

Smallpox dangers/Case Mortality (death rate)

[Smallpox](#) [Hype disease risk](#)

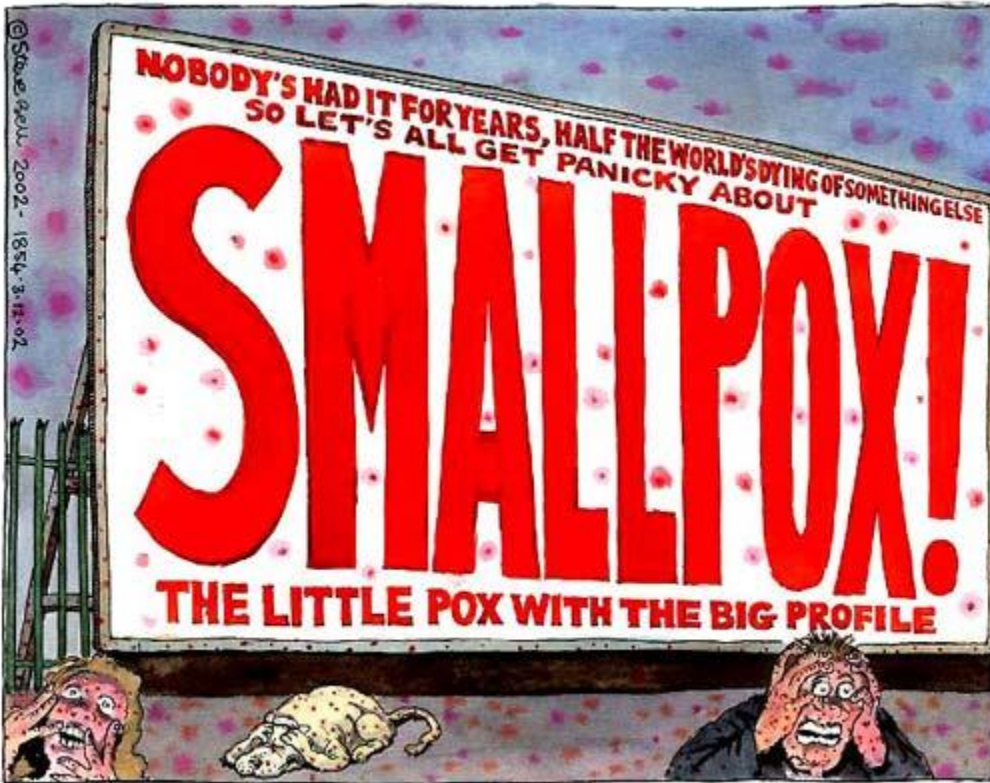
[**2002 Two lies**] "But smallpox was, or is, a terrible, virulent disease. It kills one out of every three of its victims. There is no cure."--[CBS Media](#)

[The dangers of smallpox have been hyped for centuries by the medical vaccinators to sell vaccination and make them look better--the [smallpox myth](#) props up allopathic medicine. It was also very profitable. Also you can imagine how much power they would have over the population if they knew the cause of smallpox was poverty & poor [sanitation](#), and not germs---it would be end of vaccination and the main control ploy: [fear of disease](#).

Sydenham was achieving a 1-2% case mortality, yet **200 years** **later** the [Allopaths](#) could only manage from 18% to 26% with vaccination! Case mortality (death rate per cases of smallpox) was much worse under vaccination where it reached the heights of 26.8% in Japan ([see table 21](#)) where revaccination was enforced to 1.26 (averaging 5.1) under the Leicester Method where vaccination was rejected in favour of sanitation, and 0% under homeopathic care. A fine example is to be found over 100 years after the start of vaccination in the [Phillipines 1905-1920](#).

By ignoring effective (non-Allopathic) medicine and preventive measures Allopathy can use fear to promote vaccination, all food for [The Fear of Disease Racket](#).]

NB: "Under allopathic care the ([typhoid](#)) mortality was 59.2% while under homeopathic care the mortality was only 9%."--[Julian Winston](#)



[Smallpox is touted in the Corporate media \(2002\) as a dangerous disease](#)
[However, it wasn't considered that way as far back as the 1600's:](#)
[And was considered a lesser disease than measles in 1881:](#)
[Smallpox harmless under proper treatment:](#)
[And not considered deadly with the use of homeopathy:](#)
[Or naturopathy:](#)
[and mitigated by nutrition:](#)
[Allopathic treatment was main cause in high case mortality:](#)
[Sanitation alone led to case mortalities as low as 1.2%](#)
[And it certainly didn't appear to be that infectious, if infectious at all:](#)
[And only spread by bedbugs:](#)
[The allopathic obsession with vaccinations has led them to ignore the](#)

