



VACCINATION

PROVED USELESS AND DANGEROUS



FROM 45 YEARS OF REGISTRATION STATISTICS

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HISTORY OF VACCINATION

“Without data, you’re just another person with an opinion.” —W. Edwards Deming, engineer, data scientist

Each book in the *History of Vaccination* series is accompanied by the same prologue. If you’ve already read the prologue, feel free to skip to the book original book. The 25 historical works I’ve restored and updated shed light on the nature of vaccination, as recorded by the most distinguished doctors and scientists of their time. Their statements are backed by historical statistics, which are presented throughout these books.

The first smallpox vaccine was conceptualized in 1796. Since that time, vaccination has been rife with controversy. Let’s review what writers, doctors, and scientists have observed about vaccines across three centuries—19th, 20th, and 21st.

19TH CENTURY (1800s)

“There does not exist one single fact, in all the experiments and improvements made in science, which can support the idea of vaccination. A vaccinated people will always be a sickly people, short lived and degenerate.” —Dr. Alexander Wilder, MD, “Vaccination: A Medical Fallacy”, editor of the New York Medical Tribune, 1879

“I have seen leprosy and syphilis communicated by vaccination. Leprosy is becoming very common in Trinidad; its increase being coincident with vaccination.” —Dr. Hall Bakewell, Vaccinator General of Trinidad, 1868

“Cancer is reported to be increasing not only in England and the Continent, but in all parts of the world where vaccination is practised.” —Dr. William S. Tebb, MA, MD, DPH, “The Increase of Cancer”, 1892

“Leprosy arose with vaccination.” —Sir Ronald Martin, MD, 1868

“Syphilis has undoubtedly been transmitted by vaccination.” —Sir William Osler

Bt., MD, FRS, FRCP

“To no medium of transmission is the widespread dissemination of this class of disease (syphilis) so largely indebted as to Vaccination.” —Dr. B.F. Cornell, MD, 1868

“Every intelligent person who takes the time to investigate vaccination, will find abundant evidence in the published writings and public records of the advocates of vaccination, to prove its utter worthlessness, without reading a line of anti-vaccination literature. And if we could add to this all the suppressed facts, we would have a mass of evidence before which no vaccinator would dare to hold up his head.”—Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 1882

“I have no faith in vaccination, nay, I look upon it with greatest disgust, and firmly believe that it is often the medium of conveying many filthy and loathsome diseases from one child to another, and it is no protection from smallpox.” —Dr. William Collins, MD, London, 1882

“Vaccination has made murder legal. Vaccination does not protect against smallpox, but is followed by blindness and scrofula. Jennerism is the most colossal humbug which the human race has been burdened with by FRAUD and DECEIT.” —Mr. Mitchell, member of the British House of Commons

“Of these dogmas, I believe the practice known as vaccination to be the most absurd and most pernicious. I do not believe that a single person has ever been protected from smallpox by it; while I know that many serious bodily evils and even deaths, have resulted from its employment. The whole theory is founded upon assumption, contrary to common sense and entirely opposed to all known principles of physiology. Every physician of experience, has met with numerous cases of cutaneous eruptions, erysipelas and syphilis, which were directly traceable to vaccination, and if these cases could be collected and presented in one report, they would form a more terrible picture than the worst that has ever been drawn of the horrors of smallpox.” —Dr. Robert A. Gunn, MD, Dean of the United States Medical College of New York

"Vaccination is a monstrosity, a misbegotten offspring of error and ignorance;

and, being such, it should have no place in either hygiene or medicine...Believe not in vaccination, it is a worldwide delusion, an unscientific practice, a fatal superstition with consequences measured today by tears and sorrow without end.” —Dr. Carlo Ruta, Professor of Materia Medica at the University of Perugia, Italy, 1896

“Vaccination is a grotesque superstition.” —Dr. Charles Creighton, MD, MA

“Vaccination is a gigantic delusion. It has never saved a single life. It has been the cause of so much disease, so many deaths, such a vast amount of utterly needless and altogether undeserved suffering, that it will be classed by the coming generation among the greatest errors of an ignorant and prejudiced age, and its penal enforcement the foulest blot.” — Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc., 1898

20TH CENTURY (1900s)

“The great epidemics of deadly diseases, in animals and mankind, are caused by vaccination.” —Charles M. Higgins, “The Horrors of Vaccination: Exposed and Illustrated”, 1920

“I believe vaccination has been the greatest delusion that has ensnared mankind in the last three centuries. It originated in FRAUD, ignorance and error. It is unscientific and impracticable. It has been promotive of very great evil, and I cannot accredit it any good.” —Dr. R. K. Noyse, MD, Resident Surgeon of the Boston City Hospital, “Self Curability of Disease”

“The chief, if not the sole, cause of the monstrous increase in cancer has been vaccination.” —Dr. Robert Bell; Vice President, International Society for Cancer Research, British Cancer Hospital, 1922

“Vaccination is the most outrageous insult that can be offered to any pure-minded man or woman. It is the boldest and most impious attempt to mar the works of God that has been attempted for ages. The stupid blunder of doctorcraft has wrought all the evil that it ought, and it is time that free American citizens arise in their might and blot out the whole blood poisoning business.” — Dr. J.M. Peebles, MD, MA, PhD, “Vaccination: A Curse and Menace to Personal

