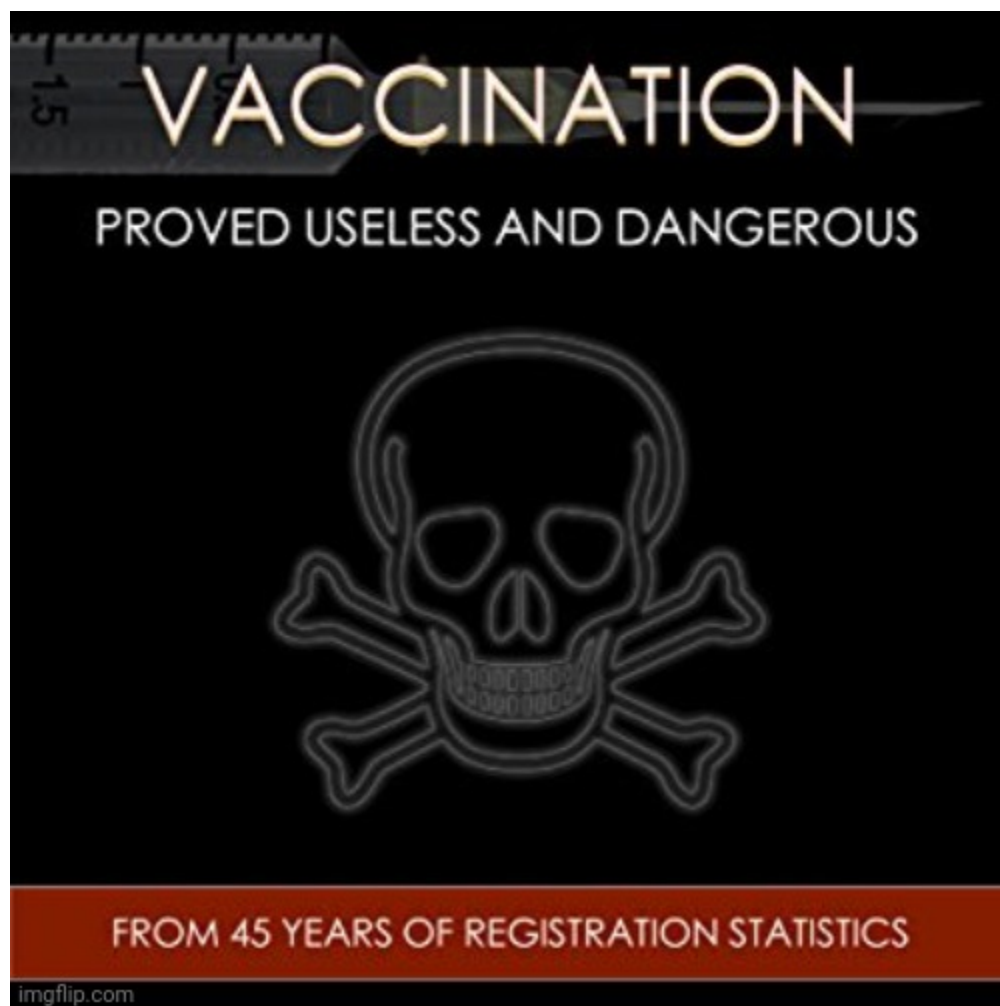


## [VIROLIEGY < HTTPS://VIROLIEGY.COM/>](https://viroliegy.com/)

Exposing the lies of Germ Theory and virology using their own sources.

### **Vaccination: Proved Useless And Dangerous (1889)**



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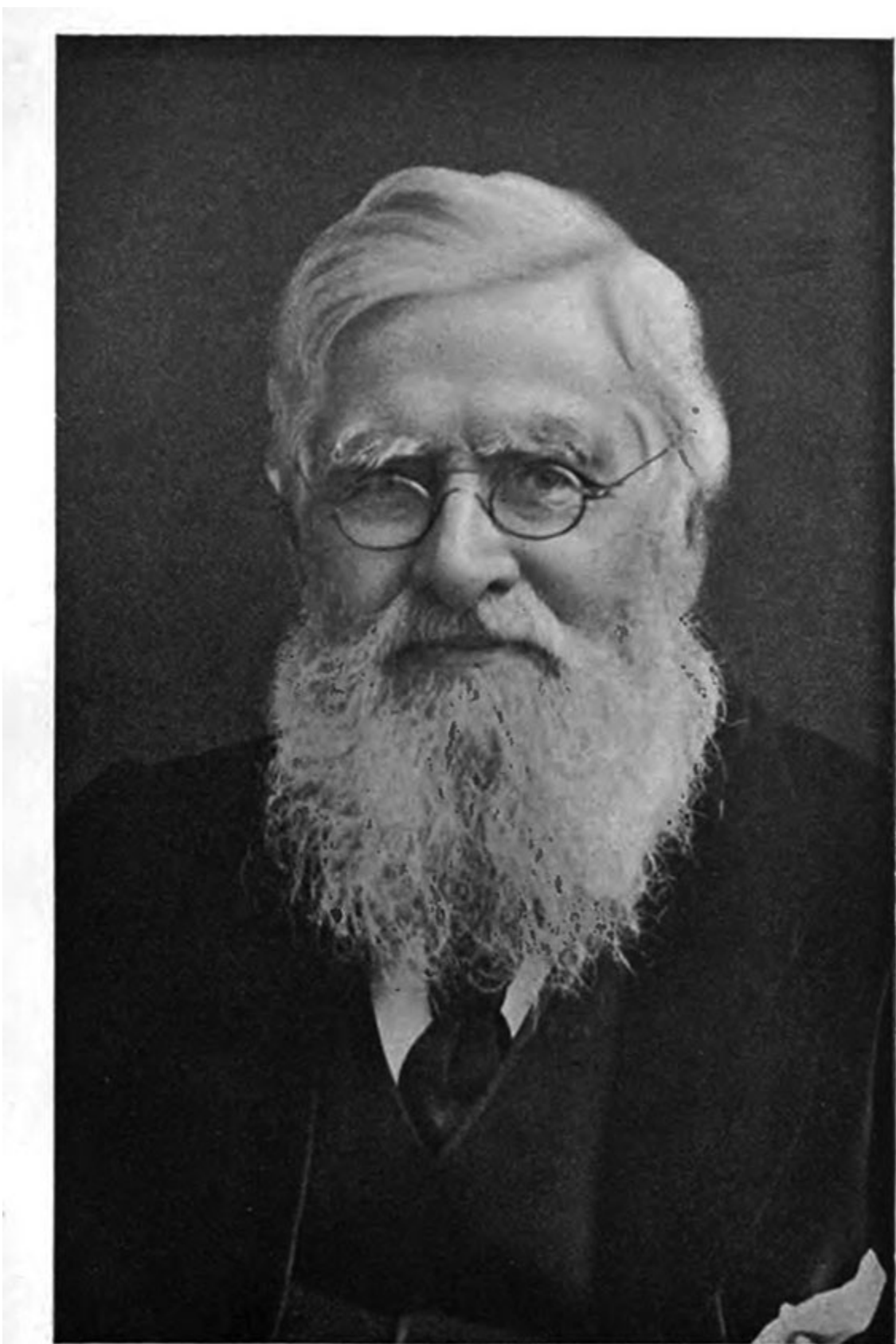
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**“There are three kinds of lies: lies, damned lies,  
and statistics.”**

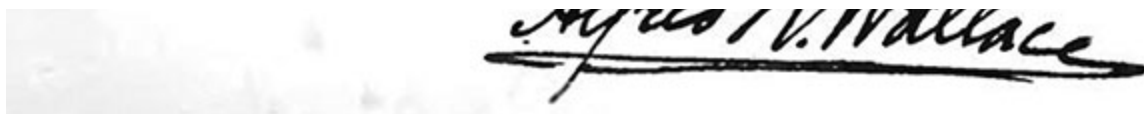
**-Mark Twain**

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People seem to fail to realize that the antivaccination movement is not a new thing. In fact, it has been around as long as vaccination has been an idea. Obviously, most will not hear about the opposition to the “medical marvel” which wiped Smallpox off the face of the Earth (*but not really*) as all the pharmaceutically-controlled scientific journals, doctors, mainstream media, etc. will do is sing the praises of this “life-saving” intervention. However, if one were to take a step back and look throughout history, one would see that the opposition has been present all along, raising awareness to this dangerous practice and providing solid and compelling evidence backing this position.



*Dr. S. Farooq*



Alfred Russel Wallace: a man with a great big bushy beard!

One such person who became a champion for the movement in 1884 was Alfred Russel Wallace, a well-respected scientist, biologist, naturalist, anthropologist, and explorer amongst other things. In fact, he came up with the theory of evolution through natural selection but he was overshadowed in the history books by Charles Darwin. Maybe this lack of recognition and delegation to "co-founder" was payback due to his opposition to a vaccination practice which he felt was not only unproven and dangerous, but also deadly and ultimately led to the creation of even more disease? What is interesting is that even though Wallace was antivax, the scientific community didn't really disavow him even though they tried to make excuses for why he was "radicalized" by the antivax movement. They even acknowledge some of what he stated had merit based upon the interpretation of the statistics. A few highlights from a review posted by the CDC provides some revealing insight:

### **Alfred Russel Wallace and the Antivaccination Movement in Victorian England**

"Wallace himself apparently did not hold strong opinions about vaccination until the mid-1880s. He had received a vaccination as a young man before he left for South America, and all 3 of his children were vaccinated as well.

**Wallace was recruited some time in 1884 to the antivaccination movement through the efforts of his fellow spiritualist William Tebb (1830–1917), a radical liberal who in 1880 had cofounded the London Society for the Abolition of Compulsory Vaccination.** Wallace's commitment to the antivaccination cause was without doubt motivated by his social reformism, which in turn was underpinned by spiritualism and Swedenborgianism (3,15). **These metaphysical foundations led him to a holistic view of health; he was convinced that smallpox was a contagious disease, but he also was certain**

**that differences in susceptibility caused by nutritional or sanitary deficiencies played a major role in the epidemiology of the disease.**

Despite his strong metaphysical commitments, Wallace, however, always remained a devoted empiricist and was among the first to use a statistics-based critique of a public health problem. **Some of the groundwork for Wallace's quantitative critique was laid by the highly regarded, but controversial, physicians Charles Creighton (1847–1927) and Edgar Crookshank (1858–1928). They attacked simplistic interpretations of and conclusions from Edward Jenner's work (16) and demonstrated how difficult it is to determine vaccination success and vaccination status and to know what kind of contagion was actually used in an inoculation or vaccination.** In works such as *Vaccination Proved Useless and Dangerous* (1889) or *Vaccination a Delusion, Its Penal Enforcement a Crime* (1898), Wallace mounted his attack on several claims: 1) that death from smallpox was lower for vaccinated than for unvaccinated populations; 2), that the attack rate was lower for vaccinated populations; and 3) that vaccination alleviates the clinical symptoms of smallpox.