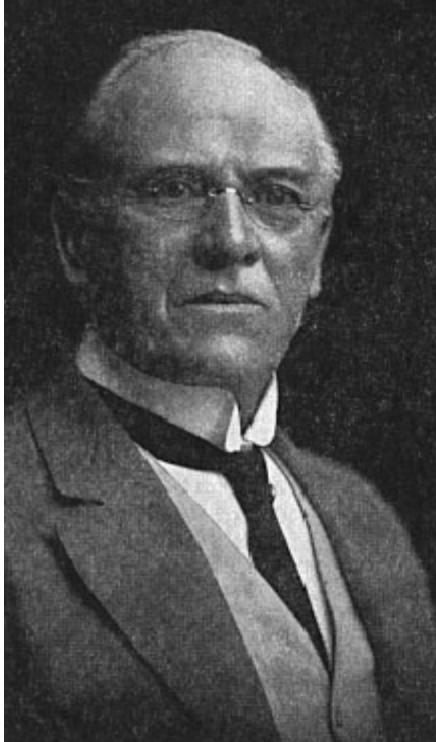
[real cause of smallpox mortality](#)
[Unvaccinated Leicester case mortality](#)
[1.24%](#)
[Vaccinated 1902-4 London's case](#)
[mortality 3 times unvaccinated](#)
[Leicester, and 9 times higher in 1904](#)
[False records from medical men as to](#)
[case mortality](#)
[Vaccination increased case mortality,](#)
[usually 18% under allopathy](#)
[0%-2% under homeopathy &](#)
[naturopathy, water cure:](#)

<p>FOUR SMALLPOX LIES</p> <p>"WHO global vaccination campaign to eradicate smallpox was successful."</p> 		<p>"Smallpox was, or is, a terrible, virulent disease. It kills one out of every three of its victims. There is no cure."</p> 
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[All seeing eye](#) [Medical lies](#) [Fear mongering](#)

See: [Diagnosis Infectious scares](#) [Early allopathic therapies](#) [Graph C: Small-Pox fatalities in Japan, British Army and Navy, and Leicester](#)

[DR. RODERMUND'S EXPERIMENT](#)



"Smallpox is considered one of the most virulent of contagious diseases, and it is generally believed that persons exposed are almost invariably attacked, unless protected by vaccination. This is one of the most stupendous exaggerations to be found in medical literature. My experience has been that very few people take it when exposed to it."

John Tilden M.D. (1851-1940)

[Tilden MD \(1851-1940\), John](#) [Infectiousness of smallpox](#)

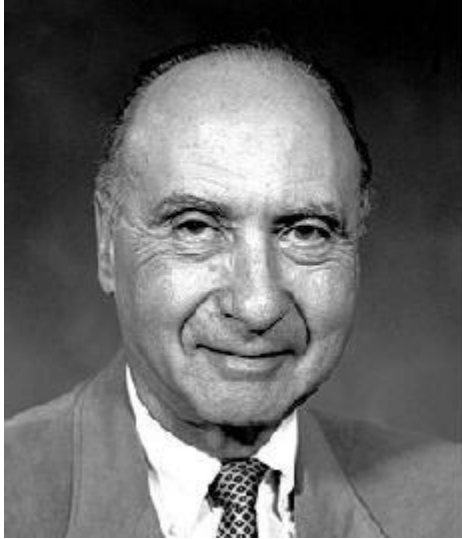
SMALLPOX

"Provided no mischief be done either by physician or nurse, it is the most safe and slight of all diseases."

Dr. Thomas Sydenham (1688)



[Sir Thomas Sydenham \[1624-89\]](#)



ALLOPATHY DISEASE PROTECTION RACKET

"Three hundred years ago, when the major disease was smallpox, Sir Thomas Sydenham [1624-89] developed a new treatment that reduced the death rate from about 50 percent to 1 percent or 2 percent. His reward was being challenged to a duel. The English medical association wanted to drive him out."

Abram Hoffer, M.D., Ph.D.

[Hoffer, M.D., Ph.D., Abram Disease Protection Racket](#)

ALLOPATHY MAINTAINS HIGH DEATH RATE (18-26%) AND FEAR OF SMALLPOX

"Dr. Russell T. Trall, the eminent Natural Hygienist, considered smallpox 'as essentially . . . a dangerous disease.' He cared for large numbers of patients afflicted with smallpox and never lost a case. Under conventional medical treatment, patients were drugged heroically, bled profusely, were smothered in blankets, wallowed in dirty linen, were allowed no water, fresh and stuffed with milk, brandy or wine. Antimony and Mercury were medicated in large doses. Physicians kept their patients bundled up warm in bed, with the room heated and doors and windows carefully closed, so that not a breath of fresh air could get in, and given freely large doses of drugs to induce sweating (Sudorifics), plus wine and aromatized liquors. Fever patients were put into vaporbath chambers in order to sweat the impurities out of the system. Given no water when they cried for it and when gasping for air were carried to a dry-hot room and after a while were returned to the steam torture. Many must have died of Heat Stroke!"

Herbert Shelton D.C.

[Shelton](#)

If one fact stands out more clearly than another, it is that the case fatality of small-pox depends on treatment. I remember very well, during the small-pox epidemic of 1871-2, reading a letter from Dr. Smedley, of Matlock, Bath, in which he says he regretted to read of the numerous deaths from small-pox. He said : "It is a most harmless disease if properly treated. I have treated hundreds of cases without a single fatality." The effect of treatment is clearly shown by the following statements: **Gloucester Epidemic*** In this epidemic, during the first twelve months, the deaths out of 277 cases were 151, equal to a death-rate in the Municipal Hospital of 54 per cent, of the cases. The reason for this high death-rate was that the patients were crowded together, two or three or even four in a bed, the nursing staff was too