Liberty”, 1900

“Cancer was practically unknown until the cowpox vaccination began to be introduced. I have seen 200 cases of cancer, and never saw a case in an unvaccinated person.” —Dr. W.B. Clark, MD, Indiana, New York Times article, 1909

“At present, intelligent people do not have their children vaccinated, nor does the law now compel them to. The result is not, as the Jennerians prophesied, the extermination of the human race by smallpox; on the contrary more people are now killed by vaccination than by smallpox.” —George Bernard Shaw, 1944

“The English Ministry of Health omits to state that in 1872, when 85% of the infants born were vaccinated, there were 19,000 deaths from smallpox in England and Wales. While in 1925, when less than half the children born were vaccinated, there were only 6 deaths from that disease.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“Vaccination causes miscarriage. A careful check showed that 47% of women who had been vaccinated in the second or third month of pregnancy, failed to give birth to a normal child.” — “Vaccination at Work”, The Consulting Pediatrician of Lanarkshire County Council, The Lancet (London), p.47, December 6, 1952

"My honest opinion is that vaccine is the cause of more disease and suffering than anything I could name." —Dr. Harry R. Bybee

“Vaccination, instead of being the promised blessing to the world, has proved to be a curse of such sweeping devastation that it has caused more death and disease than war, pestilence, and plague combined. There is no scourge (with the possible exception of atomic radiation) that is more destructive to our nation’s health than this monument of human deception—this slayer of the innocent—thiscrippler of body and brain—the poisoned needle.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

“The greatest LIE ever told is that vaccines are safe and effective.”—Dr. Leonard Horowitz, MPH (Master of Public Health), DMD, MA, Harvard

University graduate

21ST CENTURY (2000s)

“The entire vaccine program is based on massive FRAUD.”—Dr. Russell L. Blaylock, M.D., neurosurgeon, editorial staff of Journal of American Physicians and Surgeons

“Vaccinations do not work. They don’t work at all.” —Dr. Lorraine Day, MD

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD,

“Vaccination: A business based on FEAR”

“Don’t get your flu shot.” —Dr. Raymond Francis, D.Sc., M.Sc., RNC, chemist, MIT graduate

“My own personal view is that vaccines are unsafe and WORTHLESS. I will not allow myself to be vaccinated again. Vaccines may be profitable but in my view, they are neither safe nor effective.” —Dr. Vernon Coleman, MB, ChB, DSc (Hon)

“Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life.” —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada

“The pediatrician indoctrinates your child from birth into a lifelong dependency on medical intervention. The first stage of indoctrination is the ‘well-baby’ visit. The well-baby visit is a cherished ritual of the pediatrician that enhances their income and does nothing constructive for your child. It’s a worthless visit.” —Dr. Robert Mendelsohn, MD, board certified pediatrician

“Vaccines are the backbone of the entire Pharmaceutical Industry. If they can make these children sick from a very early age, they become customers for life. The money isn’t really to be made in the vaccine industry. The money is made by Big Pharma with all of the drugs that are given to treat and address all of the illnesses that are subsequent to the side effects of vaccines.”—Dr. Sherri

Tenpenny, D.O. (osteopathic medical doctor)

“Studies are increasingly pointing to the conclusion that vaccines represent a dangerous assault to the immune system leading to autoimmune diseases like Multiple Sclerosis, Lupus, Juvenile Onset Diabetes, Fibromyalgia, and Cystic Fibrosis, as well as previously rare disorders like brain cancer, SIDS (Sudden Infant Death Syndrome), childhood leukemia, autism, and asthma.”—Dr. Zoltan Rona, MD, “Natural Alternatives to Vaccination”

“The vaccine industry is itself a FRAUD. I spent my whole career studying vaccines.”—Dr. Shiv Chopra, B.V.S., A.H., M.Sc., Ph.D., Fellow of the World Health Organization, “Corrupt to the Core”

THE ONLY REASON FOR CONTINUED VACCINATION

“The greatest danger to your health is the doctor who practices modern medicine.” —Dr. Robert Mendelsohn, MD, board certified pediatrician

Follow the money. It will lead you to the truth. The primary reason for vaccination is the assumption that vaccines prevent diseases. However, if historical data demonstrates that vaccines do NOT prevent diseases, then what is the purpose of vaccination?

Moreover, you’ve probably heard stories of parents being coerced and bullied into vaccinating their children and themselves at the pediatrician and doctor’s offices. There are reasons behind the coercion and bullying.

“There is a vaccination ring in England, receiving millions of the public money. It is in their interest to favor the practice at all hazards and to falsify statistics in order to conceal its failure and its evils. There are also armies of public vaccinators in every large city all over Europe, who are supported from the public treasury, and every practitioner who does not oppose the practice, derives a considerable income from its continuance.” —Dr. Robert A. Gunn, MD, “Vaccination: Its Fallacies and Evils”, 19th century

“Drug companies are not here to bring health to the population but to SCAM them on one level for vast amounts of money.” —Sir William Osler, MD, FRS, FRCP, widely considered as the Father of Modern Medicine (1849-1919), 20th century

“Disease is more rampant because of commercial greed. When the Rockefeller-Standard Oil crowd muscled into the drug and pharmaceutical business in such a big way, ‘scientific medicine’ (if there is such a thing) was turned into a racket which shortened many American lives from ten to twenty years.” —Morris A. Beale, “The Drug Story”, 20th century

“Many doctors and some editors are making money by propagating the vaccination curse.” —Dr. Thomas Morgan, MD, “Medical Delusions”, 20th century