**Both provaccinationists and antivaccinationists relied heavily on time series of smallpox mortality rate data, which showed a general decline over the 19th century overlaid by several smaller epidemic peaks and the large pandemic peak of 1870–1873. Their conclusions from these data differed according to the way these data were subdivided into periods (17).** For example, if it were assumed that vaccination rates increased in 1867, when cumulative penalties were introduced and fewer dared to challenge the vaccination law, and not in 1871, when the smallpox pandemic accelerated, then the rate of decline of smallpox mortality rates was lower when

vaccination was more prevalent. **Wallace concluded from his analysis that smallpox mortality rates increased with vaccination coverage, whereas his opponents concluded the exact opposite. Wallace argued that the problem of determining vaccination status was serious and undermined the claims of his opponents. He asserted that the physicians' belief in the efficacy of vaccination led to a bias in categorizing persons on the basis of interpretation of true or false vaccination scars. Additionally, epidemiologic data for vaccination status were seriously incomplete. Depending on the sample, the vaccination status of 30%–70% of the persons recorded as dying from smallpox was unknown. Furthermore, if a person contracted the disease shortly after a vaccination, it was often entirely unclear if the patient should be categorized as vaccinated or unvaccinated.**

Provaccinationists argued that the error introduced by this ambiguity was most likely to be random and thus would not affect the estimate of the efficiency of the vaccine. **In contrast, Wallace believed that doctors would have been more willing to report a death from smallpox in an unvaccinated patient and that this led to a serious bias and an overestimation of vaccine efficiency.**

Wallace's holistic conception of health influenced his argument as well. **He was convinced that susceptibility to the disease of smallpox was not distributed equally across social classes.** Weakened, poor persons living in squalor were in his opinion less likely to get vaccinated.

**At the same time they would have higher smallpox mortality rates because their living conditions made them more susceptible to the disease.** He supported his hypothesis that susceptibilities differ with the observation that the mortality rate of unvaccinated persons had increased to 30% after the

introduction of vaccination, while the vaccinated had enjoyed a slight survival advantage. This demonstrated to Wallace that factors other than vaccination must have played a major role.

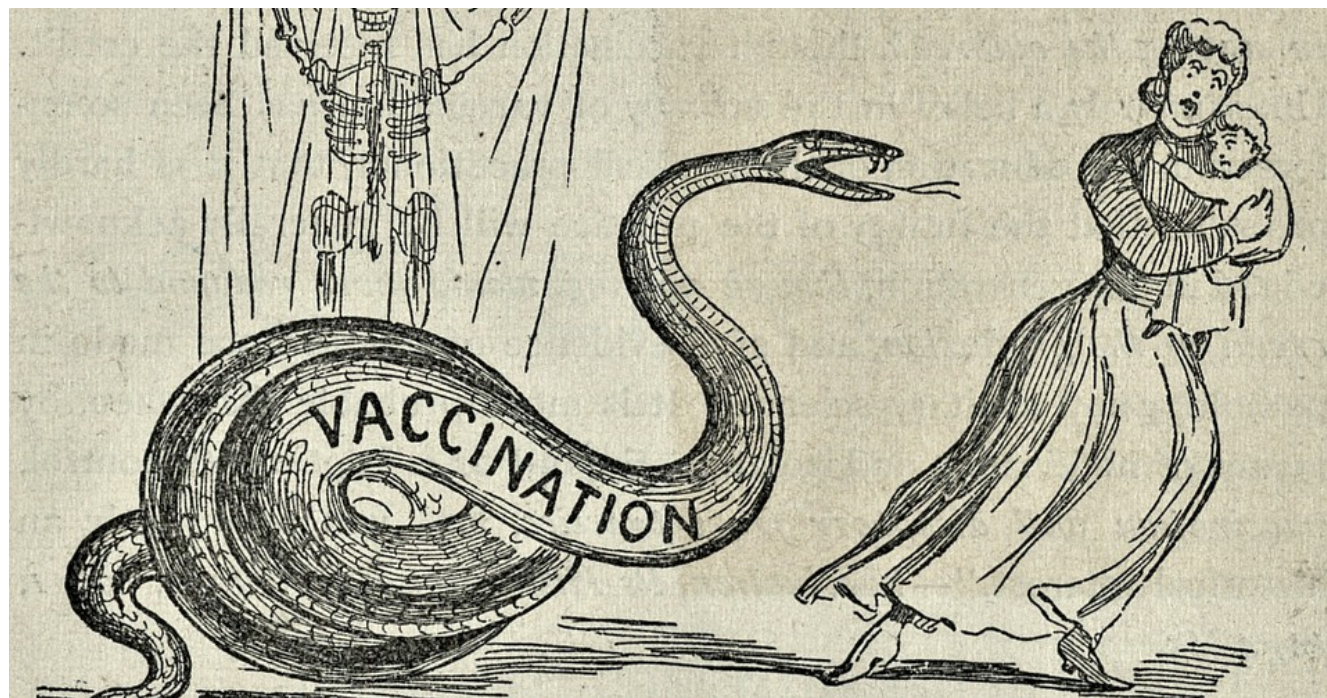
## Conclusions

**The numerical arguments used by Wallace and his opponents were based on an actuarial type of statistics, i.e., the analysis of life tables and mortalities.** Inferential statistics that could be more helpful in identifying potential causes did not yet exist. **The statistical approach to the vaccination debate used by Wallace and his opponents could simply not resolve the issue of vaccine efficiency; thus, each side was free to choose the interpretation that suited its needs best.** However, despite its indecisive outcome, the debate was a major step in defining what kind of evidence was needed (17). **It is also unjustified to portray the debate as a controversy of science versus antiscience** because the boundaries between orthodox and heterodox science we are certain of today were far less apparent in the Victorian era (18). What the scope and methods of science were or should be were topics still to be settled. **It is thus unwarranted to portray the 19th-century antivaccination campaigners generally as blindly religious, misguided, or irrational cranks. This judgment certainly does not apply to Alfred Russel Wallace."**

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The CDC review of Albert Russel Wallace attempted to make claims about Wallace's beliefs and associations "radicalizing" him yet ultimately concluded that his viewing of the statistics was not right or wrong. It was open to interpretation by both sides of the argument. They try to paint him as unaware of the scope of the methods of science that were settled upon today (which is rather ridiculous as the scientific method has been around since the 16th century) however they do not attempt to "fact-check" any of his claims or beliefs. Everything is viewed in a historical context, which is fine as long as one realizes that history is repeating itself once again.

I bring up Wallace for a reason. Here is a prominent scientist of his day who spoke out against the dangers of vaccinations and the loss of freedom due to compulsory vaccination mandates yet, for the most part, he and other scientists on his side were ignored. Wallace had plenty of statistical evidence on his side backing up his beliefs. The problem was that the other side also had statistics. As the CDC



rightfully pointed out, statistics are open to interpretation and can be manipulated in order to say whatever one wants them to say. The CDC is a modern day master of the practice of statistical manipulation. Wallace and the antivaccination movement were up against a mighty propaganda campaign from a medical cartel hell-bent on taking control. The parallels to today are eerie.

## GRAINS AND SCRUPLES

*Under this heading appear week by week the unfettered thoughts of doctors in various occupations. Each contributor is responsible for the section for a month; his name can be seen later in the half-yearly index*

## FROM A BACTERIOLOGICAL BACK-NUMBER

## I

WHEN Jenner and Pasteur developed the idea of artificial immunisation they did something more than make a scientific discovery; they founded a faith and as so often happens with faith came an offset of superstition and charlatanism. Neither of these great innovators approached the matter as entirely unprejudiced and impersonal observers. They aspired to be missionaries as well as scientists. It seems odd in our disillusioned age that the nineteenth century should have found its sermons so readily in stones though it was perhaps the gift for identifying what is with what *should be* that made it both great and ridiculous. Immunisation was born and brought up in rose-coloured surroundings and it has continued to live in a dangerous atmosphere where the wish has been wont to be the father of the thought.

\* \* \*

We have lived through some striking changes in the attitude to small-pox vaccination. Compulsory vaccination which once had the suffrage of the nation has now hardly a serious supporter. We are ashamed to jettison the idea completely and perhaps afraid that if we did the accident of some future epidemic might put us in the wrong. We prefer to let compulsory vaccination die a natural death and are relieved that the general public is not curious enough to demand an inquest. In the meantime our attention is diverted to other and newer forms of immunisation. In our own immediate times diphtheria immunisation has taken its turn as the arch stunt of the immuniser. The scientific ideas behind it were certainly engaging and were proved beyond any reasonable doubt. The Schick test distinguished the susceptible from the immune and by a simple treatment the susceptible could be made immune. These facts carried with them no categorical imperative. That diphtheria can be prevented by immunisation no more implies a command to immunise people than the fact that nitric acid and glycerin make an explosive mixture implies a command to blow up our neighbours. Yet the immunisation of the masses has been undertaken with almost a religious fervour. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of "propaganda" would ever be honoured. Without propaganda there can, of course, be no large-scale immunisation, but how perilous it is to mix up propaganda with scientific fact. If we baldly told the whole truth it is doubtful whether the public would submit to immunisation. On the whole diphtheria immunisation has proved a fairly safe affair, but suppose we included in our propaganda a candid account of the various untoward accidents which have accompanied the procedure. No method involving a parenteral injection is without a significant risk. When injecting a healthy individual with anything we are always skating on thin ice. Sick people for the most part are quite prepared to take a risk in trying out a remedy, but the main desire of well people is to preserve their status quo. If you knock them out in an effort to protect them from a disease there is no knowing they will ever get,

there is the devil to pay. Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take detailed notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service. And if the technical experts have often been furtive and disingenuous in their methods the public in its turn is unfair and vindictive. The whole world is ready to be wise after the event and a scapegoat has to be found at all costs. Some of the mistakes that have been made seem foolish enough when coldly reviewed: mislabelled bottles, preparations issued without check tests on animals, the omission of a disinfectant—all this seems easily avoided but the point is that they *are* made and are bound to be made sometime or other, even with the greatest vigilance. There are few immunologists responsible for the preparation of immunological reagents or doctors who have carried out immunisation on a large scale who have not had some hair-raising experience.

\* \* \*

My own most unhappy experience in this direction was when immunising a group of mentally defective children against scarlet fever. It was in the early days of scarlet fever immunisation but we had already had a reassuring experience with many hundred children. Of course we knew that we had to deal with a population that might contain some pleasant "unknowns" and we ran a preliminary trial on two or three dozen of the children to see how things would go. Everything went well, so as time and the occasion pressed, we proceeded to immunise the rest of the children. We had not got very far when we were urgently called back to the bed of one of the injected children and there found a Mongol imbecile pulseless and looking like death. In the next few minutes came four more summonses of the same kind and each of the unfortunate patients was a Mongol imbecile. We had failed to include a specimen of Mongol in our try-out—a stupid enough thing to do, for as everyone knows Mongols are odd little folk and a law unto themselves. All's well that ends well and fortunately all the patients recovered with almost the same speed and inconsequence with which they had collapsed. Even to this day we don't know the reason for this strange behaviour of Mongols and needless to say we were deterred from further experiments on such kittlecattle. We may not have learnt anything of the essential nature of mongolism but we *did* learn to think more feelingly of the misfortunes of our fellow immunisers.

The risk of accidents must remain one of the snags of all forms of immunisation. The individual immuniser is after all the only person who has the moral right to decide whether the game is worth the candle. His knowledge may be quite inadequate for the decision but the risks are one way or another mainly personal and his concern alone.