small, the medical attendant was inexperienced. Then came a medical man from the Local Government Board, who sternly condemned the hospital arrangements, and got a newly arranged hospital. Immediately the case fatality fell from 54 per cent, to 10 per cent, in that newly organised hospital, while the average death-rate in the Municipal Hospital out of 730 cases was 27 per cent. But during this same epidemic there came a Captain Fielden, from Derby, who treated over 200 cases. He had a very simple and humane way of treating them. He applied medicated ointment to the feverish skin, and so relieved the symptoms that the patients quickly recovered, and his case fatality was under 2-per cent. **Case Fatality : London, Leeds, Leicester, Sydney (Australia) Niagara Falls (U.S.A.)**. In the epidemic of 1901-2 in London the case fatality was about 17 per cent. In Leeds, during the years 1899 to 1904, to August 7th inclusive, out of 577 cases the deaths were 28, making a case fatality of nearly 5 per cent. In Leicester, in the years 1902-3-4-5, out of 741 cases there were 30 deaths, showing a case fatality of 4 per cent. It may be asked, why this difference in case fatality ? I suggest that it depends, on treatment. In London the number of cases was large in proportion to the accommodation, and therefore neither the air space nor the nursing accommodation was as much as was required for the best treatment. Also, as far as I can make out from the Report of the Metropolitan Asylums Board, every case was vaccinated at the hospital or otherwise recently vaccinated, and this would throw an additional strain upon the strength of the patient. The result was a total case fatality for the years 1901 and 1902 of 16.87 Per cent., or nearly 17 per cent. ; whilst for the year 1901 the case fatality was 16.7 per cent. ; in 1902, when there were more cases, and consequently more strain was put on the accommodation, the case fatality rose to 18.4 per cent. In Leeds the number of cases occurring annually was small in proportion to the accommodation, and therefore each patient got better attention, and the death-rate was not more than 5 per cent. The same observations apply to **Leicester**, where the death-rate was only 4 per cent, on the average of four years. At **Sydney**, in 1913, out of 1,016 cases of small-pox there was not a single death, although 95 per cent, of the cases were unvaccinated. At **Niagara Falls**, 1913-14, out of about 500 cases none were fatal, although vaccination had been largely discarded in the town for many years. Some medical men have now adopted Captain Fielden's principle of applying ointment to the feverish skin of the patient with satisfactory results. There is little doubt that if once our medical men could shake themselves clear of the vaccination superstition they would soon be able to deal with small-pox patients in a satisfactory manner. [\[1921\] Vaccination and the State By Arnold Lupton MP.](#)

Dr. W. S. Tebb, "A Century of Vaccination," p. 232. A manager to the Metropolitan Asylums Board, in a letter dated March, 1892, says he was in a small-pox hospital ship, and visited from 3,000 to 4,000 patients some two or three times, and has never

been vaccinated, and has never had small-pox : Ibid., p. 232. [\[1921\] Vaccination and the State By Arnold Lupton MP.](#)

Smallpox is touted in the media (2002) as a dangerous disease

[2002] "But smallpox was, or is, a terrible, virulent disease. It kills one out of every three of its victims. There is no cure."--[CBS Media](#) [A lie. That is a 33% case mortality, which may be something the allopaths achieved with revaccination in Japan, but in vaccine free Leicester it was 1-5%, and Leicester was one of the most poor lying and crowded cities in England.]

Smallpox certainly qualified as one of the greatest scourges of humanity. It regularly killed 25% and sometimes as many as 50% of its victims. <http://users.rcn.com/jkimball.ma.ultranet/BiologyPages/S/Smallpox.html>

[Case mortality quotes](#)

[Generally accepted facts about smallpox by Sherri Tenpenny DC](#)

"During the Brighton smallpox outbreak (1950-51), the usual BBC encephalitis campaign opened with an anonymous doctor assuring the world, with authoritative emphasis, that "smallpox is the most infectious disease known to Man"! The BBC had evidently never heard of influenza. During the smallpox outbreak of 1961-2, on the other hand, we heard medical officers of health saying on the radio such things as, "After all, smallpox is not such a very infectious disease." This would have been held to be pure blasphemy only a few years ago. May the good work go on!"--[Lionel Dole](#) <http://www.whale.to/v/dole.html>

However, it wasn't considered that way as far back as the 1600's:

"Both Press and Radio continue to preach that smallpox is a terribly infectious and deadly scourge. They never tell us that " - . - provided no mischief be done either by physician or nurse, it is the most safe and slight of all diseases". (Dr. Thomas Sydenham, 1688).--[Lionel Dole](#) <http://www.whale.to/v/dole.html>

"I don't think there's been any major shift in the medical profession's general approach to new ideas. I don't think there ever will be that kind of wholesale change. Three hundred years ago, when the major disease was smallpox, Sir Thomas Sydenham [1624-89] developed a new treatment that reduced the death rate from about 50 percent to 1 percent or 2 percent. His reward was being challenged to a duel. The English medical association wanted to drive him out. He wrote: "A new idea is like a sapling in the middle of a road, and if it's not fenced in, it will be galloped over by the trampling hordes." That's a really great statement, and it's also my view of what

happens to medical discovery." -----Abram Hoffer, MD, PhD [1997 Interview by Peter Barry Chowka.](#)

And was considered a lesser disease than measles in 1881:

"In a recent number of the *Leicester Free Press*, it is said :—" So far as we are concerned in Leicester, a town containing 120,000 inhabitants, with many thousands of unvaccinated children, **smallpox seems to be about the least dangerous of all diseases, and is not to be named by the side of scarlet fever, measles, whooping cough**, diarrhoea, or even consumption. If a case of small-pox is discovered, instant isolation is adopted, and during the last five years we have hardly had five deaths. That being the state of the case, one need not wonder that the fear of the disease should disappear, or that resistance to vaccination should increase."--[William Tebb 1881](#) <http://www.whale.to/vaccine/tebb1.html>

"That fearful (smallpox) mortality destroyed the faith of Leicester in vaccination. Poor and rich alike, the workers and even the municipal authorities began to refuse vaccination for their children. This refusal continued till, in 1890, instead of 95 percent the vaccinations reached only 5 percent of the births! As this ominous decrease of vaccination went on the doctors again and again prophesied against it, that once small-pox was introduced it would run through the town like wildfire and decimate the population. Yet it has been introduced again and again, but it has never spread; and from that day to this no town in the kingdom of approximately equal population has had such a very low small-pox mortality as this almost completely unvaccinated and--as the doctors say--unprotected population!"-----[By Alfred Russel Wallace](#)

Smallpox harmless under proper treatment:

If one fact stands out more clearly than another, it is that the case fatality of small-pox depends on treatment. I remember very well, during the small-pox epidemic of 1871-2, reading a letter from Dr. Smedley, of Matlock, Bath, in which he says he regretted to read of the numerous deaths from small-pox. He said : "It is a most harmless disease if properly treated. I have treated hundreds of cases without a single fatality." The effect of treatment is clearly shown by the following statements: **Gloucester Epidemic*** In this epidemic, during the first twelve months, the deaths out of 277 cases were 151, equal to a death-rate in the Municipal Hospital of 54 per cent, of the cases. The reason for this high death-rate was that the patients were crowded together, two or three or even four in a bed, the nursing staff was too small, the medical attendant was inexperienced. Then came a medical man from the Local Government Board, who sternly condemned the hospital arrangements, and got a newly arranged hospital. Immediately the case fatality fell from 54 per cent, to 10 per cent, in that newly organised hospital, while the average death-rate in the Municipal Hospital out of 730 cases was 27 per cent. But during this same epidemic

there came a Captain Fielden, from Derby, who treated over 200 cases. He had a very simple and humane way of treating them. He applied medicated ointment to the feverish skin, and so relieved the symptoms that the patients quickly recovered, and his case fatality was under 2-per cent. **Case Fatality : London, Leeds, Leicester, Sydney (Australia) Niagara Falls (U.S.A.).** In the epidemic of 1901-2 in London the case fatality was about 17 per cent. In Leeds, during the years 1899 to 1904, to August 7th inclusive, out of 577 cases the deaths were 28, making a case fatality of nearly 5 per cent. In Leicester, in the years 1902-3-4-5, out of 741 cases there were 30 deaths, showing a case fatality of 4 per cent. It may be asked, why this difference in case fatality ? I suggest that it depends, on treatment. In London the number of cases was large in proportion to the accommodation, and therefore neither the air space nor the nursing accommodation was as much as was required for the best treatment. Also, as far as I can make out from the Report of the Metropolitan Asylums Board, every case was vaccinated at the hospital or otherwise recently vaccinated, and this would throw an additional strain upon the strength of the patient. The result was a total case fatality for the years 1901 and 1902 of 16.87 Per cent., or nearly 17 per cent. ; whilst for the year 1901 the case fatality was 16.7 portent. ; in 1902, when there were more cases, and consequently more strain was put on the accommodation, the case fatality rose to 18.4 per cent. In Leeds the number of cases occurring annually was small in proportion to the accommodation, and therefore each patient got better attention, and the death-rate was not more than 5 per cent. The same observations apply to **Leicester**, where the death-rate was only 4 per cent, on the average of four years. At **Sydney**, in 1913, out of 1,016 cases of small-pox there was not a single death, although 95 per cent, of the cases were unvaccinated. At **Niagara Falls**, 1913-14, out of about 500 cases none were fatal, although vaccination had been largely discarded in the town for many years. Some medical men have now adopted Captain Fielden's principle of applying ointment to the feverish skin of the patient with satisfactory results. There is little doubt that if once our medical men could shake themselves clear of the vaccination superstition they would soon be able to deal with small-pox patients in a satisfactory manner. [\[1921\]Vaccination and the State By Arnold Lupton MP.](#)

And not considered deadly with the use of homeopathy:

"**Not one case receiving homeopathic care died,** while the "old school" doctors lost twenty percent of their (smallpox) cases.....I gave about three hundred internal vaccinations, five to adults acting as practical nurses; to the man who installed the telephone and lights in the pest-house; to mothers who slept with their children while they had smallpox in its severest form. All of these people, exposed daily, were immune."--[W. L. Bonnell, MD](http://www.whale.to/v/bonnell.html) <http://www.whale.to/v/bonnell.html>

Or naturopathy:

To test the effectiveness of natural immunity versus vaccination, the nonvaccinated Kingston Clinic staff challenged six vaccinated doctors to join them, in 1936, in a smallpox isolation unit. The doctors had the very good sense not to accept the offer.