“Vaccination is not scientific. Many of the world’s greatest thinkers, scientists, statesmen and even doctors have condemned vaccination as being a crime against humanity, a FRAUD promoted for private gain, an insult to the race and a blot upon the name of civilization. Yet, this treacherous practice of blood pollution, which was cradled in the lap of ignorant savage tribes, has been adopted by, supposedly, enlightened government of the present day and forced on the protesting population—for profit.” —Dr. Eleanor McBean, PhD, ND, 1957

“Vaccinations are now carried out for purely commercial reasons because they fetch huge profits for the pharmaceutical industry. There is no scientific evidence that vaccinations are of any benefit.” —Dr. Gerhard Buchwald, MD, "Vaccination: A Business Based on Fear", 21st century

“The vaccination myth is the most widespread superstition modern medicine has managed to impose, but, being by the same token the most profitable, it will prove to be also one of the most enduring, though there was never the slightest of scientific evidence upholding it.” —Hans Ruesch, "The Great Medical Fraud", 20th century

“Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don’t get a certain percentage of their patients to comply with the

vaccination schedule. If 63% are non-compliant, they don't receive any of their bonuses.” —Robert F. Kennedy, Jr.

“Medicine is no longer a calling. It is a downright cut throat business.” — Professor Dr. Belle Monappa Hegde, MD, 21st century

"The current medical system is designed to create chronic disease. There is no money in being healthy.” —Dr. Irvin Sahni, MD, 21st century

“The bottom line is that the medical systems are controlled by financiers in order to serve financiers. Since you cannot serve people unless they get sick, the whole medical system is designed to make people sicker and sicker.” —Dr. Guylaine Lanctot, MD, 21st century

"It is difficult to get a person to understand something, when their salary depends on them not understanding it." —Upton Sinclair, “The Jungle”

In 1986, US President Ronald Reagan passed the National Childhood Vaccine Injury Act (NCVIA). The act was drafted by the drug companies and shielded them from legal liability resulting from vaccine injuries and deaths. Basically, NCVIA prevented parents from directly suing the drug companies (vaccine makers). The parents have to file claims in the vaccine injury court that was established through the act. About \$0.75 of every vaccine sold is used to fund the vaccine injury court. From 1986 to 2018, the court paid over \$4 billion to parents with vaccine injured children. It is estimated that the court, due to budget constraints, dismisses about 66% of the cases, and some cases can take up to 8 years to settle.

Furthermore, in one report US and Human Services estimated that only about 1% of vaccine injuries are reported to VAERS (Vaccine Adverse Event Reporting System). Most parents are unaware that the most common side effects of vaccines are allergies, asthma, brain damage, autoimmune diseases, cancer, and death. In addition, from 1986 to 2017, the drug companies were fined nearly \$25 billion—these fines were unrelated to vaccines and most were for fraud, bribery, and false advertising.

"International bribery and corruption, fraud in the testing of drugs, criminal

negligence in the unsafe manufacture of drugs—the pharmaceutical industry has a worse record of lawbreaking than any other industry. Data fabrication is so widespread that it is called 'making' in the Japanese pharmaceutical industry, 'graphiting' or 'dry labelling' in the United States." —Dr. John Braithwaite, MD, "Corporate Crime in the Pharmaceutical Industry"

Knowing how they operate, could you trust your child's health to the drug companies?

BOOKS IN THE *HISTORY OF VACCINATION* SERIES

1) *The Poisoned Needle: Suppressed Facts About Vaccination*

Eleanor McBean, PhD, ND

1957

2) *A Century of Vaccination and What It Teaches*

William Scott Tebb, MA, MD, DPH

1898

3) *Vaccination: Proved Useless and Dangerous*

From 45 Years of Registration Statistics

Alfred R. Wallace, LLD DUBL., DCL OXON., FRS, etc.

1885

4) *Vaccination: Its Fallacies and Evils*

Robert A. Gunn, MD

1882

5) *Compulsory Vaccination: The Crime Against the School Child*

Chas. M. (Charles Michael) Higgins

1915

6) *The Truth about Vaccination and Immunization*

Lily Loat, secretary of the National Anti-Vaccination League of London

1951

- 7) *Leicester: Sanitation versus Vaccination*
Its Vital Statistics Compared with Those of Other Towns, the Army, Navy,
Japan, and England and Wales
By J.T. Biggs, J.P.
1912
- 8) *The Vaccination Question*
Arthur Wollaston Hutton, MA
1895
- 9) *Vaccination a Delusion: Its Penal Enforcement a Crime*
Alfred Russel Wallace, LL.D. DUBL., DCL OXON., FRS, etc.
1898
- 10) *Vaccination a Curse and Menace to Personal Liberty*
With Statistics Showing Its Dangers and Criminality
James Martin Peebles, MD, MA, PhD
Tenth Edition, 1913
- 11) *Dr. C.G.G. Nittinger's Evils of Vaccination*
C. Charles Schieferdecker, MD
1856
- 12) *The Vaccination Question in the Light of Modern Experience*
An Appeal for Reconsideration
C. Killick Millard, M.D., D.Sc.
1914
- 13) *Jenner and Vaccination: A Strange Chapter of Medical History*
Charles Creighton, MD
1889
- 14) *The Horrors of Vaccination: Exposed and Illustrated*
Charles M. Higgins
1919
- 15) *Vaccination: The Story of a Great Delusion*