\* \* \*

The gradual extension of immunisation to an increasing number of diseases is rapidly bringing us

“Without propaganda there can, of course, be no large-scale immunisation, but how perilous it is to mix up propaganda with scientific fact. **If we baldly told the whole truth it is doubtful whether the public would submit to immunisation.**” [https://www.google.com/url?sa=t&source=web&rct=j&url=https://data.over-blog-kiwi.com/1/47/73/60/20210912/ob\\_7d98a2\\_lancet-1938.pdf&ved=2ahUKEwj00\\_S5vLv0AhVklWoFHTPrAGcQFnoECAMQAQ&usg=AOvVawziCxrzKrlNzM4dRuyG\\_qCs](https://www.google.com/url?sa=t&source=web&rct=j&url=https://data.over-blog-kiwi.com/1/47/73/60/20210912/ob_7d98a2_lancet-1938.pdf&ved=2ahUKEwj00_S5vLv0AhVklWoFHTPrAGcQFnoECAMQAQ&usg=AOvVawziCxrzKrlNzM4dRuyG_qCs) < [https://www.google.com/url?sa=t&source=web&rct=j&url=https://data.over-blog-kiwi.com/1/47/73/60/20210912/ob\\_7d98a2\\_lancet-1938.pdf&ved=2ahUKEwj00\\_S5vLv0AhVklWoFHTPrAGcQFnoECAMQAQ&usg=AOvVawziCxrzKrlNzM4dRuyG\\_qCs](https://www.google.com/url?sa=t&source=web&rct=j&url=https://data.over-blog-kiwi.com/1/47/73/60/20210912/ob_7d98a2_lancet-1938.pdf&ved=2ahUKEwj00_S5vLv0AhVklWoFHTPrAGcQFnoECAMQAQ&usg=AOvVawziCxrzKrlNzM4dRuyG_qCs)>

Fortunately, we can learn a great deal from Wallace and from those who were fighting this fight before him. This is a rather long post as instead of breaking up and highlighting certain sections of Wallace's 52-page mini-book, I wanted the information to stand in its entirety (minus a few citations). I have, as usual, put in bold the sections that I find relevant yet any italics in the mini-book are Wallace's own. I included the link to his full book at the end and I will provide a summary as well:

## Vaccination: Proved Useless And Dangerous

Forty-five years of Registration Statistics.

### PART I.

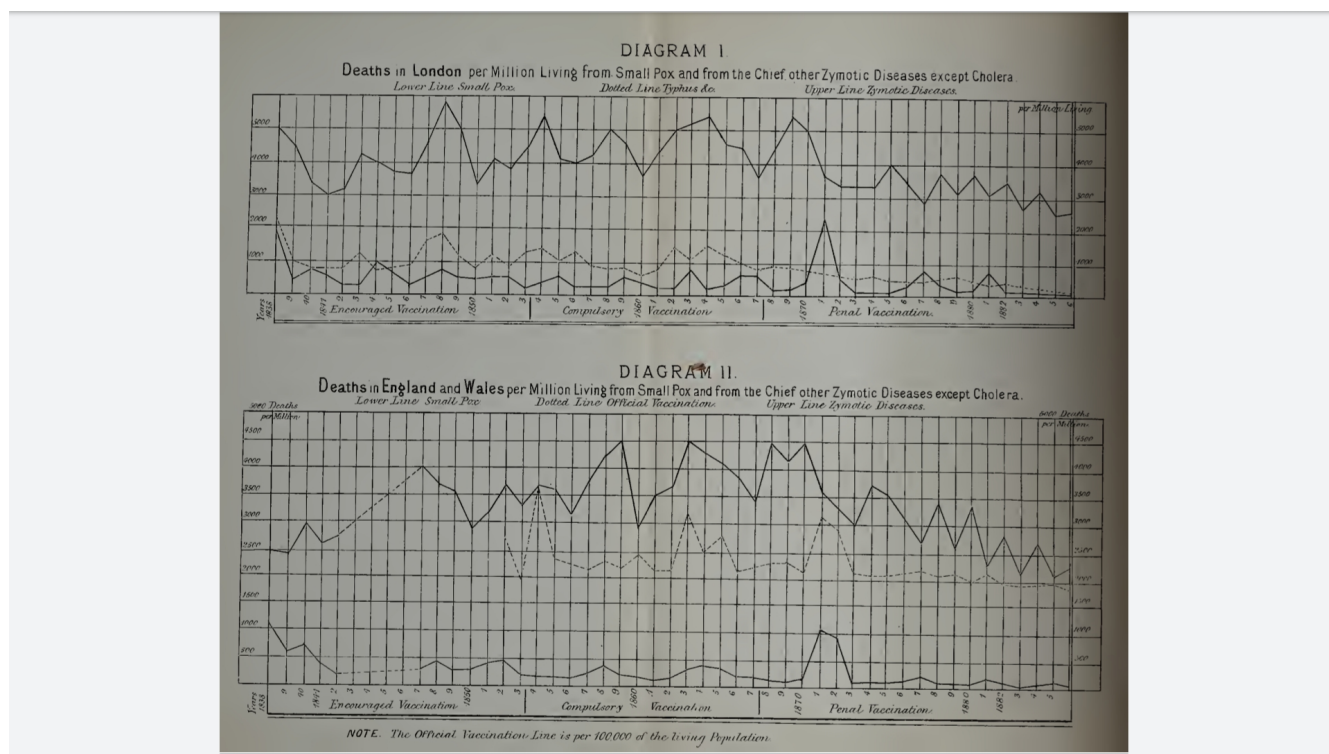
#### Small-pox Mortality and Vaccination.

HAVING been led to enquire for myself as to the effects of Vaccination in preventing or diminishing Small-pox, I have arrived at results as unexpected as they appear to me to be conclusive. **The question is one which affects our personal liberty as well as the health and even the lives of thousands; it**

**therefore becomes a duty to endeavour to make the truth known to all, and especially to those who, on the faith of false or misleading statements, have enforced the practice of vaccination by penal laws.** I propose now to establish the following four statements of fact, by means of the only official statistics which are available; and I shall adopt a mode of presenting those statistics as a whole, which will render them intelligible to all. These statements are:

1. That during the forty-five years of the Registration of deaths and their causes, **Small-pox mortality has very slightly diminished**, while an exceedingly severe Small-pox epidemic occurred within the last twelve years of the period.
2. That there **is no evidence** to show that the slight decrease of Small-pox mortality is due to vaccination.
3. That the severity of Small-pox as a disease **has not been mitigated by vaccination.**
4. That several inoculable diseases **have increased to an alarming extent** coincidentally with enforced vaccination.

The first, second, and fourth propositions will be proved from the Registrar-General's Reports from 1838 to 1882; and I shall make the results clear and indisputable, by presenting the figures for the whole period in the form of diagrammatic curves, so that no manipulation of them, by taking certain years for comparison, or by dividing the period in special ways, will be possible.



The diagrams show, in each case, not the absolute mortality but the deaths per million living, **a method which eliminates the increase of population and gives true comparative results.**

## VACCINATION HAS NOT DIMINISHED SMALL-POX.

Diagram I. exhibits the deaths from Small-pox, in London, for every year from 1838 to 1882, while an upper line exhibits the deaths from the other principal zymotic diseases given in the Registrar-General's Annual Summary for 1882, (except Cholera, which is only an occasional epidemic,) namely, —Scarlet fever and Diphtheria, Measles, Whooping Cough, Typhoid and other fevers, and Diarrhoea. A dotted line between these shows the mortality from fevers of the Typhoid class.

The first thing clearly apparent in this diagram, is the very small diminution of

Small-pox corresponding with the epochs of penal and compulsory vaccination; while the epidemic of 1871 was the most destructive in the whole period. The average diminution of Small-pox mortality from the first to the second half of the period, is 57 deaths per million per annum. Looking now at the upper curve, we see that the mortality from the chief zymotic diseases has also decreased, more especially during the last 35 years; but the decrease of these diseases is not, proportionally, so great, owing to the fact that deaths from Diarrhoea have considerably increased in the latter half of the period. On the other hand, Typhus and Typhoid fevers have diminished to a much greater extent than Small-pox, as shown by the dotted line on the diagram, the reduced mortality from this cause alone being 382 per million, or more than six times as much as that from Small-pox. **Every one will admit that this remarkable decrease of Typhus is due to more efficient sanitation, greater personal attention to the laws of health, and probably also to more rational methods of treatment. But all these causes of amelioration have certainly had their effect on Small-pox; and as the mortality from that disease has not equally diminished, there is probably some counteracting cause at work. So far, therefore, from there being any proof that vaccination has diminished Small-pox in London, the tendency of the Registrar-General's facts, (and there are no other facts which are trustworthy,) is to show that some counteracting cause has prevented general sanitation from acting on this disease as it has acted on Typhus, and that cause may, possibly, be vaccination itself.**

We will now turn to Diagram II., which gives a representation of similar statistics for England and Wales, except that unfortunately there is a blank in the record for 1843-46, in which years the Registrar-General informs us, "the causes of death were not distinguished." Here too we perceive a similar decrease in Small-pox mortality, broken by the tremendous epidemic of

1871-2, while the other chief zymotic diseases represented by the higher line, show more irregularity, but a considerable recent decrease. **For all England, as for London, the tables show us that Typhoid fevers have decreased far more than Small-pox, (but for clearness the curve of Typhus is omitted,) and we have, therefore, again, no reason for imputing the decrease in Small-pox to vaccination.** But we may go further than this negative statement, for we have fortunately, a means of directly testing the alleged efficacy of vaccination. The eleventh Annual Report of the Local Government Board gives a table of the number of successful vaccinations, at the expense of the Poor Rate, in England and Wales, from 1852 to 1881. From the figures of this table I have calculated the numbers in proportion to the population of each year, and have exhibited the result in the dotted line on my Diagram II.; and to this I beg to direct the reader's attention, since it at once dispels some oft-repeated erroneous statements.

**In the first place we see that, instead of vaccination having increased since the enforcement of penal laws, it has actually diminished;** so that the statement so often made by official apologists for vaccination, and repeated by Sir Lyon Playfair in his speech to the House of Commons, June, 1883, —that the progressive efficiency of legal vaccination has diminished Small-pox, *is absolutely untrue, since there has been a decrease rather than an increase of "efficient vaccination!"*

“It is curious that even the Registrar-General appears to be ignorant of the fact that, official vaccination has not increased in efficiency since the penal laws came into force. In his Report for 1880, p. xxii., he says—“These figures show conclusively that, *coincidentally with the gradual extension of the practice of vaccination*, there has been a gradual and notable decline in the mortality from Small-pox at all ages.” **As, however, there has not been shown to have been any such “gradual extension of the practice of vaccination,” but, so far as official records go, just the reverse, the whole argument falls to the ground!** It is true that this curve does not exhibit the numbers of the vaccinated population, which there is no means of arriving at.