"Dr [Rodermund](#), a physician in the state of Wisconsin, created a sensation by smearing his body with the exudate of smallpox sores in order to demonstrate to his medical colleagues that a healthy body could not be infected with the disease. He was arrested and quarantined in jail, but not before he had come into contact with many people. **Not a single case of smallpox developed through this "exposure"....I have ...handled intimately thousands of cases of contagious diseases, and I do not remember a single instance where any of us was the least affected by such contact.**"---[Henry Lindlahr MD](#)(Philosophy of Natural Therapeutics p 39). <http://www.whale.to/vaccine/lindlahr.html>

During the last ten years, I have treated and cured all kinds of serious acute diseases without resorting to allopathic drugs. In a very extensive practice, I have not in all these years lost a single case of appendicitis (and not one of them was operated upon), of typhoid fever, diphtheria, smallpox, scarlet fever, etc., and only one case of cerebro-spinal meningitis and of lobar pneumonia. These facts may be verified from the records of the Health Department of the City of Chicago.-----[Chapter 16: The Diphtheria Antitoxin \(Nature Cure: Philosophy & Practice Based on the Unity of Disease & Cure by Henry Lindlahr, M.D.\)](#)

"Smallpox is considered one of the most virulent of contagious diseases, and it is generally believed that persons exposed are almost invariably attacked, unless protected by vaccination. This is one of the most stupendous exaggerations to be found in medical literature. My experience has been that very few people take it when exposed to it."--[John Tilden MD](#) <http://www.whale.to/vaccines/tilden6.html>

"[Dr. Russell T. Trall](#), the eminent Natural Hygienist, considered smallpox "as essentially . . . **not a dangerous disease.**" **He cared for large numbers of patients afflicted with smallpox and never lost a case.**"--[Dr Shelton DC](#) <http://www.whale.to/vaccine/shelton.html>

and mitigated by nutrition: [SEE: [Diet](#)]

"The most important observation on the medical aspect of this disease is the cachexia with which it is invariably associated and which is actually the soil requisite for its different degrees of virulence. I refer to the scorbutic cachexia. Among the lower-classes of people this particular acquired constitutional perversion of nutrition is most prevalent, primarily on account of their poverty, but also because of the fact that they care little or nothing for fruits or vegetables. That a most intimate connection exists

between variola and scorbutus is evidenced by the fact that it is most prevalent among the poor or filthy class of people; that it is more prevalent in winter, when the anti-scorbutics are scarce and high priced; and, finally, that **the removal of this perversion of nutrition will so mitigate the virulence of this malady as positively to prevent the pitting or pocking of smallpox.** A failure of the fruit crop in any particularly large area is always followed the succeeding winter by the presence of smallpox"----[Charles Campbell MD](#)

"That the **pitting or pocking can be positively prevented I am absolutely certain,** for in the above number of cases **I had only one patient who became pocked and this was done intentionally.** In all of the cases of smallpox that have originated here I have always found bedbugs; and where patients suffering with this disease were brought here and placed in premises free from these vermin, the disease did not spread to persons living with the patient. This has occurred in many cases, and in all stages of the disease."----[Charles Campbell MD](#)

Sanitation alone led to case mortalities as low as 1.2%

"In the 1903 epidemic there were 394 cases, with 21 deaths, yielding a case mortality of 5.3 per cent. In the 1904 epidemic there were 321 cases, with 4 deaths, yielding a case mortality of only 1.2 per cent. Several of our large cities suffered from more or less extensive epidemics about this period, but in none was such a low case mortality as 1.2 per cent, recorded. In view of the large 41 proportion of unvaccinated persons in Leicester, such a result is specially remarkable." (Page 27.) CH 76 [LEICESTER: SANITATION versus VACCINATION BY J.T. BIGGS J.P.](#)

["The Leicester Method" by J.T. Biggs](#)

Allopathic treatment was main cause in high case mortality:

"The greatest part of all chronic disease is created by the suppression of acute disease by drug poisoning." Henry [Lindlahr](#), M.D.

"Under conventional medical treatment, patients were drugged heroically, bled profusely, were smothered in blankets, wallowed in dirty linen, were allowed no water, fresh air and stuffed with milk, brandy or wine. Antimony and Mercury were medicated in large doses. Physicians kept their patients bundled up warm in bed, with the room heated and doors and windows carefully closed, so that not a breath of fresh air could get in, and given freely large doses of drugs to induce sweating (Sudorifics), plus wine and aromatized liquors. Fever patients were put into vaporbath chambers in order to sweat the impurities out of the system. Given no water when they cried for it and when gasping for air were carried to a dry-hot room and after a while were returned to the steam torture. Many must have died of Heat Stroke!"--[Dr Shelton DC](#) <http://www.whale.to/vaccine/shelton.html>

Medical men (1885) using alcohol as a remedy, causing 17% mortality instead of 11 or 8% without it's use

I shall be entering upon what is considered as a sacred domain in speaking of the treatment of the patients at the Leicester Fever Hospital. In my opinion it was open to criticism on account of the **liberal use of alcohol, and in the omission of other remedies known to be beneficial**, but not recognised in the pharmacopoeia of the faculty. I believe most of the lives of the children might have been saved by the adoption of these remedies. How long the public will submit to this medical perversity it is not for me to say.....Why in such a variety of conditions and physical constitutions was the treatment the "same in all?" Champagne and brandy might be moderately administered to old "topers" like the tramps, or even to strong adults, without much harm, but would it not be calculated to unduly raise the temperature of the children, increase their fever and delirium, and minimise their chances of recovery? It must not be assumed that I am opposed to the use of alcohol where it is necessary, but the following medical testimony is valuable and significant, showing without its use a saving of nearly 50 per cent, in the mortality. Dr. John Moir, L.R.C.P., Edin., Medical Superintendent of West Haiti Infectious Diseases Hospital, writes:—