William White
1885

16) *Vital Statistics in the United States, 1940-1960*
Robert D. Grove, Alice M. Hetzel
US Department of Health, Education, and Welfare
1968

17) *The Mandatory Vaccination Plan*
National Immunization Policy Council
1977

18) *The Fraud of Vaccination*
Walter Hadwen, JP., MD, LRCP., MRCS, LSA
From "Truth," January 3, 1923

19) *Vaccination a Curse*
C.W. Amerige, MD
1895

20) *Vaccination a Medical Fallacy*
Alexander Wilder, MD
1879

21) *The Dream & Lie of Louis Pasteur*
Originally *Pasteur: Plagiarist, Imposter*
R.B. Pearson
1942

22) *The Vaccination Problem*
Joseph Swan
1936

23) *The Fallacy of Vaccination*
John Pitcairn, President of the Anti-Vaccination League of America
1911

24) *The Case Against Vaccination*

Walter Hadwen, JP, MD, LRCP, MRCS, LSA

1896

25) *A Catalogue of Anti-Vaccination Literature*

The London Society for the Abolition of Compulsory Vaccination

114 Victoria Street, Westminster

1882, 2018

PROLOGUE

“Vaccination is a business based on fear.” —Dr. Gerhard Buchwald, MD

You’ve probably heard comedians, actors playing doctors and scientists, news anchors, and strangers online publicly proclaim,

–Vaccines are safe and effective.

–Vaccines prevented diseases and saved millions of lives

–Vaccines work. They’re a blessing and miracle to the human race.

Even your doctor or pediatrician might had proclaimed in private that “vaccines are safe and effective.” What some physicians state in private about vaccines, they’ll never do in public for fear of being sued for malpractice. This demonstrates that people can be brainwashed in three sentences, repeated over and over and over again by different groups, through different modes of media.

“A lie told often enough becomes the truth.” —Vladimir Lenin

Anyone who thinks vaccines are safe and effective has never read a book presenting the other side of vaccination. They believe vaccines are safe and effective through the carefully orchestrated advertising and marketing campaigns of the drug companies, who make tens of billions from vaccines each year.

If you’re busy, and don’t require a lecture on the history of vaccination, you only need to inspect the graphs and tables below. These tables and graphs, compiled from historical data, demonstrate that **there is no reason for anyone to get vaccinated.**

“Three things cannot be long hidden: the sun, the moon, and the truth.” —
Buddha

BEFORE VACCINATION

People’s chances of dying from certain infectious diseases before vaccines were introduced were extremely rare. So rare that if it weren’t for the drug industry’s

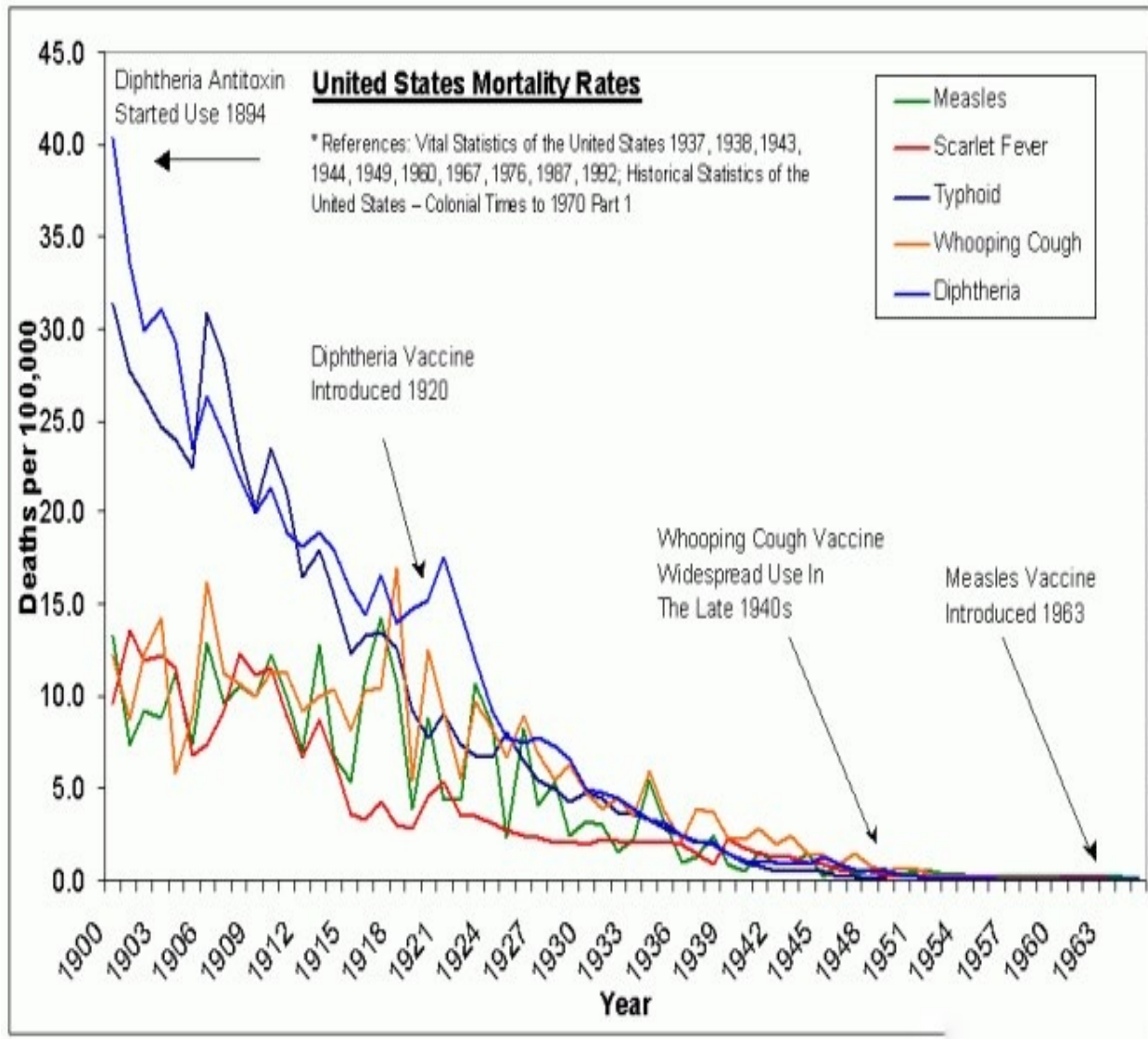
disease mongering, we wouldn't be discussing this subject.

