepared to support, if the medical profession will only abandon its present mistaken and suicidal attitude. In the meantime, we must fight for rights which are more sacred than life itself."

Yours very sincerely,

HUGH PRICE HUGHES.

In *The Methodist Times* (Editorial Notes) of June 30th, 1898, the Rev. Hugh Price Hughes says—After describing "the brutalities practised upon the unhappy calves," at the Government Glycerinated Vaccine factory:—

"It is difficult to understand how any human beings could have brought themselves to believe that it is in harmony with the will of God that their children should be deliberately infected with the filthy diseases of calves tortured in this way."

I agree with Rev. Mr. Hughes' closing sentence. It is equally difficult for me to think that "He who compassionately took a little child in His arms, saying, "Suffer little children to come unto Me," can look with approval on a practice which, where it is enforced, consigns a large percentage of them to an early and cruel death, and a still larger number to a languishing life of pain and wretchedness. If Jesus were on earth to-day, would He not be likely to say to the learned leaders of this diseasing movement, "Ye make the Word of God of none effect through your (*dairymaid's*) tradition"?

Further the theory of *medical* prophylaxis is a disputed one, some eminent physicians have no respect for it. "The true method," say

they, "of preventing disease is to obey Nature's laws by hygienic living." This is plain common sense, and is in harmony with the declaration of Jesus—"They that be whole need not a physician, but they that are sick." Vaccination, however, reverses this. Doctors prescribe vaccination only for those that are "*whole*," with the express intention of inducing a diseased condition which will permanently occupy their *previously healthy* body, and act as a deterrent to the entrance of smallpox, on the principle that "No man can enter into a strong man's house and spoil his goods, except he will first bind the strong man." Smallpox is now one of the *rarest* diseases, and so harmless that, according to Dr. Hodgetts' own figures for the five years 1900-1904, in New Ontario the case mortality was only .88 per cent. What an exchange to be *forced* upon one—the surrender of health for a life of *chronic* disease! And this solely for an uncertain benefit. "Be not deceived, God is not mocked; whatsoever a man soweth that shall he also reap"—"Do men gather grapes of thorns, or figs of thistles?" If, then, we *sow disease*, can we, in reason, expect to reap anything but disease?

#### *Smallpox in Montreal*

The Montreal smallpox epidemic of 1885 (although not referred to in the pamphlet under review) is often cited in support of vaccination. Dr. Sheard, Medical Health Officer of Toronto, in "A Plea in Favor of Vaccination," *Mail and Empire*, March 14th, 1906, quotes it as used by Professor Wm. Osler. Prof. Osler, like Rider Haggard, Sir Lyon Playfair, and Dr. Carpenter, was merely repeating what he had heard, or read, but had not investigated. So great is such men's confidence in vaccination that it never occurs to them to question any story in its favor, until they are called upon to verify their statements.

Alexander M. Ross, M.D., M.A., F.R.S.L., Eng., member of the British and French Associations for the Advancement of Science, etc., resident of Montreal before and after the epidemic, gives his personal experiences, as follows:—

#### *Smallpox in Montreal—Personal Experience:*

"In March, 1885, my attention was aroused by a report that several cases of smallpox existed in the east end of Montreal. Knowing something of the filthy condition of certain localities, I made a careful sanitary survey of all that part of the city east of St. Lawrence street, and southwest of McGill and St. Antoine streets. What I saw I will attempt to describe—what I smelt cannot be described! I found *ten thousand seven hundred cess-pits reeking with rotteness and unmentionable filth*; many of these pest-holes had *not been emptied for years*; the accumulated filth was left to *poison the air of the city and make it a seed-bed of the germs of zymotic diseases*. Further, I found the courts, alleys and lanes in as bad a condition as they possibly could be—decaying animal and vegetable matter abounded on all sides. Everywhere unsightly and offensive objects met the eye, and abominable smells proved the existence of disease-engendering matter, which supplied the very condition necessary for the incubation, nourishment and growth of smallpox.

