

# The Case AGAINST Vaccination

By M. BEDDOW [BAYLY](#) M.R.C.S., L.R.C.P.

June 1936

[BRIEF HISTORY OF THE RITE  
EFFECT OF VACCINATION IN ENGLAND.  
NO PROTECTION AGAINST SMALLPOX  
Dangers of Vaccination.](#)

THE subject of Vaccination, which for more than a century has been a matter of acute controversy both in medical and lay circles, is, fortunately, one on which anyone capable of appreciating figures can form a sound opinion. As Dr. Guy, F.R.S., said long ago, there is no answer to the vaccination question, but such as is couched in the language of statistics.\*

Of scientific basis or justification for the practice there is none, and the history of vaccination is the record of a superstitious rite pursued by a series of methods each in turn abandoned when experience proved its danger, and presenting a trail of extravagant claims not one of which has stood the test of time. Even Dr. Major Greenwood, Chief Statistician to the Ministry of Health, declared in 1929 that: " In Jenner's classical paper no mistake was omitted that could possibly have been made, and there was a good deal of evidence that Jenner had been a rogue."

In his well-known work, " Epidemics and Crowd Diseases" (1935), Professor Greenwood wrote: " Most of Jenner's time during the last twenty years of his life was spent in attempting the impossible, i.e., in attempting to convince his correspondents that no properly cowpoxed person could get smallpox." (p. 264)

\*All medical authorities quoted in this article are provaccinist.

## **BRIEF HISTORY OF THE RITE.**

The custom of inoculating with smallpox matter had been introduced into this country about 1721, and, being acclaimed by the Royal College of Physicians as " highly salutary to the human race," was assiduously carried out until 1840, when, on account of the disastrous spread of smallpox which resulted, it was made a penal offence. Meanwhile the practice of inoculating "cowpox" matter had been introduced by Edward Jenner in 1798 and termed "Vaccination."

The original source of his vaccine lymph was the matter from ulcerating sores on the udders of cows, a disease transmitted by the filthy hands of the milkers; he discarded this later for the greasy discharge from sick horses' heels; but since then there can hardly be an available species of animal but has been used to supply the "virus." As was stated in an editorial comment in the *Lancet* of May 13th, 1922: "No practitioner knows whether the lymph he employs is derived from small-pox, rabbit-pox, ass-pox, or mule-pox." Dr. Monckton Copeman, Inspector to the (then) Local Government Board, favoured matter taken from a smallpox corpse in the post-mortem room, inoculated first into monkeys, next into calves, and then into children, but for many years now the Ministry of Health have repeatedly confessed their complete ignorance in regard to the ultimate source of their own official supply.

For a hundred years one or other of these varieties of disease-matter was used for the vaccination of children, the strain being carried on by the arm-to-arm method. However, this was proved to result in so many deaths from infantile syphilis in children under one year—the annual death-rate increased, after vaccination had been made compulsory in 1853, from 380 in that year to 1,813 thirty years later—that the medical profession was unwillingly forced to abandon this method in 1898, since when glycerinated calf-lymph has been substituted. This preparation was described by Sir George Buchanan, M.D., F.R.S., Chief Medical Officer to the Local Government Board, as a preposterous adulteration.

Be that as it may, the fact remains that during the last 30 years 272 children under five have died from the effects of it, according to the Registrar-General's returns, while only 107 have died from smallpox. Moreover, the increasing incidence of cerebro-spinal disease during recent years led to the appointment of two British Committees to investigate the matter, with the result that the causal relation of vaccination to certain of them has been definitely established, and it is now recommended by the Ministry of Health that the lymph in present use be still further diluted, and the "insertions" reduced from four to one; this, too, in spite of the fact that for the last 130 years it has been claimed that the protection afforded by vaccination is directly proportional to the virulence of the reaction and the area of skin affected.

The *Circular* to local authorities (1929) embodying these recommendations was accompanied by the further advice that primary vaccinations in children of school age or adolescents should, on account of the danger of encephalitis, be discouraged except in the case of actual contacts with the disease.

## **EFFECT OF VACCINATION IN ENGLAND.**

Let us now see what effect Vaccination had in England.

We have all heard much of the terrible nature of smallpox in pre-vaccination days; Dr. Killick Millard describes it as "a good example of the blood-curdling sort of stuff which the present writer was taught as a medical student when learning vaccination."