Disease name	Year vaccine introduced	Fatality/harm (before the vaccine)	Population NOT harmed (before the vaccine)
Pertussis (whooping cough)	Late 1940s	1 in 77,000	99.9987%
Tetanus	Late 1940s	1 in 200,000	99.9995%
Diphtheria	Late 1940s	1 in 83,000	99.9988%
Polio	1955	1 in 100,000	99.999%
Measles	1963	1 in 500,000	99.9998%
Rubella	1963	1 in 1,000,000	99.9999%
Mumps	1967	1 in 2,000,000	99.99995%
Hib (Haemophilus influenzae type B)	1985	1 in 600,000	99.999833%
Hepatitis B	1991	1 in 1,400,000	99.999929%
Chickenpox	1995	1 in 2,300,000	99.999957%

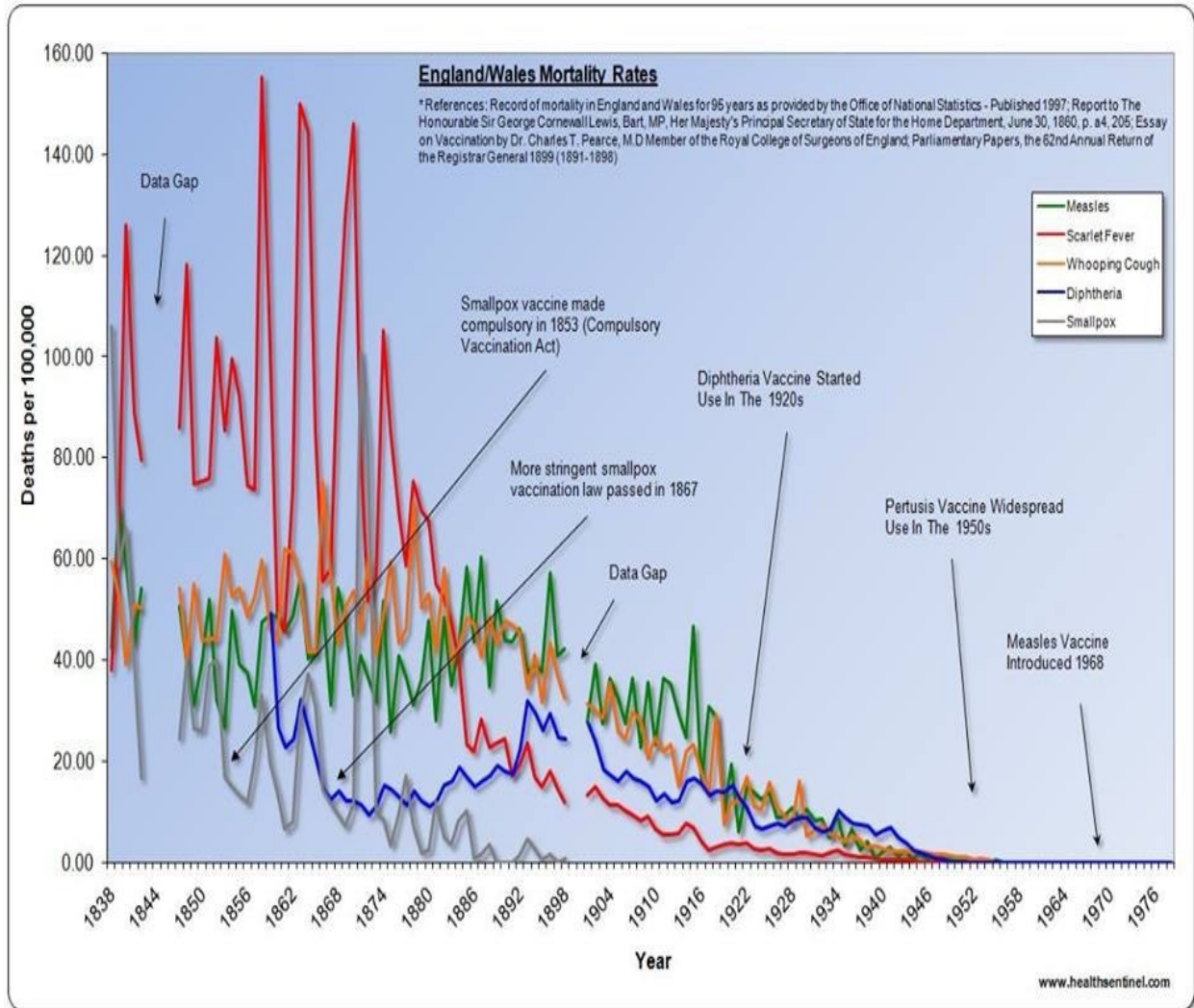
Before vaccination . As you can see, the chances of anyone being harmed by these “vaccine preventable diseases” are so small that it’s not even worth worrying about. In many cases, you have a higher chance of being struck by lightning or a meteorite than harmed by these “life threatening diseases”. Source: 1) CDC Reported Deaths from Vaccine Preventable Diseases, US, 1950-2011, 2) Vital Statistics in the United States 1940-1960, US Department of Health, Education, and Welfare.