"Knowing well the fearful consequences that would result from the presence of such a mass of filth in such a densely populated part of the city, I gave the widest publicity to the subject, hoping thereby to rouse the municipal authorities to a proper appreciation of the danger that menaced the health of the city. But I was an alarmist; my advice went unheeded, and the filth remained as a nest for the nourishment of smallpox, which grew in strength and virulence rapidly, until it swept into untimely graves, from the very localities I have mentioned, thirty-two hundred persons!—victims of municipal neglect. Instead of removing the filth and putting the city in a thoroughly clean, defensive condition by the enforcement of wise sanitary regulations and the adoption of a rigid system of isolation of smallpox patients, the authorities were led by the medical profession to set up the fetish of vaccination and proclaim its protective virtues, through the columns of an ignorant, tyrannical and time-serving press. Day after day the glaring, snaring head-lines of 'Vaccinate! Vaccinate!' 'Alarm!' 'Alarm!' appeared in the morning and evening papers. A panic of cowardice and madness followed, and tens of thousands of people were driven (like sheep to the shambles of the butcher) to the vaccinators, who reaped a rich but unholy harvest. Not less than 100,000 people

were vaccinated while the panic lasted, yielding an unrighteous revenue to the vaccinators of at least \$50,000.

"Cleanliness, sanitation and hygiene were 'nonsense,' unworthy of notice or consideration by the Board of Health! Tens of thousands of heastly vaccine points were imported and distributed among the vaccinators, who were sent forth to poison the life-blood of their victims and kindle the flame of smallpox.

"I did all in my power to convince the authorities and the people of the sad mistake they were making; but ignorance, vaccination and love of money gained the ascendancy, and three thousand two hundred innocents were sent to untimely graves.

"The truth of my prophetic warnings in March, 1885, was amply and sadly verified by the sickening and mournful fact that thirty-two hundred persons, mostly children under twelve years of age, died from smallpox in the very localities I pointed out as abounding in filth; while in the west end, west of Bleury and north of Dorchester streets, where cleanliness prevailed, there were only a few cases. I do not hesitate to declare it is my solemn opinion, founded upon experience acquired during the epidemic, that there would have been *no smallpox epidemic in Montreal* if the authorities had *discarded vaccination* and placed the city in a *thoroughly clean* and defensive condition when I called upon them to do their duty in March, 1885. The greatest incompetency, cowardice, indifference and feckleness prevailed among the health officials. When at last the dread disease carried off sixteen hundred victims in October (although 100,000 people had been vaccinated), they began to enforce a system of isolation, which I had repeatedly but vainly recommended during March, April and May. *When vaccination ceased and isolation was enforced* the epidemic rapidly subsided.

"Determined to reach the truth, if possible, I kept a record of the name, nationality, age and residence of every man, woman and child who died of smallpox, from April, 1885, till January 30th, 1896, and, had I not been seized with illness, would have personally discovered who were vaccinated and who unvaccinated, from inquiry among relatives and friends of the deceased. However, I employed a capable and trustworthy medical man (not an Anti-vaccinator) to do what I had proposed to do myself. The labor has been delicate, arduous and expensive; requiring great patience, *finesse* and tact; but the work has been faithfully done, and I append the following summary of results, proving conclusively that nearly one-half of those who died from smallpox were 'protected' (?) by vaccination:

Summary of Montreal's Smallpox Epidemic, 1885-6:

Ages at Death.	French Canadians	Other Nationalities	Protestants.	Vaccinated.	Unvaccinated.	Total.
Under six months . . . .	194	12	7	48	165	213
Six months to one year . . . .	209	15	10	138	186	324
One year to twenty . . . .	2,243	114	48	1,062	1,343	2,405
Twenty to fifty . . . . .	144	36	29	128	81	249
Fifty to ninety . . . . .	13	10	3	24	2	26
Totals . . . . .	2,893	187	97	1,400	1,777	3,177

By common consent, only a *fraction* of Montreal's population had been vaccinated in 1885; yet, as is here shown, nearly *half* of the deaths from smallpox were of *vaccinated* persons. The following extract from Montreal *Star* of March 8th, 1907, has a bearing on this:—

"According to a report completed at the City Hall in 1906, there were 4,217 persons vaccinated. . . . Officials say that the citizens of Montreal are now about as well vaccinated, as a people, as any other section. Some years ago not over 20 per cent. of the population had submitted to vaccination."