But we must remember that Jenner himself, in his "Inquiry," tells us of a "species of smallpox which spread through many of the towns and villages .... it was of so mild a nature that a fatal instance was scarcely ever heard of." The great Dr. Sydenham had also said, as far back as 1688: "It is most clear to me, from all the observations that I can possibly make, that if no mischief he done, either by physician or nurse, it is the most slight and safe of all diseases."

We now know that all the horrible disfigurement and blindness which vaccination is alleged to have eradicated was really due, as Dr. Ricketts, who had 12, 000 cases through his hands declared, to inefficient treatment and nursing. While as to the death-rate of 18 per cent., which is the figure usually given, this is very small indeed compared with the death-rate in modern times in well-vaccinated countries, and it is to these that we must turn to find the virulent type of smallpox which no one denies was prevalent when England was thoroughly vaccinated.

In spite of the adverse effect of inoculation, towards the end of the eighteenth century, as Dr. Farr, the famous statistician, tells us, smallpox "began to grow less fatal before vaccination was introduced, indicating, together with the diminution of fever, the general improvement of health then taking place." This improvement continued steadily during the first half of the nineteenth century; vaccination was made compulsory in 1853 and, by 1871-2, had been carried out to such effect that according to Sir John Simon, the then Medical Officer to the Privy Council, 97.5 per cent, of the population over two and under 50 had either had smallpox or been vaccinated. Yet in these two years alone there occurred such a terrible epidemic of smallpox that 42,084 people died of the disease in England and Wales.

From that time onwards the proportion of annual vaccinations to births has declined, owing, since 1898, to increasing advantage being taken of the law relating to conscientious objection, and the annual deaths from smallpox have diminished step by step with this decline, as the following table indicates: —

**ENGLAND AND WALES.**

Period	Smallpox Death Rate per million at ages 1-5	Per
1861-70	474	
1891-1900	20	
1920-25	0.51	

Dr. Louis Parkes, Chairman of the Council of the Royal Sanitary Institute, declared in 1922:

" Our freedom from smallpox, therefore, could not be attributed to vaccination. It was largely due to the preventive measures taken at the ports, to the isolation of cases in hospitals, and to the steps taken to control persons who had been exposed to infection."

In 1875 the great Public Health Act was passed and the evidence afforded by every authority which took advantage of the powers conferred by this supports the contention of the great sanitarian, Chadwick, "that all zymotic diseases are amenable to sanitary reform, and are, in fact, the nemesis of sanitary neglect."

Chief among such examples of the superiority of such reform over vaccination stands the city of Leicester; for some years previous to the epidemic of 1871-2, in which the town lost 346 lives (more than had died in previous 20 years totalled), 90 per cent, of the births had been vaccinated. This opened the eyes of Leicester's inhabitants, and from that time on the vaccinations rapidly declined until, in 1934, they were only 2.9 per cent of the births.

Yet Dr. Killick Millard, himself a provaccinist, stated in his Report for 1934: "Leicester, which has virtually dispensed with infant vaccination, has constituted a 'control experiment' as compared with the rest of the country. I think it must be admitted that she has come through the test satisfactorily. During the 50 years(1885-1934) since compulsory infant vaccination was definitely abandoned in Leicester there have only been 53 deaths from smallpox, and in the last 30 years (1905-1934) there have only been two deaths. During the last 50 years the percentage of children vaccinated has been 8.5. During the last 10 years, indeed, the percentage has dropped to 4.6." Dr. Millard, in his *Report* for 1926 said that other unvaccinated towns have had a similar experience, but that serious outbreaks of smallpox have occurred in towns like Sheffield, which relied on vaccination to the neglect of sanitation, thus giving point to Dr. Priestley's statement in 1924, that "One fact stands out in bold relief—vaccination will not stamp out a smallpox outbreak alone."

If space permitted, it could be shown that the foregoing principles are of world-wide application, but we must pass on to consider the evidence against the claim that vaccination has any protective power at all, and also the evidence as to its harmful effects.