VACCINES DID NOT ERADICATE DISEASES

The graphs below show the decline of infectious diseases in the US and England BEFORE vaccines were introduced. As evident as night and day, most diseases were nearly eradicated, then the drug companies introduced vaccines and took credit, when vaccines had no role in eradicating those diseases.



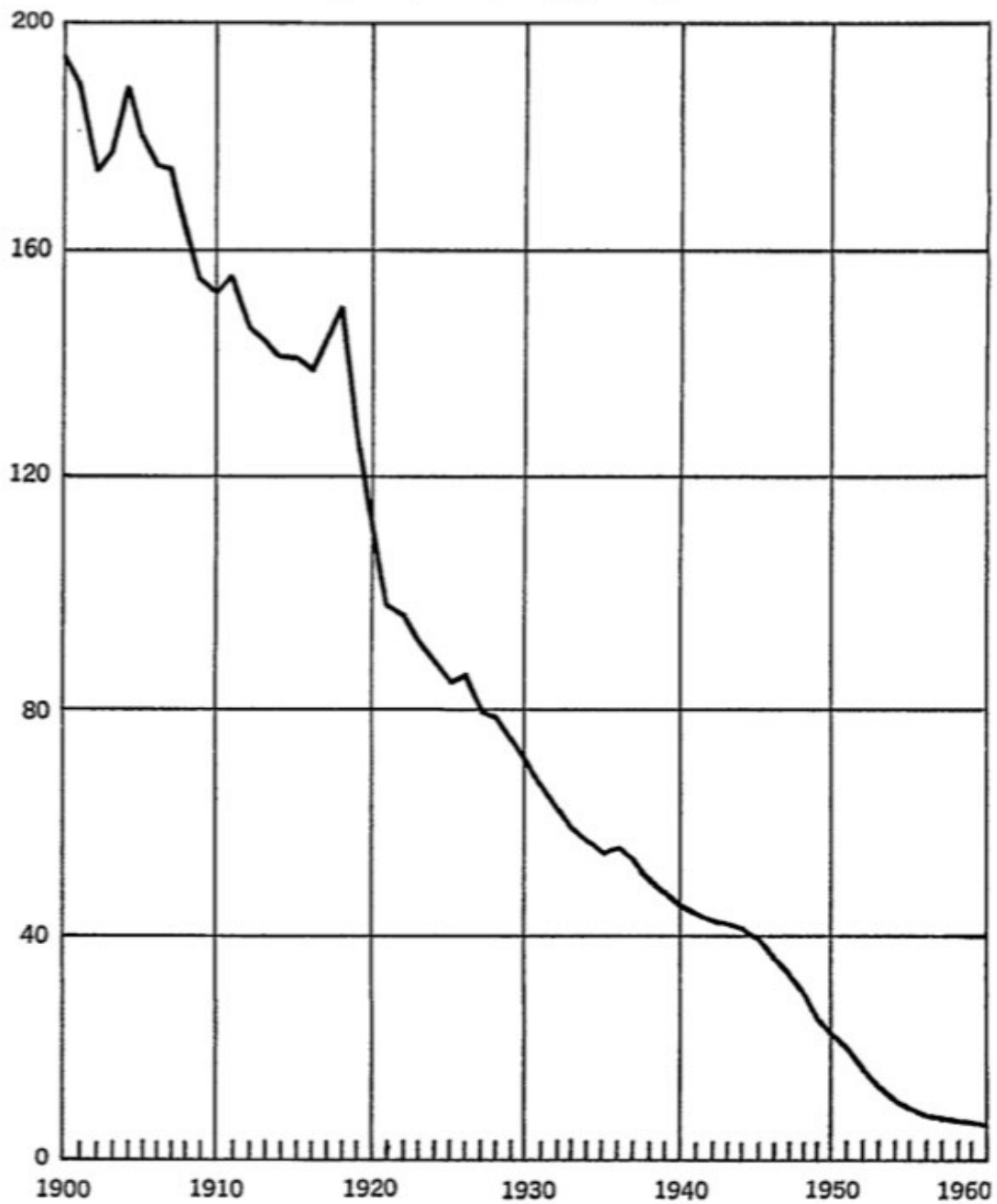
Before vaccines were introduced in the US. In the US, every “vaccine preventable disease” was nearly eradicated, then several years later the drug companies introduced vaccines and gave credit to them for what sanitation, hygiene, and nutrition achieved. Source: 1) Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare, 2) Historical Statistics of the United States—Colonial Times to 1970, Part 1.