**“ Mr. Marson, the Surgeon of the Small-pox Hospital, told the Select Committee, 1871, answer 4,190:—”The public are pretty largely vaccinated now, and will be more so every year, I should think as time goes on. There is one point which has not been very clearly brought forward this morning, and that is the increase of Small-pox after vaccination year after year. When I first went to the hospital, 35 years since, from 1835 the admission of patients into the Small-pox hospital was 44 percent, of Small-pox after vaccination; from 1845 to 1855, 64 percent.; from 1855 to 1865, 78 percent.; and during 1863 and 1864, 83 and 84 percent. Those are patients who have been vaccinated.”** The line of official vaccination in the diagram, shows that Mr. Marson was mistaken as to the amount of public vaccination, and that it was a larger incidence of Small-pox among the vaccinated he was witnessing; not the result of extension of vaccination. —Ep,

A temporary increase in the number of vaccinations always takes place during an epidemic of Small-pox, or when an epidemic is feared; but an examination of the curve of vaccination does not support the statement that it checks the epidemic. **On careful inspection it will be seen that on three separate occasions a considerable increase in vaccinations was followed by an increase of Small-pox. Let the reader look at the Diagram, and note that in 1863 there was a very great number of vaccinations, followed in 1864 by an increase in Small-pox mortality. Again, the number of vaccinations steadily rose from 1866 to 1869, yet in 1870-71 Small-pox mortality increased; and yet again, in 1876 an increase in vaccinations was followed by an increase of Small-pox deaths.** In fact, if the dotted line showed inoculation instead of vaccination, it might be used to prove that inoculation caused an increase of

Small-pox. I only maintain, however, that it does not prove that vaccination diminishes the mortality from the disease. During the panic caused by the great epidemic of 1871-2, vaccinations rose enormously, and declined as rapidly the moment the epidemic passed away, but there is nothing whatever to show that the increased vaccinations had any effect on the disease, which ran its course and then died out like other epidemics.

It has now been proved from the only complete series of official records that exist:

1. That Small-pox **has not decreased** so much or so steadily as Typhus and allied fevers.
2. That the diminution of Small-pox mortality **coincides with a diminished, instead of an increased efficiency of official vaccination.**
3. That one of the most severe epidemics of Small-pox on record, within the period of accurate statistics, **occurred after 33 years of official, compulsory, and penal vaccination.**

**These three groups of facts give no support to the assertion that vaccination has diminished Small-pox mortality; and it must always be remembered that we have actually no other extensive body of statistics on which to found our judgment. The utility or otherwise of vaccination is purely a question of statistics. It remains for us to decide, whether we will be guided by the only trustworthy statistics we possess, or continue blindly to accept the dogmas of an interested and certainly not infallible body of professional men, who once upheld inoculation as strongly as they now uphold vaccination.**

## SMALL-POX HAS NOT BEEN MITIGATED BY VACCINATION.

**It is often asserted that, although vaccination is not a complete protection against Small-pox, yet it diminishes the severity of the disease, and renders it less dangerous to those who take it.** This assertion is sufficiently answered by the proof above given, that it has not diminished Small-pox mortality; but more direct evidence can be adduced.

**The best available records show that, the proportion of deaths to Small-pox cases is the same *now, although a large majority of the population are vaccinated, as it was a century ago before vaccination was discovered.*** Dr. Jurin, in 1723; the London Small-pox Hospital Reports, 1746-63; Dr. Lambert, 1763; and Rees' Cyclopaedia, 1779; give numbers varying from 16.5 to 25.3 as the percentage of mortality among Small-pox patients in hospitals; — *the average of the whole being 18.8 percent.*

Now for the epoch of vaccination. Mr. Marson, 1836-51, and the Reports of the London, Homerton, Deptford, Fulham, and Dublin Small-pox Hospitals, between 1870 and 1880, give numbers varying from 14.26 to 21.7 as the deaths percent, of Small-pox patients, the average being 18.5. And this, be it remembered, under the improved treatment and hygiene of the nineteenth as compared with the eighteenth century.

These figures not only demonstrate the falsehood of the oft-repeated assertion that vaccination mitigates Small-pox, but they go far to prove the very opposite—that the disease has been rendered more intractable by it; or **how can we account for the mortality among Small-pox patients being**

**almost exactly the same now as a century ago**, notwithstanding the great advance of medical science and the improvements in hospitals and hospital treatment?

## SMALL-POX IN THE ARMY AND NAVY.

Here we have a crucial test of the efficacy or uselessness of vaccination. Our Soldiers and Sailors are vaccinated and re-vaccinated in accordance with the most strinrent official regulations. They are exceptionally strong and healthy men, in the prime of life, and if vaccination is of any use, Small-pox should be almost unknown among them, and *no soldier or sailor should ever die of it*. They are in fact often spoken of as a "perfectly protected population." Now let us see what are the facts.

A Return has been issued to the House of Commons, "Small-pox (Army and Navy)," dated "August, 1884," giving the mean strength, the number of deaths from Small-pox, and the ratio per thousand in each service for the twenty-three years 1860-82. **An examination of this Return shows us that there has not been a single year without two or more deaths in the Army, and only two years without deaths in the Navy.** Comparing the Return on "Vaccination, Mortality," No. 433, issued by the House of Commons in 1877, we find that, in the twenty-three years 1850-72, (the latest there given,) **there were many years in which no adult Small-pox deaths were recorded for a number of large towns** of from 100,000 to 270,000 inhabitants. Liverpool had none in 3 of the years, Birmingham and Sunderland in 7, Bradford and Sheffield in 8, Halifax in 9, Dudley in 10, while Blackburn and Wolverhampton were each totally without adult Small-pox mortality for 11 out of the 23 years!

It is true that the cases are not strictly comparable, because for these towns we have only deaths of persons aged 20 and upwards given separately, whereas the ages of the Army and Navy range chiefly from about 17 to 45. But, considering the extremely unsanitary state of many of these towns, and their great preponderance in freedom from Small-pox, there is clearly no room left for the alleged effect of *re-vaccination* in securing to our soldiers and sailors immunity from the disease.

But let us now look at the averages for the whole series of years, as affording the best and only reliable test. On working these out carefully I find the mean Small-pox mortality for the 23 years to be, in the Army 82.96, which we may call 83 per million, and in the Navy 157 per million. Unfortunately no materials exist for an exact comparison of these rates with those of the civil population; but with much labour I have made the best comparison I can arrive at. From the Census General Report, 1881, and the Reports of the Registrar-General for the same 23 years as are included in the Army and Navy Return, I have been able to ascertain the Small-pox mortality of males in England and Wales between the years 15 and 55, taken as best representing those of the two services; and the result is a mean Small-pox death rate of 176 per million.

It will be observed that this is but little more than the Navy mortality, though more than double that of the Army, and the question arises, to what is the difference due. And first, why is the Small-pox mortality in the Navy nearly double that of the Army? The regulations as to re-vaccination are the same in both, and are in both rigidly enforced, and the men are pretty equal in stamina and general health. The cause must therefore be in the different conditions of life of the two services; and it seems to me a probable supposition, that the

difference arises chiefly from the less efficient ventilation and isolation which are possible on board ship as compared with Army Hospitals.

The general mortality of the Navy from disease appears (from the Registrar-General's Report, 1882, Tables 59 and 65,) to be considerably less than that of the Army, so that the greater mortality from Small-pox must be due to some special conditions. But whatever these are, the conditions of the civil population are certainly much worse. Two-thirds of the families inhabiting Glasgow live in houses of one or two rooms only, and many other towns, including London, are probably not much better. Under such conditions, and with the low vitality induced by insufficient food, overwork, and bad air, we should expect the Small-pox mortality of our civil population to be very much greater than that of the picked class of sailors who enjoy ample food, fresh air, and medical attendance. Where then is the alleged "full security" afforded by re-vaccination, and how are we to characterise the statements circulated at the expense of the public, that "Small-pox is almost unknown in the Army and Navy?" **If we are to draw a legitimate conclusion from the facts, it is, that the re-vaccination to which our soldiers and sailors are subjected, renders Small-pox more fatal when it attacks them, for thus only can we explain the large mortality among picked healthy men under constant medical supervision, and living under far better sanitary conditions than the mass of the civil population.**

**“The following are a few of these assertions. The italics are to call attention to the essential words of each statement.**

**The “Lancet,” of March 1st, 1879, says :—” Vaccination needs to be repeated well once in a lifetime, *and then ike immunity is abnost absolute.*”**

**The Medical Officer of the General Post Office says, in a circular dated June, 1884. —”The *only means* of seeming protection against Small-pox is by re-vaccination .... it is desirable, *in order to obtain full security*, that the operation should be repeated at a later period of life.”**

**In the tract on “Small-pox and Vaccination “issued by the National Health Society, and now being widely circulated at tlie expense of the ratepayers, with the sanction of the Local Government Board, we find this statement:—”Every Soldier and Sailor is re-vaccinated; the result is that *Small-pox is almost unknown in the Army and Navy*, even amid surrounding epidemics.”**

**The above statements are proved by the Official Returns now issued to be absolutely untrue, and must have been ignorantly and recklessly made without any adequate basis of fact.**

One other mode of comparison can't be made, showing that even the Army Small-pox death-rate is but little better than that of some large towns, during the same period. The rate per million for the adult population, between the ages 15 and 55, on an average of the years 1860-82 for five very large towns was as follows:

Manchester, (population 340,211 in 1882),	131	per million.
Leeds .....	119	”
Brighton ...	114	”
Bradford ...	104	”
Oldham ...	89	”

Of course there are many other towns which have a much higher mortality, but very few are much worse than the Navy. The very worst large town which I can find in the Reports is Newcastle-on-Tyne, which for the same period had an adult Small-pox mortality of 349 per million. **But the fact that five of our most populous towns have considerably less adult Small-pox mortality than the Navy, and one of them but little more than the Army, amounts to a demonstration of the uselessness of the most complete re-vaccination.**

The general mortality of our adult population is much greater than that of the Army and Navy. From the official sources of information already quoted, I find that the average mortality of the adult male population of England, of the ages 12 —25, for the years 1860-82, was about 11,300 per million.

That of the Navy, for the same period, was 11,000 per million from all causes, and only 7,150 from disease.

That of the Army, at home, was 10,300 per million. Abroad it was nearly double (19,400), but this included all the deaths from casualties, exposure, &c., in the Abyssinian, Afghan, Zulu, Transvaal, and other petty wars.



Thus the superior physique of our soldiers and sailors, together with the sanitary conditions under which they live, are fully manifested in a mortality from disease much below that of the adult civil population of comparable ages. If we make the same allowance for the influence of these causes in the case of Small-pox, there remains absolutely nothing for the alleged protective influence of re-vaccination.

## VACCINATION ITSELF A CAUSE OF DISEASE AND DEATH.

Surely we shall now hear no more of the re-vaccinated nurses in Small-pox hospitals, (as to whom we have no statistics, but only vague and usually inaccurate assertions,) when we have a great, officially recorded experiment to refer to, extending over 23 years and applied to more than 200,000 men, the results of which directly contradict every professional and official statement as to the safeguard of re-vaccination.

**As has been now shown, vaccination is quite powerless either to prevent or to mitigate Small-pox. But this is not all, for there are good grounds for believing that it is itself the cause of much disease and serious mortality.**

**It was long denied by medical men that syphilis can be communicated by vaccination; but this is now universally admitted, and no less than 478 cases of vaccine-syphilis have already been recorded.** But there is also good reason to believe that many other blood-diseases are transmitted and increased by the same means, since there has been for many years a steady increase of mortality from such diseases which is terrible to contemplate. The following table gives the increase of five of these diseases from the Registrar-

General's Annual Report for 1880, (page lxxix., Table 34,) and it is very noteworthy that, in the long list of maladies there tabulated, no others, (except Bronchitis, which often follows vaccination though not, probably, transmitted by it) show any such striking and continuous increase, while the great majority are either stationary or decreasing.