**NO PROTECTION AGAINST SMALLPOX.**

Jenner's claim was that it afforded protection for life, and on this assumption he was granted £30,000 by the Government. This view has probably been abandoned by all except a few, such as Dr. Dart, the M.O.H. for Hackney, who, in his report for 1927, asserted that "the protection afforded by vaccination is absolute when the vaccination is properly done." Dr. Millard puts the period at five years; the Australian Commission of 1913 suggested two years, while Dr. McVail, referring to the Philippines epidemic, stated that many cases occurred "of whose successful vaccination within the preceding year there could be little doubt."

As a matter of fact, cases occur in vaccinated persons at all periods after the operation, from a few days upwards. After an experience of 1,306 cases with 137 deaths, all in vaccinated children under ten years, Dr. Gayton, Superintendent of the Homerton Smallpox Hospital, told the Royal Commission: "I think primary vaccination is a very fleeting protection indeed, not absolutely protective up to any age."

In England and Wales alone, between 1870 and 1892, there were 3,145 cases and 263 deaths in vaccinated children under ten. In Germany during the same period there were 3,710 similar cases with 887 deaths.

Between 1917 and 1920, in Germany, there were 762 cases with 50 deaths in vaccinated children under 10.

Between 1881 and 1924, in England and Wales, out of a total of 20,810 deaths only 5,508 were classified as unvaccinated, and these figures become more striking still when we realise that in deciding the diagnosis of the many "doubtful" cases it has been asserted by one Medical Officer after another that vaccination within ten years practically rules out the possibility of a case being smallpox, and the Ministry of Health itself has admitted that the vaccinal condition is a guiding factor in diagnosis. On the other hand the unvaccinated class is unduly inflated by the inclusion of: —

- (1) All infants too weakly to be vaccinated.
- (2) Most infants under three months.
- (3) Children of the vagrant class, who escape the vigilance of the vaccination officer.
- (4) Poorer children in crowded districts, where experience of the ill-effects of vaccination have led to a relatively large amount of "conscientious objection."

(5) Cases vaccinated within the incubation period and, therefore, having two diseases to contend with instead of only one.

All these would be prone to succumb to any disease, and naturally help to swell the unvaccinated class. Besides the admission of doctors themselves, one of the proofs of the dishonest "cooking" of official records is the attributing of an increasing number of deaths to chicken-pox; in the thirty years ending 1934, 3,112 people are stated to have died of chicken-pox, and only 579 of smallpox, in England and Wales. Yet all authorities are agreed that chicken-pox is a non-fatal disease; Sir William Osier (who himself contracted smallpox, although vaccinated several times) gave it as his opinion that such cases were probably "unrecognised smallpox," and, he might have added, "in the vaccinated."

It was admitted before the Royal Commission that official doctors did not classify cases as vaccinated unless they could distinguish the marks, and that in severe cases the latter were frequently obscured by the eruption.

Yet in spite of these and other sources of error which must be taken into account when examining any tables dividing cases into vaccinated and unvaccinated cases, in England and Wales at the present time the fatality among the *vaccinated* is over twice as great as among the *unvaccinated*, i.e., .51 per cent, compared with .21 per cent, for the years 1922-1933.

This effectively disposes of the claim that vaccination, even when it does not prevent, at least mitigates the severity of the attack. As a matter of fact, it was admitted by Dr. Garrett, M.O.H. for Cheltenham, that in regard to present-day smallpox, "In mild smallpox we have degrees of modification more pronounced among the unvaccinated than anything of the sort that has ever been attributed to previous vaccination, however long ago."

Nor is revaccination in any better case, as is shown by the evidence, not only of our own army during the war, but of those countries where vaccination and revaccination are compulsory.

According to the Official History of the War, 287 cases with 29 deaths occurred among soldiers who had been vaccinated or revaccinated since 1914."

To take a few outstanding examples of other countries: let us first look at Japan, where vaccination was made compulsory in 1876, and re-vaccination every 5-7 years in 1885; between 1885 and 1908, there were 287,721 cases with 79,512 deaths, in spite of the fact that within that period her population of 45 millions had received over 97 million vaccinations.

Even after 1909, when a new vaccination law was passed, in the following twelve years there occurred 15,092 cases with 3,671 deaths. In 1917, Dr. Dill Robertson claimed that, owing to vaccination, smallpox in Japan was almost unknown, but these figures disprove that assertion, and should be compared with those for England over the same period, when only 50 per cent, of the births were vaccinated; there were only 1,696 cases and 180 deaths, a fatality rate of 11 per cent, compared with Japan's 24 per cent.