Before vaccines were introduced in England and Wales. Similar to the US, every “vaccine preventable disease” was on a sharp decline before vaccines were introduced for those diseases. Source: Record of Mortality in England and Wales for 95 years as provided by the Office of National Statistics, published 1997; Report to the Honourable Sir George Cornwall Lewis, Bart, MP Her Majesty’s Principal Secretary of State for the Home Department, June 30, 1860, p. a4, 205; Essay on Vaccination by Dr. Charles T. Pearce, MD, Member of the Royal College of Surgeons of England, Parliamentary Papers, the 62nd Annual Return of the Registrar General 1899 (1891-1898).

Figure 14.—Death Rates for Tuberculosis, All Forms: Death-registration States, 1900–32, and United States, 1933–60

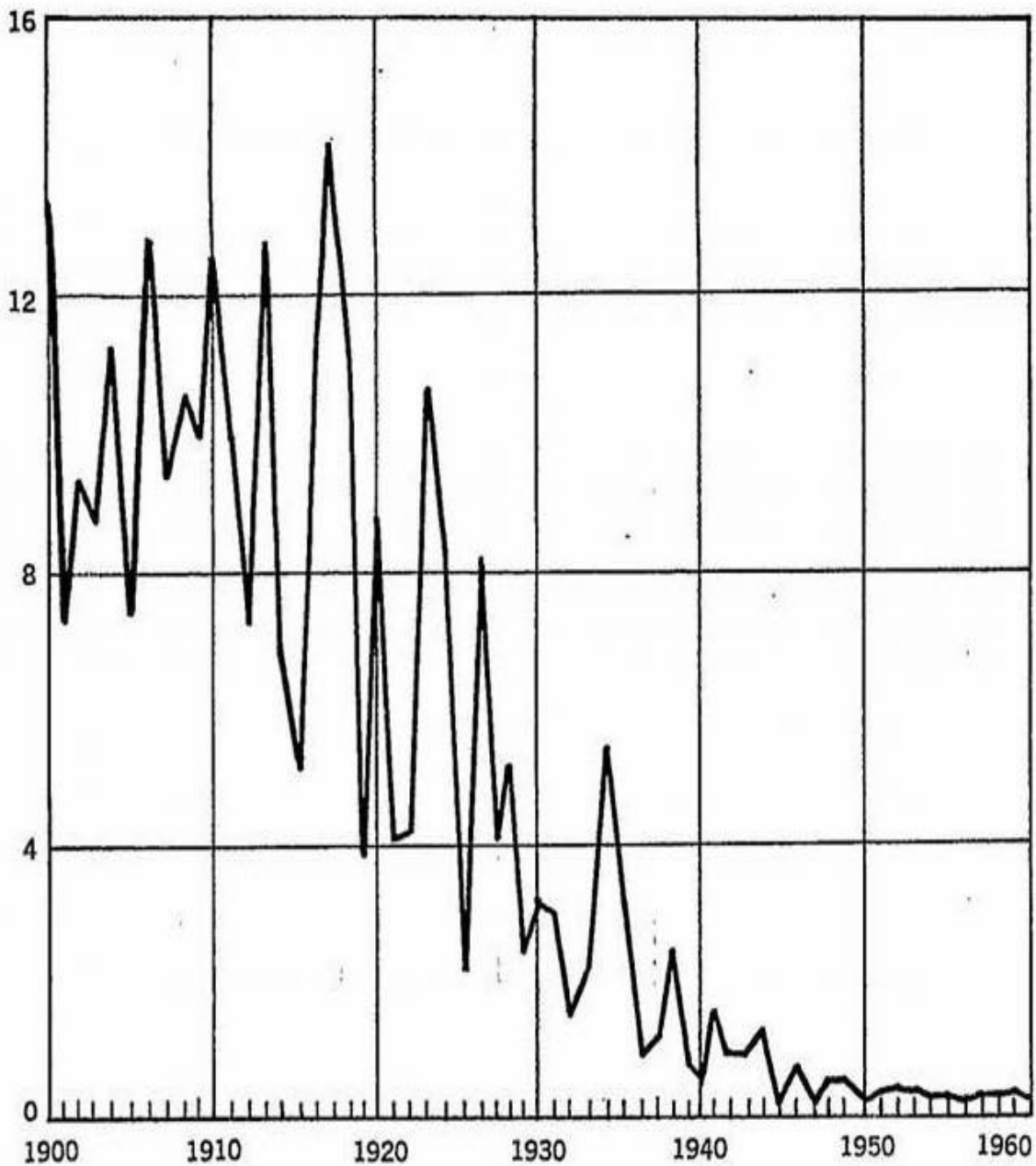
(Rates per 100,000 population)



Death rates for tuberculosis in the US, 1900-1960. The Calmette-Guérin (BCG) tuberculosis vaccine was first used in 1921 in some countries. However, it was not used in the US until the late 1940s, and only used on a small scale. In the US, from 1900-1940, tuberculosis had declined dramatically without vaccination. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare

Figure 19.—Death Rates for Measles: Death-registration States, 1900–32, and United States, 1933–60

(Rates per 100,000 population).