"That in the outbreak of the disease, 1884-85, **two thousand odd cases were treated by me in the usual routine method, with the use of alcohol**the average mortality of the 2,148 attended by me in the West Ham Guardians' Hospital, in addition, to that of nearly 700 cases treated by me elsewhere was 17 per cent. In the hospital ships at Long Reach, Deptford, Dr. Birdwood, the Medical Superintendent, in 1886-87, treated the cases under his care there **without alcohol, with the surprising result that the mortality was only 6 per cent.** The results obtained by Dr. Birdwood determined me to treat my small-pox cases since 1886 without alcohol, with the result that the average mortality in the last 500 cases treated by me has diminished from 17 per cent, to 11 per cent., and in the last 200 cases has been only 8 per cent. So many apparently hopeless cases have I now seen recover without the use of alcohol, which, in my former experience did not recover with its use, that I do not regret the substitution of safer remedies, and I should be afraid again to treat small-pox cases with alcohol, fearing that the mortality might again rise, and that my treatment was responsible for that rise, and consequent loss of life. This record may encourage other observers to adopt the non-alcoholic, treatment, and will most assuredly confirm them by their own experience of its trustworthiness and superior efficacy." A result like this would have saved at least seven out of the fourteen children. Here we may have an explanation of the high temperature, delirious fever, and lengthened suffering which the Medical Officer affirms distinguished the unvaccinated children.

And it certainly didn't appear to be that infectious, if infectious at all:

"As a matter of fact, perhaps it is safe to say that **not more than 10 per cent of the**

people ever would take smallpox if sleeping in the same bed with an infected smallpox victim."--[Dr Hay](#)

"This child, although living in the same room with the patients at the Pest House, had not acquired the smallpox, after being exposed to it all of the time for a period of six weeks; yet upon the fifth day after returning home, this child acquired the initial fever. I then examined their house and found it to be literally alive with bedbugs."---
[CHARLES A. R. CAMPBELL, M. D.](#)

"Assuming that bedbugs are the only diffusing agents of this loathsome disease, then our present knowledge of its being "air-borne," or of its being transmitted by fomites, must be all wrong, therefore the principal work here mentioned is the demonstration of its non-contagiousness by means of clothing, bedding, hangings --in short, [fomites](#).....Anita H., a Mexican child, four years of age, never vaccinated and who had never had the disease, was taken to the pest house, where she took a baby out of the crib and played with it about four hours, hugging and kissing it and riding it in a perambulator around the grounds; but, although this baby was covered with pustules of smallpox, and although we took no precautions whatever (the girl's mother having agreed to this experiment), the girl did not acquire the disease. P. H., a Mexican, vaccinated in infancy, who freely mingled with the smallpox patients in the discharge of his duties as night watchman at the pest house, keeping up the fires and remaining all night, did not contract the disease. A. C., decidedly strumous, never vaccinated nor had the smallpox, freely mingled with smallpox patients in all of the stages, playing cards with them, eating and sleeping in the infected tents, and has continued to do so for more than two years."---[CHARLES A. R. CAMPBELL, M. D.](#)

"Smallpox is about as contagious as stumbling over a rock. Dr. Herbert M. Shelton slept in the same bed with his brother while the latter was in the so-called infectious stage with vesicles all over. Yet Dr. Shelton did not develop smallpox."---[Dr. Vivian Virginia Vetrano](#)

An Obstinate Baby---At a public meeting held in the Town Hall, Derby, March 2, 1871, a working man caused much amusement by asking Dr Greaves how it was that when four out five of his children were down with smallpox, the fifth, unvaccinated, would not take the disease, although placed between two of the others in bed.

"During the Brighton smallpox outbreak (1950-51), the usual BBC encephalitis campaign opened with an anonymous doctor assuring the world, with authoritative emphasis, that "smallpox is the most infectious disease known to Man"! The BBC had evidently never heard of influenza. During the smallpox outbreak of 1961-2, on the other hand, we heard medical officers of health saying on the radio such things as, "After all, smallpox is not such a very infectious disease." This would have been held

to be pure blasphemy only a few years ago. May the good work go on!"--[Lionel Dole](http://www.whale.to/v/dole.html) <http://www.whale.to/v/dole.html>

"For years Dr. Matthew J. [Rodermund](http://www.whale.to/v/dole.html), MD of Wisconsin, USA, offered \$10,000 to anyone who could prove scientifically that smallpox is contagious. Nobody ever claimed the money. Dr Charles A.A. Campbell, MD of San Antonio, USA, who was for years in charge of an isolation hospital **made exhaustive experiments in order to demonstrate that smallpox is contagious, but found that this is not the case.**"--
[Keki Sidhwa ND](http://www.whale.to/vaccines/smallpox8.html) <http://www.whale.to/vaccines/smallpox8.html>