For years the Philippine Islands had been the boast of the U.S.A. Health Service; Dr. J. D. Long stated in his report for 1916, that by "systematically vaccinating the inhabitants to get rid of smallpox, it has been, for all practical purposes, eliminated."

In his 1921 Annual Report, Dr. Hamer, M.O.H. for L.C.C., wrote: " Countries such as Holland and the Philippine Islands have rid themselves almost entirely of smallpox and any scare of it by means of vaccination."

Yet, in the three years 1918-20, there were 122,997 cases with 65,241 deaths, a fatality rate of 50 per cent.

Compare these well vaccinated countries with Australia, the least vaccinated country in the world. In 134 years, not one-fifth of the children born have been vaccinated. Yet only three Australian children under five have died of that disease. In the last 50 years, no child under five has died of smallpox, and in the whole of her history, less than one person per annum has died of it, although allowing five years protective period, only 2 per cent, of her population have ever been "protected."

It is impossible in a short article to give more than a few examples from a vast amount of available evidence which completely knocks the bottom out of the case for vaccination, but we cannot pass over the recent history of smallpox in Europe without comment.

The following figures, corrected for population, are derived from the Report of the Health Committee of the League of Nations, and show the SMALLPOX DEATH-RATE PER MILLION DURING THE YEARS 1919-1927: —

England and Wales...	0.46
Switzerland ... ..	0.50
Germany ... ..	2.1
Belgium .....	2.1
Austria ... ..	2.4
France .....	2.9

Poland	.....	10.3
Czechoslovakia	...	23.4
Roumania	... ..	47.4
Spain.....		65.7
Italy.....		101.1
Portugal	.....	386.0

It will be noted that in the two countries where vaccination is, least practised the deaths from smallpox are negligible, while they are highest where vaccination is rigorously enforced. It is difficult to understand the mentality of provaccinists who describe England as the last stronghold of smallpox in Europe, when one compares the 165 deaths in England and Wales with Germany's 1,197 and Italy's 28,889, during those nine years (1917-1927).

### **Dangers of Vaccination.**

Having dealt with the uselessness of vaccination, there still remain to be described the many dangers which attend the practice. We shall barely find space to even summarise these, so varied, subtle, and profound are the effects of VACCINIA, as the disease is called.

It would seem to be impossible for a rational mind to conceive that a filthy virus derived from a smallpox corpse, the ulcerated udder of a cow, or the running sores of a sick horse's heels, and cultivated in scabbed festers on a calf's abdomen could fail to have disastrous effects when inoculated into the human body. As Professor McIntosh remarked in the *Lancet* in 1926, "Scientifically it cannot be disputed that from every point of view the injection of virus capable of multiplying in the body of the individual is bad."

Bearing in mind that everything is done to suppress anything adverse to vaccination, including the admitted falsification of death certificates, it is surely significant that in the 30 years ending 1934, during which calf-lymph has been employed, 272 children under five are recorded as dying from the effects of vaccination, more than two and a half times as many as died from smallpox. How many lived on with ruined health, impaired teeth, skin eruptions, and all the long catalogue of diseases which orthodox text-books describe as the sequelae of vaccination no one will ever know. A well-known textbook mentions erysipelas, boils, eczema, gangrene, impetigo, pemphigus, tetanus, psoriasis, and pyemia among many other results.

Like its prototype—syphilis—vaccine virus has a selective action on the skin and nervous system.



The evidence which Professors Turnbull and McIntosh laid before the two British Committees, which a few years ago investigated the results of vaccination, as well as that of many other workers, has established beyond all doubt the causal relation of vaccination to acute encephalitis (inflammation of the brain). The few hundreds of cases which have come to light afford no indication, of course, as to the total amount of nervous disease which this form of blood-poisoning must have caused, for, as Dr. McIntosh points out, who knows how long the virus introduced by vaccination may remain dormant? "

Dr. McNalty told the Congress of the Royal Sanitary Institute, in 1927, that acute nervous diseases are on the increase, and are "taking the place of the old epidemics."