ANNUAL DEATHS IN ENGLAND PER  
MILLION LIVING.\*

AVERAGE OF 5 YEARS.	1850-4	1855-9	1860-4	1865-9	1870-4	1875-9	1880.
Small-pox .....	279	199	191	148	433	82	25
Syphilis .....	37	51	64	82	81	86	84
Cancer .....	302	327	369	404	442	493	516
Tabes Mesenterica .....	265	261	272	316	299	330	371
Pyæmia, &c. ....	20	18	24	23	29	39	—
Skin Disease .....	12	15	16	17	18	23	22
Totals...	636	672	745	842	869	971	993
Progressive Increase .....	0	36	109	206	233	335	357

We here see a constant increase in the mortality from each of these diseases, an increase which in the sum of them is steady and continuous. It is true, we have not, and cannot have, direct proof that vaccination is the sole cause of this increase, but we have good reason to believe that it is the chief cause. In the first place it is a vera causa, since it directly inoculates infants and adults, on an enormous scale, with whatever blood-disease may exist unsuspected in the system of the infants from whom the vaccine virus is taken. In the next place, no other adequate cause has been adduced for the remarkably continuous increase of these special diseases, which the spread of sanitation, of cleanliness, and of advanced medical knowledge,

should have rendered both less frequent and less fatal.

*The increased deaths from these five causes, from 1855 to 1880, exceed the total deaths from Small-pox during the same period!* So that even if the latter disease had been totally abolished by vaccination, the general mortality would have been increased, **and there is much reason to believe that the increase may have been caused by vaccination itself.**

**“It has been boldly asserted by the Government Department controlling vaccination, [Eleventh Report of the Medical Officer to Local Government Board, p. vi., et seq.,] that even if some children are killed by vaccination, 12,000 lives are annually saved by it. The basis of that assertion is an estimate which contradicts the official vaccination returns at almost every point. **The estimate and assertion are false to the facts which are obtainable.****

**“The above noted estimate is taken to prove that 94 percent, of London children under ten years of age are vaccinated, and that 95 percent, of the population [p. 41] are vaccinated. This statement is further assumed to be supported by an examination of “53,185 children in various national, charitable, and parochial schools and workhouses in London.” Such is the odious rigour of vaccine regulations in our “national, charitable, and parochial workhouse schools,” that I should not have been surprised if, of these chicken, not one was found unvaccinated. The parents of these poor children have had no one to defend them by paying fines for neglect of the vaccination. Yet this “inspection” showed 6 percent, to have “no vaccination scar,” or to be doubtful as to vaccination.**

**“It is on such bases, that tremendous statements, such as that noted above, are founded; and to shade off the impudence of this one it is further declared that “the estimate of the number of the unvaccinated is probably too high.” Our responsible ministers have been appealed to respecting such a base use of official reports, and have had the humour to refer the objector to the very officials who have so degraded their department of “the public service.” These, in turn, when appealed to, refer to the head of the department; meanwhile the false statement is repeatedly quoted, and stands as first used.**

**“The Reports of the Local Government Board, show that only once have there ever been more than 87 percent, of the births of the county vaccinated, and in London 3 or 4 percent, fewer. The last year reported, 1886, gives 30,000 fewer official vaccinations than 1877, when it was over 86 percent, of the births. The plan of the officials is to get 94 percent, vaccinated, by deducting the infants who died un-vaccinated from the total births, and treating the rest as “surviving.” I know no more condemnable trick. Death is as busy with vaccinated as with unvaccinated children.**

—

**Ed.**

## PART II.

### Comparative Mortality of the Vaccinated and the Unvaccinated.

IN his speech in the House of Commons, June 19th, 1883, Sir Lyon Playfair made the following statement: — “An analysis of 10,000 cases in the Metropolitan Hospitals shows that 45 percent, of the Unvaccinated patients die, and only 15 percent, of Vaccinated patients;” and he further showed that statistics of a similar character had been published in other countries. It will no doubt be objected by my readers that these statistics, if correct, are a complete proof of the value of vaccination; and I shall be expected to show that they are incorrect or give up the whole case. This I am prepared to do; and I now undertake to prove—**firstly, that the figures here given are unreliable; and, secondly, that such statistics necessarily give false results unless they are classified according to the age-periods of the patients.**

## THE PERCENTAGES OF VACCINATED AND UNVACCINATED UNRELIABLE.

The simple fact of death from Small-pox is easily ascertained, and has been for many years accurately recorded.

**But, whether the deceased person had been vaccinated or not, is a fact by no means easily ascertained, because confluent Small-pox (which alone is ordinarily fatal) obliterates the vaccination marks in the worst cases, and the death is then usually recorded among the unvaccinated or the doubtful.** For this reason alone the official record—*vaccinated* or *unvaccinated*—is altogether untrustworthy, and cannot be made the subject of accurate statistical enquiry.

But there are other reasons why the comparison of the deaths of these two classes is worthless. Deaths registered as unvaccinated include—

1. Infants dying under vaccination age, and who, therefore, **have no corresponding class among the vaccinated**, but among whom the Small-pox mortality is greatest.
2. **Children too weakly or diseased to be vaccinated**, and whose low vitality renders any severe disease fatal.
3. **A large but unknown number of the criminal and nomad population who escape the vaccination officers.** These are often badly fed and live under the most unsanitary conditions; they are, therefore, especially liable to suffer in epidemics of Small-pox or other zymotic diseases.

**It is by the indiscriminate union of these three classes, together with those erroneously classed as unvaccinated owing to the obliteration of marks or**

**other defect of evidence, that the number of deaths registered “unvaccinated” is swollen far beyond its true proportions, and the comparison with those registered “vaccinated” rendered altogether untrustworthy and misleading.**

**This is not a mere inference, for there is much direct evidence that the records “unvaccinated” and “no statement” in the Reports of the Registrar-General are often erroneous.** As the chief argument for vaccination rests upon this class of facts, a few examples of the evidence referred to must be here given.

(1.)—Mr. a. Feltrup, of Ipswich, gives a case of a boy aged 9, who died of Small-pox, and was recorded in the certificate as “unvaccinated.” **By a search in the register of successful vaccinations it was found that the boy,** Thomas Taylor, had been successfully vaccinated on the 20th May, 1868, by W. Adams. [Suffolk Chronicle, May 5, 1877.]

(2.) —In “Notes on the Small-pox Epidemic at Birkenhead, 1877.” By Fras. Vacher, M.D (p. 9.) we find the following :— “As regards the patients admitted to the fever hospital or treated at home, those entered as vaccinated displayed undoubted cicatrices, as attested by competent medical witnesses, and those entered as not vaccinated were admitted unvaccinated or without the faintest mark. ***The mere assertions of patients or their friends that they were vaccinated counted for nothing, as about 80 percent, of the patients entered in the third column of the table (‘unknown’) were reported as having been vaccinated in infancy.***” (The italics are my own.)

(3.) —Bearing upon this important admission, we have the following statement in Dr. Russell's Glasgow Report, 187 1-2 (p. 25) :—

"Sometimes persons were said to be vaccinated, **but no marks could be seen, very frequently because of the abundance of the eruption.** In some cases of those which recovered, an inspection before dismissal discovered vaccine marks, sometimes 'very good,'"

(4.) —"The last epidemic of Small-pox which visited vaccinated Preston was in 1877. February of that year, **Dr. Rigby, the medical officer of the Union, sent out a report, in which he stated that 'out of 83 persons admitted into the Fulwood Small-pox Hospital, 73 were vaccinated.' All recovered, he alleged, but the ten unvaccinated cases all died.** Here was a bold and specific statement; but what were the facts revealed after careful investigation by two committees? The first case reported as unvaccinated turned out to be *a revaccinated policeman*, named Walter Egan. Another case reported as unvaccinated was a child named Mary Shorrocks, *vaccinated by the very medical officer who returned her as unvaccinated.* **In all, six cases out of the ten were proved to have been vaccinated, whilst three were doubtful, we not being able to trace them.**" —From letter of Mr. J. SWINDLEHURST, in the Walsall Observer, July 21st, 1888.—Ed.

(5.) —In 1872, Mr. John Pickering, of Leeds, carefully investigated a number of cases entered as "not vaccinated" by the medical officers of the Leeds Small-pox Hospital, tracing out the parents, examining the patients if alive, or obtaining the certificate of vaccination if they were dead. **The result was, that 6 patients, entered as "not vaccinated," and still living, were found to have good vaccination marks; while 9 others who had died, and whose deaths**



had been registered as “not vaccinated,” were proved to have been successfully vaccinated. In addition to these, 8 cases were proved to have been vaccinated, some of them three or four times, but unsuccessfully, and 4 others were certified “unfit to be vaccinated,” yet all were alike entered as “unvaccinated.” The full particulars of this investigation are to be found in a pamphlet by Mr. Pickering, published by F. Pitman, 20, Paternoster Row, London.

(6.) —As further corroborative evidence of the untrustworthiness of all records on the subject emanating from medical men, the following quotation from an article on “Certificates of Death,” in the *Birmingham Medical Review* for January, 1874, is important; the italics are my own : —“In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way. **In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of the disease as the cause of death.** As instances of cases which may tell against the medical man himself, I will mention *erysipelas from vaccination*, and puerperal fever. **A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death!**”

The illustrative facts now given cannot be supposed to be exceptional, especially when we consider the great amount of time and labour required to bring them to light; and taken in connection with the astounding admissions of medical men, of which examples have been just given, **they prove that no dependence can be placed on the official records of the proportions of**

***vaccinated and unvaccinated among Small-pox patients; while, if Mr. Vacher's method of registration is usually followed, about 80 percent, of those classed by the Registrar-General under the heading "no statement" have been really stated, by their parents or friends, to have been vaccinated.***

## OUR HOSPITAL STATISTICS NECESSARILY GIVE FALSE RESULTS.

But a still more serious matter remains to be considered, and it is a striking proof of the crude and imperfect evidence on which the important question of the value of vaccination has been decided, that the point in question has been entirely overlooked by every English advocate of vaccination, although it involves an elementary principle of statistical science.

**This point is, that until the records in our hospitals, "vaccinated" and "unvaccinated," are strictly correct, and properly classified, it can be demonstrated that true results cannot be deduced from them.**

The requisite comparison has, however, been made on a population of about 60,000, consisting of; the officials and workmen employed on the Imperial Austrian State Railways, by the Head Physician, Dr. Leander Joseph Keller; and his results during the years 1872-3 are so important that it is necessary to give a brief abstract of them.

(1.) —It is shown that the death-rate of Small-pox patients is greatest in the first year of life, then diminishes gradually to between the 15th and 20th year, and then rises again to old age; ***thus following exactly the same law as the***

***general mortality.***

(2.) —The Small-pox death-rate, among over 2,000 cases, was 17.85 percent, of the cases, **closely agreeing with the general average.** That of the unvaccinated was 23.20 percent., while that of the vaccinated was only 15.61 percent.