"Dr. Bridges, in his Report, observes that **"of 796 visitors who paid 1118 visits, only 3 were afterwards admitted into the hospital with small-pox."** Mr. Sweeting, of the Fulham Hospital, writes :—" **33 patients were visited by 48 persons, who made altogether 76 visits; only one of the visitors was afterwards admitted with small-pox.**" ...Dr. Bernard, of the Stockwell Hospital, writes :—" **1056 visits were paid into the wards of the hospital. It is interesting to be able to say that, as far as I have heard, no one caught small-pox thereby;**"---[The Fable of the Smallpox Nurses and Revaccination](http://www.whale.to/vaccine/nurses.html) <http://www.whale.to/vaccine/nurses.html>

"Dr [Rodermund](http://www.whale.to/vaccine/nurses.html), a physician in the state of Wisconsin, created a sensation by smearing his body with the exudate of smallpox sores in order to demonstrate to his medical colleagues that a healthy body could not be infected with the disease. He was arrested and quarantined in jail, but not before he had come into contact with many people. **Not a single case of smallpox developed through this "exposure"I have ...handled intimately thousands of cases of contagious diseases, and I do not remember a single instance where any of us was the least affected by such contact.**"---[Henry Lindlahr MD](http://www.whale.to/vaccine/lindlahr.html)(Philosophy of Natural Therapeutics p 39). <http://www.whale.to/vaccine/lindlahr.html>

And only spread by bedbugs:

"[Dr Campbell](http://www.whale.to/v/asher3.html) discovered smallpox was caused by the bite of a bedbug..and the degree of severity of the disease was directly proportional to the cachexia (general ill health and malnutrition) of the patient...He spoke of "scorbutic cachexia" relating it to scurvy, "the disease caused by lack of green food" and said "the removal of this perversion of nutrition will so mitigate the virulence of this malady as positively to prevent the pitting or pocking of smallpox." (Immunization p54. Bacteria Inc by Cash Asher 1949)-----[Walene James:](http://www.whale.to/v/asher3.html) <http://www.whale.to/v/asher3.html>

"This child, although living in the same room with the patients at the Pest House, had not acquired the smallpox, after being exposed to it all of the time for a period of six weeks; yet upon the fifth day after returning home, this child acquired the initial fever.

I then examined their house and found it to be literally alive with bedbugs."---
[CHARLES A. R. CAMPBELL, M. D.](#)

"Assuming that bedbugs are the only diffusing agents of this loathsome disease, then our present knowledge of its being "air-borne," or of its being transmitted by fomites, must be all wrong, therefore the principal work here mentioned is the demonstration of its non-contagiousness by means of clothing, bedding, hangings --in short, [fomites](#).....Anita H., a Mexican child, four years of age, never vaccinated and who had never had the disease, was taken to the pest house, where she took a baby out of the crib and played with it about four hours, hugging and kissing it and riding it in a perambulator around the grounds; but, although this baby was covered with pustules of smallpox, and although we took no precautions whatever (the girl's mother having agreed to this experiment), the girl did not acquire the disease. P. H., a Mexican, vaccinated in infancy, who freely mingled with the smallpox patients in the discharge of his duties as night watchman at the pest house, keeping up the fires and remaining all night, did not contract the disease. A. C., decidedly strumous, never vaccinated nor had the smallpox, freely mingled with smallpox patients in all of the stages, playing cards with them, eating and sleeping in the infected tents, and has continued to do so for more than two years."---[CHARLES A. R. CAMPBELL, M. D.](#)

The allopathic obsession with vaccinations has led them to ignore the real cause of smallpox mortality--poor [sanitation](#), [overcrowding](#) and poor diet:

"Perhaps the greatest evil of immunization lies in its diversion of public attention from true methods of disease prevention. It encourages public authorities to permit all kinds of sanitary defects and social problems to remain undressed, particularly in schools. It ignores the part played by food and sunlight and many other factors in the maintenance of health. It exaggerates the risk of diphtheria and works upon the fear of parents. The more it is supported by public authorities, the more will its dangers and disadvantages be concealed or denied." [M. Meadow Bayly, M.R.C.S., 1944](#) <http://www.whale.to/v/bayly.html>

Unvaccinated Leicester case mortality 1.24%

So that, after casting aside as worthless over 75 per cent, of the 20,000 cases they themselves chose to enumerate, and having specifically selected a number of cases—in which "there is no doubt some room for error"—upon which to base their final result, we then have left 4,754 vaccinated and revaccinated cases, or vaccination failures, with 247 deaths, yielding a case fatality-rate of 5.2 per cent. Compare this with the case fatality-rate of vaccinated and unvaccinated together in the Leicester epidemic of 1892-94 of 5.8 per cent., and also with the Leicester epidemic of 1902-04, with its case fatality-rate of only 3.49 per cent., or, taking the epidemic of 1904 alone, a case fatality-rate of only 1.24 per cent. In other words, the case fatality-rate (2.48 per cent.) of the 1,125 cases with four vaccination marks, specially selected by the

Royal Commission, was exactly double that of unvaccinated Leicester (1.24 per cent.) in the small-pox epidemic of 1904. Wherein, we may ask, is the benefit of either vaccination or revaccination? How much more serviceable to humanity would it have been, had the Royal Commission devoted half of this futile ingenuity to the important Leicester evidence in favour of sanitation, as compared with and opposed to vaccination! [LEICESTER: SANITATION versus VACCINATION BY J.T. BIGGS J.P.](#)

Vaccinated 1902-4 London's case mortality 3 times unvaccinated Leicester, and 9 times higher in 1904