In 1924 there were 6,296 cases of such diseases, including 5,039 cases of encephalitis lethargica (sleepy sickness). This represents over three times the recorded average for the previous nine years. In 1923, nearly double the previous four years' average number of vaccination tubes had been issued, an extra 288,000; it is difficult to resist the conclusion that in this case *post hoc* is also *propter hoc*. Numbers of medical men, who until recently have held perfectly orthodox views on vaccination, are beginning to be alarmed by these new facts coming to light.\*

Holland, on account of this, suspended her compulsory laws, and in this country, more and more doctors are echoing the question raised by Dr. Jameson, when he wrote in the *Lancet* last August: "what justification had they for risking children's lives by vaccination as a protection against a disease which does not imperil their lives? " "It was only a matter of time," he continued, " before the persons responsible for the vaccination of those children who die of post-vaccinal encephalitis will be considered by some as guilty of constructive murder."

J. E. R. McDonagh, F.R.C.S., the eminent bacteriologist, writing in *The Nature of Disease Journal*, Vol. II, 1933, declared that "Even to-day, no true measure of the after-effects of Jenner's vaccination in man has been taken, and it is becoming more and more doubtful if the decreased incidence of smallpox is due to vaccination. Variola appears in recent years to have been replaced by Alastrim ... It certainly cannot be accredited to vaccination because the rise of alastrim coincides with a rise of those who go unvaccinated. Indeed, it is possible that the change would have taken place earlier had vaccination not come into general use."

Delay there may be before the great delusion of vaccination is finally shattered; it is inevitable where vested interests and professional prestige are at stake, but, as Dr. Walter Carr stated in his Presidential Address to the Medical Society of London in 1928:

"Evidently our views about vaccination are changing; they would probably change even more quickly had it not become a part of the official creed, established by law, and therefore as dogmatic and as difficult to alter as the Athanasian Creed itself."

\*See : Medical Views on Vaccination; quotations from the Lancet, The British Medical Journal, and the Medical World. Published by the National Anti vaccination League.

COPIES OF THIS PAMPHLET CAN BE OBTAINED FROM : —

THE NATIONAL ANTI-VACCINATION LEAGUE

25, DENISON HOUSE, 296, VAUXHALL BRIDGE ROAD, LONDON, S.W. 1

Telephone : victoria 6012

President—LADY ISABEL MARGESSON

Treasurer—ERNEST PARKE, J.P.

Secretary—MISS L. LOAT

Vice presidents:

The Countess of Aylesford

The Marchioness of Donegall

The Duchess of Hamilton

The Lady Maud Warrender

The Viscount Harberton

Lady Dorothy Lee Warner

B P. Allinson, M.R.C.S., L.R.C.P.

Major R. F. E. Austin, M.R.C.S., L.R.C.P.

M. Beddow Bayly, M.R.C.S., L.R.C.P.

Reginald Bowden, M.D

H. Tudor Edmunds, M.B., M.R.C.S., L.R.C.P.

W. Ellis Morgan, M.R.C.S., L.R.C.P., London

Agnes Eslicourt-Oswald, M.R.C.S., L.R.C.P.

Mrs. Alice Ker, M.D., L.R.C.P., L.R.C.S.

H. V. Knaggs, M.R.C.S., L.R.C.P.

Cyril Pink, M.R.C.S., L.R.C.P. C.

Stirling Saunder, L.R.C.P. H  
Fergie Woods, M.D. (Brux.), M.R.C.S., L.R.C.P., London  
T. G. Vawdrey, M.R.C.S., L.R.C.P.  
W. H. White, M.R.C.S., L.R.C.P.  
Robert 331ackie John H. Boniier, Leiccster  
H. G. Chaneellor, London  
H. B. Knight Chorley, London  
Chas. Gane, J.P., Beer  
H. W. Goddard, Leicester  
Jos. Harrison, Dorking  
Rev. Lionel Lewis, M.A., Glastonbury  
Harry Lucas, Birmingham i  
J. E. Norman, J.P., Weston-super-Mare  
W. Grove Parriss, Trowbridge  
H. E. Ponting, Dorking  
A. Rawlings, Reading  
H. J. Sayer, J.P., Birmingham  
Wm. Slebbings, Reading  
A. Trobridge, Thirsk  
Harold W. Whiston, Macclesfield