(3.) —This result, apparently so favourable to vaccination, is shown to be wholly due to the excess of the unvaccinated in the first two years of life, and to be a purely numerical fact *entirely unconnected with vaccination.* This is proved as follows : —**Taking, first, all the ages above 2 years, the death-rates of the vaccinated is 13.76, and of the unvaccinated 13.15,—almost exactly the same, but with a slight advantage to the unvaccinated.**

Taking now the first two years, the death-rate is found to be as follows:

	Vaccinated.	Unvaccinated.
First year of life ... ..	60.46	45.24
Second year of life ... ..	54.05	38.10

Thus the Small-pox death-rate is actually less for the unvaccinated than for the vaccinated in infants, and eqtial for all the higher ages; yet the average of the whole is higher for the unvaccinated, *simply on account of the greater proportion of the unvaccinated at those ages at which the mortality is universally greatest.*

**It is thus made clear that any comparison of the Small-pox mortality of the vaccinated and the unvaccinated, *except at strictly corresponding ages*, leads to entirely false conclusions.**

This curious and important fact may perhaps be rendered more easily intelligible by an illustration. Let us take the whole population up to 20 years of age, and divide it into two groups—those who go to school, and those who do not. If the Small-pox mortality of these were separately registered, it would be found to be very much greater among the non-school goers, —composed chiefly of infants, and of children too weakly to be sent to school, amongst whom the mortality is always very great, so much so that a doctor of wide experience—Dr. Vernon, of Southport—has stated that, he had never known an infant under one year of age recover from Small-pox. But we should surely think a person either silly or mad who argued from such statistics that school-going was a protection against the disease, and that school children formed a “protected population.” Yet this is exactly comparable with the reasoning of those who adduce the greater mortality among unvaccinated Small-pox patients of all ages and conditions, as the very strongest argument in favour of vaccination!

Good statistics and good arguments cannot be upset, or even weakened, by those which are bad. **I have now shown that the main argument relied on by our adversaries, rests on thoroughly unsound statistics, inaccurate to begin with, and wrongly interpreted afterwards.** Those which I have used, on the other hand, if not absolutely perfect, are yet the best and most trustworthy that exist. I ask statisticians and men of unbiassed judgment to decide between them.

## CONCLUSION FROM THE EVIDENCE.

The result of this brief enquiry may be thus summarized:—

(1.) —**Vaccination does not diminish Small-pox mortality**, as shown by the 45 years of the Registrar-General's statistics, and by the deaths from Small-pox of our "re-vaccinated" soldiers and sailors being as numerous as those of the male population of the same ages of several of our large towns, although the former are picked, healthy men, while the latter include many thousands living under the most unsanitary conditions.

(2.) —While thus utterly powerless for good, **vaccination is a certain cause of disease and death in many cases, and is the probable cause of about 10,000 deaths annually by five inoculable diseases** of the most terrible and disgusting character, which have increased to this extent, steadily, year by year, since vaccination has been enforced by penal laws!

(3.) —The hospital statistics, showing a greater mortality of the unvaccinated than of the vaccinated, **have been proved to be untrustworthy; while the conclusions drawn from them are shown to be necessarily false.**

If these facts are true, or anything near the truth, the enforcement of vaccination by fine and imprisonment of unwilling parents, is a cruel and criminal despotism, which it behoves all true friends of humanity to denounce and oppose at every opportunity. **Such legislation, involving as it does, our health, our liberty, and our very lives, is too serious a matter to be allowed**

**to depend on the misstatements of interested officials or the dogmas of a professional clique.** Some of the misstatements and some of the ignorance on which you have relied, have been here exposed. The statistical evidence on which alone a true judgment can be founded, is as open to you as to any doctor in the land. We, therefore, demand that you, our representatives, shall fulfil your solemn duty to us in this matter, by devoting to it some personal investigation and painstaking research; and if you find that the main facts as here stated are substantially correct, we call upon you to undo without delay the evil you have done.

**We, therefore, solemnly urge upon you the immediate repeal of the iniquitous penal laws by which you have forced upon us a dangerous and useless operation—an operation which has admittedly caused many deaths, which is probably the cause of greater mortality than Small-pox itself, but which cannot be proved to have ever saved a single human life.**

## APPENDIX.

IN addition to other difficulties besetting the students of our Hospital records, one stands prominently forward as exceeding the others. Dr. Wallace has referred to the difficulty of comparing vaccinated with those called unvaccinated, who are a mixed class, often not even classed in age together. But a greater omission must be complained of.

**The only correct way of classing Small-pox patients is by age and by eruption. The eruption, or the state of the skin, is the only scientific guide to the nature of the disorder. One kind of Small-pox is so mild, that even bad nursing can hardly kill the patient—another kind so fatal, that not the best**

**nursing and greatest skill can cure it. As a rule these two kinds are lumped together without any distinction, and even when given they are not often divided into vaccinated and un-vaccinated. In general summaries this classification is universally disregarded.**

The Metropolitan Hospitals have been in operation since 1869. During the 16 years reported upon to the managers, since that time they have received 53,579 cases of Small-pox for treatment. Of this great total, no fewer than 41,061 are classed as vaccinated, 5,866 un-vaccinated, and the remainder as "doubtful." The fatality of the un-vaccinated and doubtful is very heavy, but this is largely due to considerations as to the people who are the un-vaccinated, which have already been urged, and which are greatly strengthened by facts now to be adduced.

**The Handbook, 1887, giving these particulars, has no "doubtful" class until 1880. Before that period the un-vaccinated absorbed them all.**

**As to this doubtful class! Why are there any doubts in the classification?**

**The answer is that the vaccination marks are on the skin, and the skin is the part of the patient most affected in the very bad cases.** In the mild cases the skin does not suffer much. The vaccination marks are clearly visible. And so the "good" marks of vaccination will most certainly be most numerous in the mild cases. But in the confluent cases the skin is badly affected. The pustules run together, and if this eruption is over the vaccinated arm, no vaccination mark can be seen. **But no case is recorded as vaccinated unless a mark is seen. So it comes to pass, that such a patient declaring himself vaccinated is put down as "doubtful," or a "said to be vaccinated."** We see now why this

class is of heavy fatality. It receives the doubtful bad cases, but never any doubtful mild ones.

This is further confirmed by a reference to the most fatal cases of all, the "malignant." In these the skin is not degraded as it is in the confluent; the eruption is suppressed, and the blood poisoned. But the vaccination marks **show**. From several reports of medical super-intendants, I have collected 661 of these very fatal cases. In only 8 cases were there "doubts." **The rest yield: vaccinated, 486 persons with 432 deaths; and un-vaccinated, 167 persons with 150 deaths. Nothing more damaging to vaccination could be recorded. Yet in a purely age table; or in a table of vaccinated and un-vaccinated, without reference to the state of the skin, all this is buried.**

We see then that in the mild cases, error as to classification is very unlikely ever to occur. In these no deaths need be feared, except from complications.

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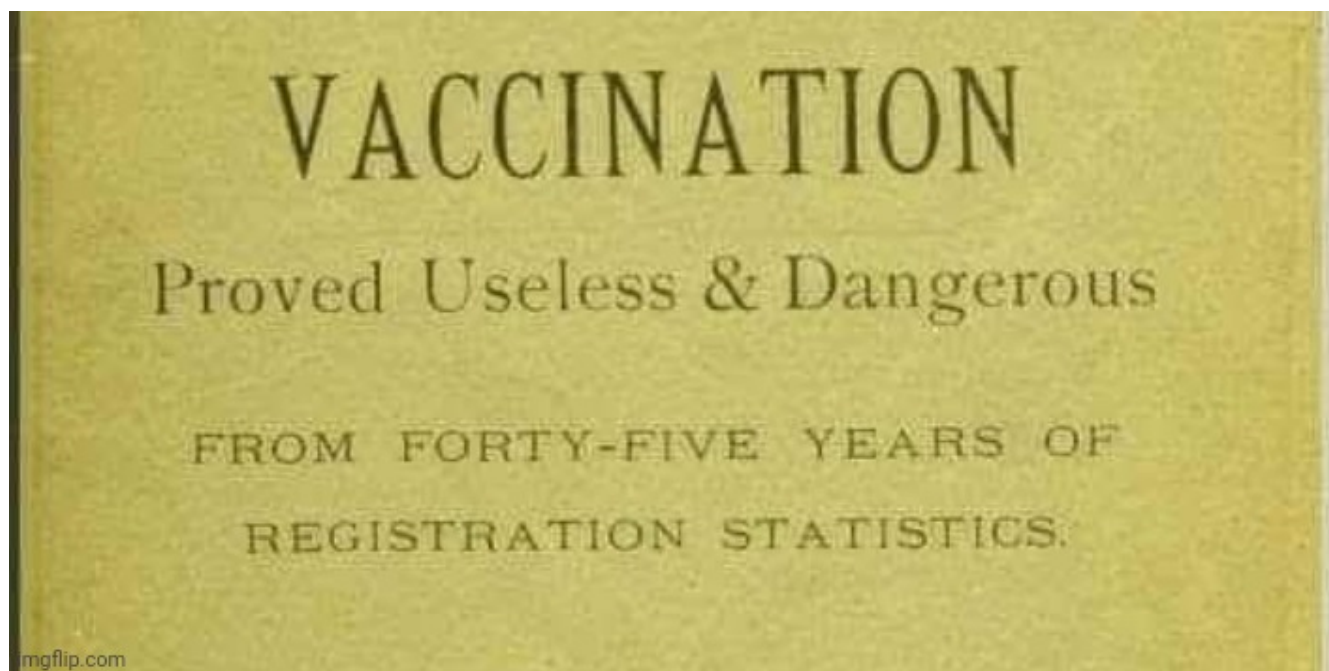


### In Summary:

- Alvert Russel Wallace **was recruited some time in 1884 to the antivaccination movement** through the efforts of his fellow spiritualist William Tebb (1830–1917), a “radical” liberal who in 1880 had cofounded the London Society for the Abolition of Compulsory Vaccination
- Wallace had a holistic view of health and even though he was convinced that smallpox was a contagious disease, **he also was certain that differences in susceptibility caused by nutritional or sanitary deficiencies played a major role in the epidemiology of the disease**
- Some of the groundwork for Wallace's quantitative critique was laid by the highly regarded, but controversial, physicians Charles Creighton (1847–1927) and Edgar Crookshank (1858–1928) who **attacked simplistic interpretations of and conclusions from Edward Jenner's work**
- They demonstrated **how difficult it is to determine vaccination success and vaccination status** and to know what kind of contagion was actually used in an inoculation or vaccination
- Both provaccinationists and antivaccinationists **relied heavily on time series**

**of smallpox mortality rate data**, which showed a general decline over the 19th century overlaid by several smaller epidemic peaks and the large pandemic peak of 1870–1873

- Their conclusions from these data **differed according to the way these data were subdivided into periods**
- Wallace concluded from his analysis that **smallpox mortality rates increased with vaccination coverage**, whereas his opponents concluded the exact opposite
- Wallace argued that the **problem of determining vaccination status** was serious and undermined the claims of his opponents
- He asserted that the physicians' belief in the efficacy of vaccination **led to a bias in categorizing persons** on the basis of interpretation of true or false vaccination scars
- Epidemiologic data for vaccination status were **seriously incomplete**
- Depending on the sample, the vaccination status of 30%–70% of the persons recorded as dying from smallpox **was unknown**
- If a person contracted the disease shortly after a vaccination, **it was often entirely unclear if the patient should be categorized as vaccinated or unvaccinated**
- Wallace believed that doctors would have been more willing to report a death from smallpox in an unvaccinated patient and that **this led to a serious bias and an overestimation of vaccine efficiency**
- He was convinced that susceptibility to the disease of smallpox **was not distributed equally across social classes**
- They would have higher smallpox mortality rates **because their living conditions made them more susceptible to the disease**
- The numerical arguments used by Wallace and his opponents **were based on an actuarial type of statistics**, i.e., the analysis of life tables and mortalities
- The statistical approach to the vaccination debate used by Wallace and his opponents could simply not resolve the issue of vaccine efficiency; **thus, each side was free to choose the interpretation that suited its needs best**