It would seem from this that 10 per cent. would be a liberal estimate of the vaccinated inhabitants of Montreal in 1885. What, then, ought the result to have been if, say, *half* of the population had been vaccinated at that time?

Montreal seems still to be far behind in sanitary matters. The *Montreal Star*, of November 12th, 1906, has a *leaded* editorial, one column in length, entitled "The Terrible Condition of our Schools," in which it says:—

"The finished report of the medical inspectors, as to the condition of the schools and pupils of the city, is nothing short of astounding.

"To have over twenty thousand complaints with regard to the health of some 43,000 children. . . must be simply appalling to the parents of children who are attending these schools. . . If our schools are hot-beds of unsanitary conditions and infectious disease, parents will not want to send the healthiest children into such perilous surroundings.

"Some of the statements with regard to the schools themselves are almost incredible. To be told that, out of 124 schools, only sixteen have 'good ventilation' is an arraignment of the authorities responsible for this condition of affairs which could hardly be made stronger. Ventilation is the first principle of good health—probably more important than clean floors and the like, although on this latter score the schools seem to be nothing of which to boast. Certainly if we are confining the vast majority of our children in overcrowded and badly ventilated school-rooms, we need not be surprised if the sick list approaches half the roll call.

"The appalling amount of illness which is reported as afflicting the scholars must be another source of apprehension and shame. . . We certainly cannot permit our schools to continue to wear the character of pest houses. A bill of health from them should not read like a report from the infected district of a plague-stricken city."

This reads like a page from medieval history. If any one wishes to see the particulars of the "report" which evoked these editorial comments, they appear in the *Star's* issue of November 9th. Twenty years have passed since Dr. Ross wrote and spoke so strongly on this matter, yet in 1906 it is possible for one of Montreal's leading newspaper editors to write as he could not truthfully have written of any other city or town in Canada—probably not on this Continent.

Dr. Ross was an eminent physician, ahead of his age in many respects; and, therefore, falsely termed an "alarmist." His "alarm," so-called, in this case proves to have been much in order, seeing that twenty years have not sufficed to banish the "unmentionable filth" conditions of which he so eloquently complained. The *persistence* of this filth is no doubt due, in a large measure, to the connivance of the Medical Health authorities, who, had they intelligently pushed the matter, could have placed the city on an unimpeachable sanitary basis long ere this. After the severe, but wholesome, smallpox lesson of 1885, had the physicians of Montreal united in demanding the necessary sanitary reforms, no set of aldermen would have dared to refuse, or even delay to act upon their demand.

Instead of acting thus they have relied, largely, on vaccination. Their failure in the early stages of that epidemic to stay the progress of the disease by vigorous and "wholesale vaccination," and the relief they obtained when they turned to *sanitation*, seems to have been forgotten or ignored. They now flatter themselves that they have succeeded in getting the "citizens of Montreal about as well vaccinated as any other section." And, they might have added, "20,000 out of 43,000 of their school children loaded with disease"—something without a parallel on this Continent, or, perhaps, anywhere else! The fact is that Montreal has, through either the incompetence of its Medical Health authorities, or their deliberate *hoodwinking* of the public, acquired for itself as a city, the unenviable reputation of being Canada's Smallpox Citadel. No such epidemic of smallpox as that of 1885 has ever occurred anywhere else in Canada, neither could that one have occurred where it did had Montreal been up-to-date in sanitation.