Even the case fatality-rate of the **vaccinated patients in the London epidemic**, as given in the special report, was **14.21 per cent.** Compare this with the case fatality-rate of the **unvaccinated patients at Leicester**, in 1902-04 (given by Dr. Millard at page 21 of his report for 1904), of only **4.87 per cent.**, for the whole epidemic ; also with the unvaccinated case fatality-rate for the 1904 portion of the epidemic, of only 1.6 per cent. London has not much to boast of, when its vaccinated case fatality-rate was, therefore, nearly three times as great as (or about 300 per cent, above) Leicester's unvaccinated case fatality-rate for the whole epidemic, and about nine times higher than (or nearly 900 per cent, above) Leicester's unvaccinated case fatality-rate for 1904. CH 52 [LEICESTER: SANITATION versus VACCINATION BY J.T. BIGGS J.P.](#)

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False records from medical men as to case mortality

"The returns from special smallpox hospitals **make out a very small death-rate (6**

per cent.) among the vaccinated and a very large death-rate (40 to 60 per cent.) among the unvaccinated. **The result is doubtful *qua* vaccination, for the reason that in pre-vaccination times the death-rate (18.8 per cent.) was almost the same as it is now in the vaccinated and unvaccinated together (18.5).** "---[Dr. Charles Creighton M.A., M.D.](#) *Encyclopedia Britannica*, published in 1888

"Defenders of vaccination produce fantastic fatality rates for the "unvaccinated" in smallpox outbreaks. Seeing that there is general agreement that 18 per cent was the average smallpox fatality rate before vaccination was introduced, those who tell of rates of 35, 50, 60 and even 100 per cent should be asked what treatment the "unvaccinated" received at the hands of modern doctors that they died at these extraordinary rates."---- [Lilly Loat](#) [Book 1951] *The Truth About Vaccination and Immunization*

Vaccination increased case mortality, usually 18% under allopathy:

"We were fortunate enough to address their own medical (and) health officials where we reminded them of the incidence of smallpox in formerly "immunized" Filipinos. We invited them to consult their own medical records and asked them to correct us if our own facts and figures disagreed. No such correction has been forthcoming, and we can only conclude that between 1918-1919 there were 112,549 cases of smallpox notified, with 60,855 deaths. Systematic (mass) **vaccination started in 1905, and since its introduction case mortality increased alarmingly.** Their own records comment that "The mortality is hardly explainable."---Dr Kalokerinos (Second Thoughts on Disease by [Archie Kalokerinos M.D.](#) & Dr Dettman)

"Writing in the British Medical Journal (21/1/1928 p116) Dr L Parry questions the vaccination statistics which revealed a higher death rate amongst the vaccinated than the unvaccinated and asks: "*How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated?*"--[Ian Sinclair](#)

0%-2% under homeopathy & naturopathy, water cure:

"**Not one case receiving homeopathic care died**, while the "old school" doctors lost twenty percent of their (smallpox) cases.....I gave about three hundred internal vaccinations, five to adults acting as practical nurses; to the man who installed the telephone and lights in the pest-house; to mothers who slept with their children while they had smallpox in its severest form. All of these people, exposed daily, were immune."--[W. L. Bonnell, MD](#)

"[Dr. Russell T. Trall](#), the eminent Natural Hygienist, considered smallpox "as essentially . . . not a dangerous disease." He cared for large numbers of patients afflicted with smallpox and **never lost a case.** Under conventional medical treatment, patients were drugged heroically, bled profusely, were smothered in blankets,

wallowed in dirty linen, were allowed no water, fresh air and stuffed with milk, brandy or wine. Antimony and Mercury were medicated in large doses. Physicians kept their patients bundled up warm in bed, with the room heated and doors and windows carefully closed, so that not a breath of fresh air could get in, and given freely large doses of drugs to induce sweating (Sudorifics), plus wine and aromatized liquors. Fever patients were put into vaporbath chambers in order to sweat the impurities out of the system. Given no water when they cried for it and when gasping for air were carried to a dry-hot room and after a while were returned to the steam torture. Many must have died of Heat Stroke!"--[Dr Shelton DC](#) <http://www.whale.to/vaccine/shelton.html>

"I don't think there's been any major shift in the medical profession's general approach to new ideas. I don't think there ever will be that kind of wholesale change. Three hundred years ago, when the major disease was smallpox, Sir Thomas Sydenham [1624-89] developed a new treatment that reduced the death rate from about 50 percent to 1 percent or 2 percent. His reward was being challenged to a duel. The English medical association wanted to drive him out. He wrote: "A new idea is like a sapling in the middle of a road, and if it's not fenced in, it will be galloped over by the trampling hordes." That's a really great statement, and it's also my view of what happens to medical discovery." -----Abram Hoffer, MD, PhD [1997 Interview by Peter Barry Chowka](#).

"Both Press and Radio continue to preach that smallpox is a terribly infectious and deadly scourge. They never tell us that " - . - provided no mischief be done either by physician or nurse, **it is the most safe and slight of all diseases**". (Dr. Thomas Sydenham, 1688).--[Lionel Dole](#) <http://www.whale.to/v/dole.html>

"Mr. Pickering, who treated cases at Gloucester by the "water cure" method, declared that his fatality rate was as low as 2 per cent."---- [Lilly Loat](#) [Book 1951] The Truth About Vaccination and Immunization

[\[Vaccination\]](#) [\[Smallpox\]](#)