- Wallace believed the vaccine question was one which affects **personal liberty as well as the health and even the lives of thousands**
- He believed it was a **duty to make the truth known to all**, and especially to those who, on the faith of false or misleading statements, have enforced the practice of vaccination by penal laws
- Wallace set out to establish 4 facts:
  1. That during the forty-five years of the Registration of deaths and their causes, **Small-pox mortality had very slightly diminished**, while an exceedingly severe Small-pox epidemic occurred within the last twelve years of the period.
  2. That there **was no evidence** to show that the slight decrease of Small-pox mortality was due to vaccination.
  3. That the severity of Small-pox as a disease **had not been mitigated by vaccination.**
  4. That several inoculable diseases **increased to an alarming extent coincidentally with enforced vaccination.**
- The diagrams showed not the absolute mortality but the deaths per million living, a method which **eliminates the increase of population and gives true comparative results**
- Wallace pointed to the extreme 6-fold reduction of Typhus and stated everyone will admit that this remarkable decrease of Typhus was **due to more efficient sanitation, greater personal attention to the laws of health, and probably also to more rational methods of treatment**
- He stated that all of these causes of amelioration would have certainly had

their effect on Small-pox; **yet as the mortality from that disease had not equally diminished, there was probably some counteracting cause at work**

- Since there was no proof that vaccination had diminished Small-pox in London, the statistics showed that **some counteracting cause had prevented general sanitation from acting on this disease as it had acted on Typhus, and that cause may be vaccination itself**
- Instead of vaccination having increased since the enforcement of penal laws, **it had actually diminished**; thus the statement so often made by apologists for vaccination that it had diminished Small-pox, **was absolutely untrue, since there had been a decrease rather than an increase of efficient vaccination**
- Mr. Marson, the Surgeon of the Small-pox Hospital, told the Select Committee, 1871, answer 4,190:—"The public are pretty largely vaccinated now, and will be more so every year, I should think as time goes on. There is one point which has not been very clearly brought forward this morning, and that is the increase of Small-pox after vaccination year after year. **When I first went to the hospital, 35 years since, from 1835 the admission of patients into the Small-pox hospital was 44 percent, of Small-pox after vaccination; from 1845 to 1855, 64 percent.; from 1855 to 1865, 78 percent.; and during 1863 and 1864, 83 and 84 percent. Those are patients who have been vaccinated.**"
- On three separate occasions a considerable increase in vaccinations was followed by an increase of Small-pox:
  1. In 1863 there was a very great number of vaccinations, **followed in 1864 by an increase in Small-pox mortality**
  2. The number of vaccinations steadily rose from 1866 to 1869, **yet in 1870-71 Small-pox mortality increased**
  3. In 1876 an increase in vaccinations **was followed by an increase of Small-pox deaths**
- Wallace states that the official statistics show:
  1. That Small-pox **had not decreased** so much or so steadily as Typhus and allied fevers.
  2. That the diminution of Small-pox mortality **coincided with a diminished, instead of an increased efficiency of official vaccination.**
  3. That one of the most severe epidemics of Small-pox on record, within the period of accurate statistics, **occurred after 33 years of official, compulsory, and penal vaccination.**
- These three groups of facts **gave no support** to the assertion that vaccination had diminished Small-pox mortality

- There was **no other extensive body of statistics** on which to found their judgment
- Wallaces argued that the utility or otherwise of vaccination **was purely a question of statistics**
- He stated that "it remained for us to decide, whether we will be guided by the only trustworthy statistics we possess, **or continue blindly to accept the dogmas of an interested and certainly not infallible body of professional men**, who once upheld inoculation as strongly as they now uphold vaccination."
- Just as today, it was often asserted that, **although vaccination is not a complete protection against Small-pox**, it diminished the severity of the disease, and rendered it less dangerous to those who take it (*sound familiar...?*)
- The best available records at that time showed that the proportion of deaths to Small-pox cases was the **same then, although a large majority of the population are vaccinated, as it was a century before vaccination was discovered**
- An examination showed that there had **not been a single year without two or more deaths in the Army, and only two years without deaths in the Navy**, both of them considered the most highly protected and healthy population that was both vaccinated and re-vaccinated
- Comparing the Return on "Vaccination, Mortality," No. 433, issued by the House of Commons in 1877, they found that, in the twenty-three years 1850-72, (the latest there given,) **there were many years in which no adult Small-pox deaths were recorded for a number of large towns of from 100,000 to 270,000 inhabitants:**
  - Liverpool had none in 3 of the years
  - Birmingham and Sunderland in 7
  - Bradford and Sheffield in 8
  - Halifax in 9
  - Dudley in 10
  - Blackburn and Wolverhampton were each totally without adult Small-pox mortality for 11 out of the 23 years
- If drawing a legitimate conclusion from the facts, it was that the re-vaccination to which soldiers and sailors were subjected, **rendered Small-pox more fatal when it attacked them**, as that is the only way to explain the large mortality among picked healthy men **under constant medical supervision, and living under far better sanitary conditions than the mass of the civil population**

- The fact that five of the most populous towns had considerably less adult Small-pox mortality than the Navy, and one of them but little more than the Army, **amounted to a demonstration of the uselessness of the most complete re-vaccination**
- Wallace stated that vaccination was quite powerless either to prevent or to mitigate Small-pox but that was not all, as there were good grounds for believing **that vaccination itself was the cause of much disease and serious mortality**
- It was long denied by the medical establishment that syphilis can be communicated by vaccination; **but that this is now universally admitted, and at that time no less than 478 cases of vaccine-syphilis had been recorded**
- There was a constant increase in the mortality from each of 5 diseases (syphilis, cancer, tabes mesenterica, pyaemia, skin disease)
- Wallace stated that while it was true he did not have direct proof that vaccination was the sole cause of this increase, **he had good reason to believe that it was the chief cause**
- He believes this is due to 2 reasons:
  1. Infants and adults were being inoculated on an enormous scale
  2. No other adequate cause had been adduced for the remarkably continuous increase of these special diseases, **which the spread of sanitation, of cleanliness, and of advanced medical knowledge, should have rendered both less frequent and less fatal**
- The increased deaths from these five causes, from 1855 to 1880, **exceeded the total deaths from Small-pox during the same period**
- Even if Small-pox had been totally abolished by vaccination, the general mortality would have been increased, **and there was much reason to believe that the increase may have been caused by vaccination itself**
- It had been asserted by the Government that **even if some children are killed by vaccination**, 12,000 lives are annually saved by it
- The basis of that assertion was an estimate which **contradicted** the official vaccination returns at almost every point, thus the estimate and assertion **are false to the facts which were obtainable**
- The plan of the officials was to get 94 percent vaccinated by **deducting the infants who died un-vaccinated from the total births, and treating the rest as "surviving"**
- Figures given showing that 45% unvaccinated were dying compared to 15% vaccinated were inaccurate as the **figures given were unreliable and the statistics would give false results unless they were classified according to**

### **the age-periods of the patients**

- Whether the deceased person had been vaccinated or not was a fact that was not easily ascertained due to confluent Small-pox (which alone was ordinarily fatal) obliterating the vaccination marks in the worst cases, **and the death was usually recorded among the unvaccinated or the doubtful making the statistics untrustworthy**
- Other reasons not to trust the official statistics included:
  1. Infants dying under vaccination age, and who, therefore, **have no corresponding class among the vaccinated**, but among whom the Small-pox mortality is greatest.
  2. **Children too weakly or diseased to be vaccinated**, and whose low vitality renders any severe disease fatal.
  3. **A large but unknown number of the criminal and nomad population who escape the vaccination officers**. These are often badly fed and live under the most unsanitary conditions; they are, therefore, especially liable to suffer in epidemics of Small-pox or other zymotic diseases.
- Wallace stated that it was due to the union of these three classes, along with those erroneously classed as unvaccinated by way of missing vaccination marks or other defect of evidence, **that the number of deaths registered "unvaccinated" was swollen far beyond its true proportions** and the comparison with those registered "vaccinated" was untrustworthy and misleading
- This was not a mere inference as there was much **direct evidence** that the records "unvaccinated" and "no statement" in the Reports of the Registrar-General **were often erroneous**:
  1. A deceased 9-year-old boy listed as unvaccinated **was found to have been vaccinated upon investigation**
  2. The mere assertions of patients or their friends that they were vaccinated **counted for nothing, as about 80 percent**, of the patients entered in the third column of the table ('unknown') **were reported as having been vaccinated in infancy**
  3. Bearing upon this important admission, was the following statement in Dr. Russell's Glasgow Report: "Sometimes persons were said to be vaccinated, **but no marks could be seen, very frequently because of the abundance of the eruption**. In some cases of those which recovered, an inspection before dismissal discovered vaccine marks, sometimes 'very good,'"
  4. Dr. Rigby, the medical officer of the Union, sent out a report, in which he stated that 'out of 83 persons admitted into the Fulwood Small-pox

Hospital, 73 were vaccinated.' All recovered, he alleged, but the ten unvaccinated cases all died. Upon investigation, **six cases out of the ten proved to have been vaccinated, while three were doubtful as they were not able to trace them.**

5. The results of a hospital records investigation in 1872 showed that 6 patients, entered as "not vaccinated," and still living, **were found to have good vaccination marks;** while 9 others who had died, and whose deaths had been registered as "not vaccinated," **were proved to have been successfully vaccinated.** In addition to these, 8 cases were proved to have been vaccinated, some of them three or four times, but unsuccessfully, and 4 others were certified "unfit to be vaccinated," **yet all were alike entered as "unvaccinated."**
6. A quotation from an article on "Certificates of Death," in the *Birmingham Medical Review* for January, 1874 stated: "In certificates given by us voluntarily, and to which the public have access, it is scarcely to be expected that a medical man will give opinions which may tell against or reflect upon himself in any way. **In such cases he will most likely tell the truth, but not the whole truth, and assign some prominent symptom of the disease as the cause of death.** As instances of cases which may tell against the medical man himself, I will mention *erysipelas from vaccination*, and puerperal fever. **A death from the first cause occurred not long ago in my practice, and although I had not vaccinated the child, yet in my desire to preserve vaccination from reproach, I omitted all mention of it from my certificate of death!"**
  - Until the records in the hospitals, "vaccinated" and "unvaccinated," are strictly correct, and properly classified, **it can be demonstrated that true results cannot be deduced from them**
  - A comparison was made on a population of about 60,000, consisting of; the officials and workmen employed on the Imperial Austrian State Railways, by the Head Physician, Dr. Leander Joseph Keller; and his results during the years 1872-3 were so important that Wallace felt necessary to give a brief abstract of them:
    - It was shown that the death-rate of Small-pox patients was greatest in the first year of life, then diminished gradually to between the 15th and 20th year, and then rose again to old age; **thus following exactly the same law as the general mortality.**
    - The Small-pox death-rate, among over 2,000 cases, was 17.85 percent, of the cases, **closely agreeing with the general average.** That of the unvaccinated was 23.20 percent., while that of the vaccinated was only