In April, 1901, another smallpox "epidemic" broke out in Montreal—654 cases in all, with 17 deaths. By-laws were passed in Council, it seems, forbidding school teachers—public or private—professors in colleges, etc., to allow any pupil to attend without furnishing a certificate of *satisfactory* vaccination, under penalty of not more than \$40.00, or two months' imprisonment for the *teacher*! Another gives the Medical Health Board control, in a similar way, of every sort of business. No employer is allowed to employ any one without the same medical permit—on pain of the same penalty. Then, apparently, in Montreal, "No man may buy or sell save he that hath the mark of the beast!" While

Montreal continues to be ridden by this unsanitary medical priesthood she will be a *menace* to the nation's health.

As every effect must have an *adequate* cause, there must be one in this case to account for disease on such a scale in Montreal schools, and not in schools elsewhere. What is it? The only answer, in view of the foregoing evidence, appears to be "unmentionable filth" in the surroundings, aggravated by indescribable filth in the form of "pure" vaccine *virus*, inoculated *compulsorily* into the veins, not only of all school children, but also of every *bread-winner* of this benighted city. If the facts were known, it would probably be found that, not the schools alone, but a large proportion of the dwellings as well, are seething hotbeds of disease.

The remedy prescribed by Dr. Laberge, M. H. O. for Montreal, is, "Medical Inspection of School Children," which is now in full operation there—a remedy dear to the hearts of all *salaried* supporters of vaccination. This is a brilliant example of what Sir Wm. J. Collins, M.D., M.P., the great English physician, on Feb. 14th, 1907, during the debate in the House of Commons on vaccination, characterized as the "Stamping in versus the stamping out process!" The Vaccination Officer, with his putrid smallpox-cowpox virus, aided by the policeman, "stamping in" various forms of disease at one end: at the other, the doctor, with his drugs and other paraphernalia, "stamping it out"—a costly and vexatious experience for the poor sinner who is in between. How long will civilized society submit to such ludicrous abuses?

One of the worst features of this tyrannical business is, that these mischievous by-laws enable a medical hierarchy to *appear* as doing their duty, while in reality *evading* it. The Vaccination Act, which now requires a child to be vaccinated at or before the age of three months, is neglected by these gentlemen, not because it is inefficient, but for other reasons. The Act was designed to secure, in a systematic way, the vaccination of *all* children—a feat which they say is desirable. In England (whence we got it) the greatest diligence has been displayed for the past fifty years in its enforcement. In fact this is the only way by which the *whole* of our population can ever become "protected" by vaccination, if it *does* protect. By neglecting or evading their duty in this matter, Canadian M. H. O.'s are *knowingly* allowing the *whole* of *her* children to pass the *first five years* of their lives in this "unprotected" condition! With a birth rate of at least 150,000 per annum, this means that 750,000 persons under five years of age (nearly one-sixth of the total population) are purposely permitted (we might say *encouraged*) by the doctors to *violate* this law, which is held by them to be so necessary for the well-being of the community. Many parents who have been living in blissful ignorance of these facts will hate to be told that they, in common with all other fathers and mothers, are *violators* of this law, and liable at any time to be prosecuted on that account.

*Now* is the time to investigate. This law is *useless* if it either can not, or *need* not be enforced. Let us see to it. If a human being does not need "protection" from smallpox during the *first five years* of life, what logical reason can be given that it is necessary after that? Our legislators, as well as our physicians, are implicated in this matter. Their earnest attention to it is now invited.

## POSTSCRIPT.

Numerous complaints have reached us of the treatment of immigrants and steerage passengers generally, on arrival at Canadian ports. Vaccination, with the alternative of detention for a fortnight or so under observation, at a quarantine station, is insisted on in the case of all who cannot show evidence, satisfactory to the Medical Inspector, that they had been vaccinated recently.