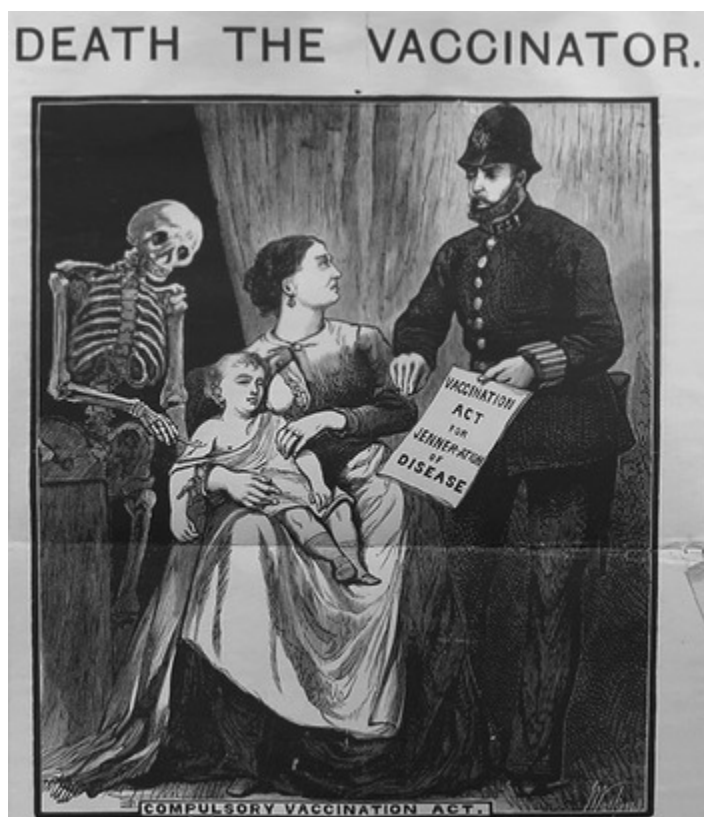


15.61 percent.

- This result, apparently so favourable to vaccination, was shown to be wholly due to the excess of the unvaccinated in the first two years of life, **and to be a purely numerical fact entirely unconnected with vaccination**. Taking, first, all the ages above 2 years, the death-rates of the vaccinated is 13.76, and of the unvaccinated 13.15,—**almost exactly the same, but with a slight advantage to the unvaccinated**.
- The Small-pox death-rate was actually less for the unvaccinated than for the vaccinated in infants, and equal for all the higher ages; yet the average of the whole was higher for the unvaccinated, **simply on account of the greater proportion of the unvaccinated at those ages at which the mortality was universally greatest**
- It was made clear that any comparison of the Small-pox mortality of the vaccinated and the unvaccinated, *except at strictly corresponding ages*, **led to entirely false conclusions**
- Wallace stated that he had shown that the main argument relied on by adversaries, **rested on thoroughly unsound statistics, inaccurate to begin with, and wrongly interpreted afterwards**
- He concluded that the evidence showed:
  1. Vaccination **does not diminish** Small-pox mortality
  2. Vaccination is a **certain cause of disease and death in many cases**, and is the probable cause of about 10,000 deaths annually by five inoculable diseases which have risen along with vaccination rates
  3. The hospital statistics, showing a greater mortality of the unvaccinated than of the vaccinated, **have been proved to be untrustworthy; while the conclusions drawn from them are shown to be necessarily false**
- Wallace argued against penal legislation for mandatory vaccination, involving as it does, our health, our liberty, and our very lives, as it is too serious a matter to be allowed **to depend on the misstatements of interested officials or the dogmas of a professional clique**
- He urged upon the immediate repeal of the iniquitous penal laws which forced upon them a dangerous and useless operation—an operation which had **admittedly caused many deaths, which was probably the cause of greater mortality than Small-pox itself, but which could not be proved to have ever saved a single human life**
- The only correct way of classing Small-pox patients is by age and by eruption
- The eruption, or the state of the skin, **is the only scientific guide to the nature of the disorder**
- One kind of Small-pox is so mild, that even bad nursing can hardly kill the

patient—another kind so fatal, that not the best nursing and greatest skill can cure it (*possibly referring to small-pox vs chickenpox...same disease, different level of severity*)

- As a rule **these two kinds were lumped together without any distinction**, and even when given they were not often divided into vaccinated and un-vaccinated
- The Handbook, 1887 had no "doubtful" class until 1880 and before that period, **the un-vaccinated absorbed them all**
- The "doubtful" were those whose vaccination marks on the skin were wiped away as the skin is the part of the patient **most affected in the very bad cases**
- No case was recorded as vaccinated **unless a mark is seen**
- Patients declaring as vaccinated were put down as "doubtful," or a "said to be vaccinated" which was a class of heavy fatality that **only received the doubtful bad cases and never any doubtful mild ones**
- This is further confirmed by a reference to the most fatal cases of all, the "malignant."
- In these the skin is not degraded as it is in the confluent; **the eruption is suppressed, and the blood poisoned but the vaccination marks show**
- From several reports of medical super-intendants, there were 661 of these very fatal cases
- In only 8 cases were there "doubts." The rest yield: vaccinated, 486 persons with 432 deaths; and un-vaccinated, 167 persons with 150 deaths
- **Nothing more damaging to vaccination could be recorded** yet in a purely age table; or in a table of vaccinated and un-vaccinated, without reference to the state of the skin, **all this was buried**

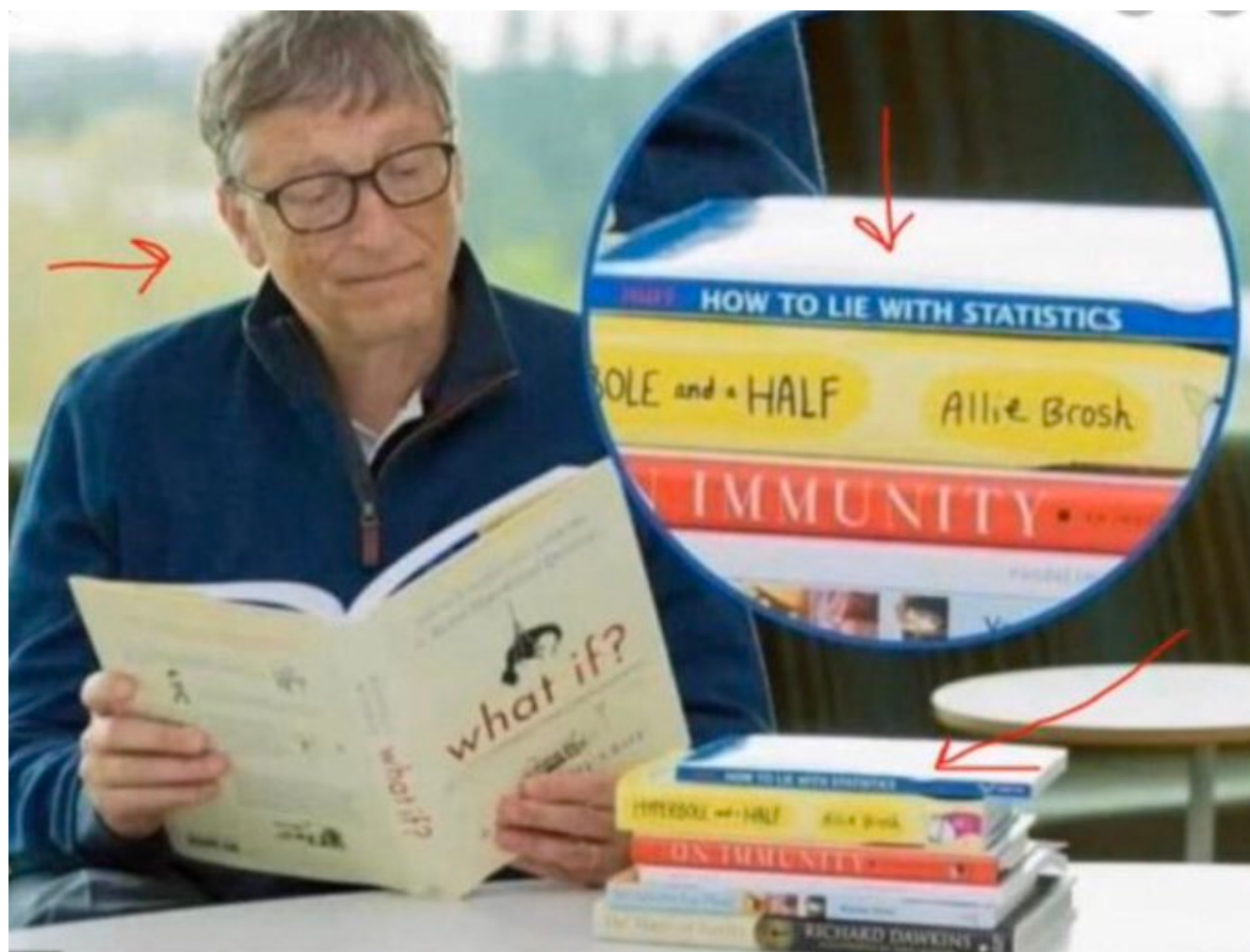


It should hopefully be clear that what Alfred Russel Wallace was up against in the late 19th century was extremely similar to what we currently face ourselves today. Just as in our time, in the late 19th century vaccination was being forced on the population without any evidence to the existence of a Small-pox "virus." The clinical diagnosis of Small-pox overlapped with other diseases. The record-keeping was flawed and untrustworthy. The classification of those who were vaccinated and those who were not was regularly confused, with many of the deceased labeled as unvaccinated even though they had been vaccinated in the past. The medical professionals regularly certified deaths as unrelated to vaccination in order to protect the practice. Evidence of the dangers of vaccination were covered up and buried under false statistics. Other causes of disease as well as other reasons for the reduction in disease were overlooked and/or ignored. Those in a position of power either misled with misinformation or blatantly lied to push a dogmatic agenda.

Alfred Russel Wallace did an excellent job of breaking down the lack of logic

regarding vaccinations and he did so using the medical professions own statistics against them. Granted, people will claim that there can be other ways to view the statistics or that Wallace and others used the wrong kind of statistics to prove their argument. The CDC review attempted to say such a thing by admitting that the statistics were open to interpretation by both sides of the argument. However, the analysis is only as good as the numbers provided. If the vaccinated who were deceased were regularly misclassified as unvaccinated and/or the medical professionals falsely certified deaths in order to protect the practice, it is obvious that the statistics for the safety and effectiveness of the vaccines and the claims of their power in wiping out a disease such as Smallpox should be disregarded entirely.

Sadly, those in charge understand the power of statistical presentations and they know how this evidence can be easily manipulated to sell their fear propoganda on to an ignorant punlic. Many have attempted to sound the alarm and raise awareness to this evil practice over the past century plus only to have their message fall on deaf ears. History shows us to be wary of those who sell us not only on the disease but also on its prevention. It is beyond time that we start listening to and learning from our past lest we continue to be deceived in the present.



"How to Lie With Statistics" + "Immunity" = Vaccination scam.

1 comment

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