Here is a sample of the complainants—John Geo. Joyce, passenger on S.S. Pretorian, which sailed from Glasgow, March 23rd, 1907, for Halifax, N.S., was vaccinated by J. H. Fullerton—the ship doctor—April 1st. Had an awful experience with his arm, which swelled like unto a stovepipe from the shoulder to the hand. A Toronto druggist, to whom he showed it (fearing that the arm would have to be taken off), sent him to Dr. Sheard, Medical Health Officer, who wrote a prescription, to be filled at his own (Mr. Joyce's) expense, and gave him the following certificate:—

“Toronto, April 18th, 1907.

“This is to certify that I have this day examined Mr. J. G. Joyce and find that he has a well marked vaccination scar.

“Signed,

“CHARLES SHEARD,

“Medical Health Officer.”

Mr. Joyce called to-day—May 12th—at the office of the Anti-Vaccination League, and gave a written (duly witnessed) statement of his trouble. One of the ugly features of this distressful case is that Mr. Joyce, who is a stonemason, with a wife and family depending on his earnings, invested his little *all* in order to get here and, over and above the cruel suffering he has had to endure, is compelled to stand idly by while there is plenty of work to be done. The wounds in his arm (for there are two of them) were shown to the writer. One is large enough and deep enough to bury a silver dollar in: the other being about half this size. It will be weeks yet before this poor man can safely do anything at his trade—if even then.

The feeling against vaccination is very strong in England, and many parents have suffered great hardships, in the form of fines and imprisonment, rather than allow their offspring to be blighted by this diseasing operation. No such person will be likely to sail for Canada if he is informed that the Canadian authorities will prevent his landing till he has either submitted to the ordeal against which he has already striven so hard; or has spent a period of time under observation at a quarantine station, where “suspects” from *contagious* diseases are detained.

It is alleged that these restrictions apply *only to steerage* passengers. If so, what reason can be given for such discrimination? It sometimes happens that a *sickly* member of a family travels by Cabin, while the healthy ones go by Steerage, as a matter of economy; yet the *healthy* ones must needs be vaccinated, as a “protection” to the nation's health; whereas of the *sickly* one, who pays the higher rate, no notice is taken. Is this medical-health-protection?



The theory that vaccination protects against attack from smallpox is shown to be false, but were it otherwise obviously it should apply to *all classes* of passengers or to *none*. But why apply it at all if the ship can show a *clean bill of health* as regards smallpox? When smallpox develops on any ship *en route* to Canada, that ship should be detained outside port until it can rectify its bill of health; this would be *rational* quarantine, whereas the practice at present adopted constitutes a ludicrous violation of personal liberty, causing, not unfrequently, great suffering as well as loss of time and money to those who cannot afford such loss.

As neither vaccination, nor a previous attack of smallpox, will protect from a subsequent attack, the chief reason assigned for forcing vaccination upon immigrants is cancelled. To force, at great risk of life, upon an unwilling subject, that which does not "*protect*," under pretence of its being a "*protection*" against smallpox, is *prima facie* absurd.

It is to be hoped that the Dominion Government will look into this matter, and remedy what at present, no doubt, prevents many *desirable* people from coming to this fair and fertile land.

#### *Vaccinated Veal as Human Food.*

It appears that 600 calves were slaughtered and sold as human food at Smithfield, Eng., in 1905-6, after being vaccinated and used at the National Vaccine Establishment.

In the House of Commons the following questions and answers were exchanged on the subject:—

"Mr. Lupton: Is any of the veal bought by the Dinner Committee of this House?"

"Mr. John Burns: It is not at all improbable. If it were I should not object to eating it.

"On April 8th Mr. Lupton asked the hon. member for Mid-Derbyshire, as chairman of the Kitchen Committee, if he buys vaccinated veal for the House of Commons; and, if not, would he endeavor to purchase some if the price was moderate? (Laughter.)

"Sir J. Jacoby (Derbyshire, Mid): No vaccinated veal is supplied to the House of Commons. I am informed that vaccinated veal is very dark in color, and, on being cooked, turns quite black. (Laughter.) I must decline to comply with the hon. member's request. (Laughter and cheers.)"—*Vaccination Inquirer*, May, 1907.

Comment is unnecessary.