Measles in the US, 1900-1960. Measles was mostly harmless and the death rate was extremely low in 1960, lower than being struck by lightning. In 1963, the drug companies introduced the measles vaccine and took credit for eradicating measles. It's been shown that measles is beneficial to the immune system, particularly in fighting cancer later in life. Prior to 1963, measles was considered a benign illness (not a disease); parents would encourage their children to visit friends who had measles so their children could contract measles and get it over with. Measles, due to the drug industry's disease mongering, is now a life threatening disease. Graph: Vital Statistics in the United States, 1940-1960, US Department of Health, Education, and Welfare

It wasn't vaccination that saved humanity. The things that saved humanity were,

- clean-running water (sewer systems, indoor plumbing, toilets, sinks, showers)
- sanitation (garbage collection, modern building codes),
- hygiene (soap, paper towels),
- electricity (indoor heating, refrigeration),
- and nutrition (supermarkets) that saved humanity.

DISEASES that were eradicated by nutrition: scurvy, rickets, beriberi, goitre, hypoanatemia, anemia, kwashiorkor, marasmus, etc.

DISEASES that were eradicated without vaccines: scarlet fever, rheumatic fever, typhus, cholera, tuberculosis.

DISEASES that vaccines took credit for eradicating: smallpox, diphtheria, pertussis (whooping cough), polio, measles. As the data clearly shows, these diseases were never eradicated by vaccines.

NEW DISEASES that were unheard of by the public decades ago: cervical cancer, zika, ebola, swine flu, avian flu, bovine flu. Diseases, like wars, are manufactured for profit. For example, the Zika virus (small head birth syndrome) was caused by insecticides introduced into Brazil's water system to kill mosquitos. This was widely reported by the Brazilian media and common knowledge in Brazil. However, according to the US media, Zika was caused by a virus of speculative origin. Nevertheless, the US drug companies were more than

happy to provide the Zika vaccine to people around the world.

There are over 200 infectious diseases capable of causing death. However, only the diseases with vaccines are presented to the public as life threatening and a public health risk. Moreover, in 2018, the drug companies use disease incident and mortality rates from developing and third world countries as part of their disease mongering campaigns. The more you study the history of vaccination, the more you'll conclude that it is one of the biggest frauds in history. It's certainly the biggest medical fraud in history—vaccines never saved a single life and never prevented a single disease.

AFTER VACCINATION: VACCINATED vs. UNVACCINATED

Let's examine your chances of dying from certain infectious diseases AFTER vaccines were introduced.

Vaccines (birth to 18+ years old)	Vaccine deaths	Chance of death	Natural death	Chance of death
Pneumonia	85	0.00002673%	20	0.00000629%
Polio	85	0.00002673%	0	0.00000000%
Diphtheria	74	0.00002327%	0	0.00000000%
Tetanus	74	0.00002327%	0	0.00000000%
Pertussis (whooping cough)	73	0.00002296%	14	0.00000440%
Hib (Haemophilus influenzae type B)	69	0.00002170%	0	0.00000000%
Influenza (FLU)	53	0.00001667%	19	0.00000597%
Hepatitis B	50	0.00001572%	13	0.00000409%
Rotavirus	47	0.00001478%	0	0.00000000%
Measles	6	0.00000189%	0	0.00000000%
Mumps	4	0.00000126%	0	0.00000000%
Rubella	4	0.00000126%	0	0.00000000%
Varicella (chickenpox)	4	0.00000126%	0	0.00000000%
Meningococcal B	3	0.00000094%	10	0.00000314%
Hepatitis A	2	0.00000063%	1	0.00000031%

After vaccines were introduced. Data gathered and tabulated from the CDC (Centers for Disease Control and Prevention), and VAERS (Vaccine Adverse Event Reporting System), 2014. When you vaccinate, you are 6.25x (625%) more likely to die from the toxins in the vaccines than the diseases those vaccines are supposed to prevent. Vaccination is all risk and no reward.

To put the tables and graphs into perspective: In the US, more people die from falling down the stairs (about 1 000 per year) than from “vaccine preventable diseases.” They are more than 100 000 times likely to die in an automobile accident. This was *before* the vaccines were introduced for those particular

diseases (most of them are not even diseases but illnesses reclassified as diseases). The deaths from these diseases are now caused by the vaccines themselves. For example, measles is a side effect of the measles vaccine. Polio is a side effect of the polio vaccine, and so forth. The side effects are the reason you are 625% more likely to die from the vaccines than the diseases they're supposed to prevent.

“The further I looked into it, the more shocked I became. I found that the whole vaccine business was indeed a gigantic hoax. Most doctors are convinced that they are useful, but if you look at the proper statistics and study the instance of these diseases, you will realise that this is not so.” —Dr. Archie Kalokerinos, MD, PhD, AMM, MBBS, FAPM, pediatrician for over 30 years

It is through revising history, fabricating data, fear, and greed that the blood poisoning practice of vaccination continues into the 21st century.

Vaccination Is Based on Theories

“There is no evidence whatsoever of the ability of vaccines to prevent any disease.” —Dr. Viera Scheibner, PhD

In the words of the scientist Alfred R. Wallace, vaccines are “useless and dangerous.” If something is useless, it doesn't work and has no benefit. If something is dangerous, it shouldn't be used. Vaccines are useless because they never prevented a single disease. Not one. They are dangerous because they cause diseases and deaths—often the very diseases they are supposed to prevent. Through statistics across three centuries, the conclusion is resoundingly clear:

Vaccines only work in *theory*. In practice, they cause diseases and deaths.

In order for an idea to be universally accepted as a science, it must pass two stages:

- 1) Theory.
- 2) Observation.

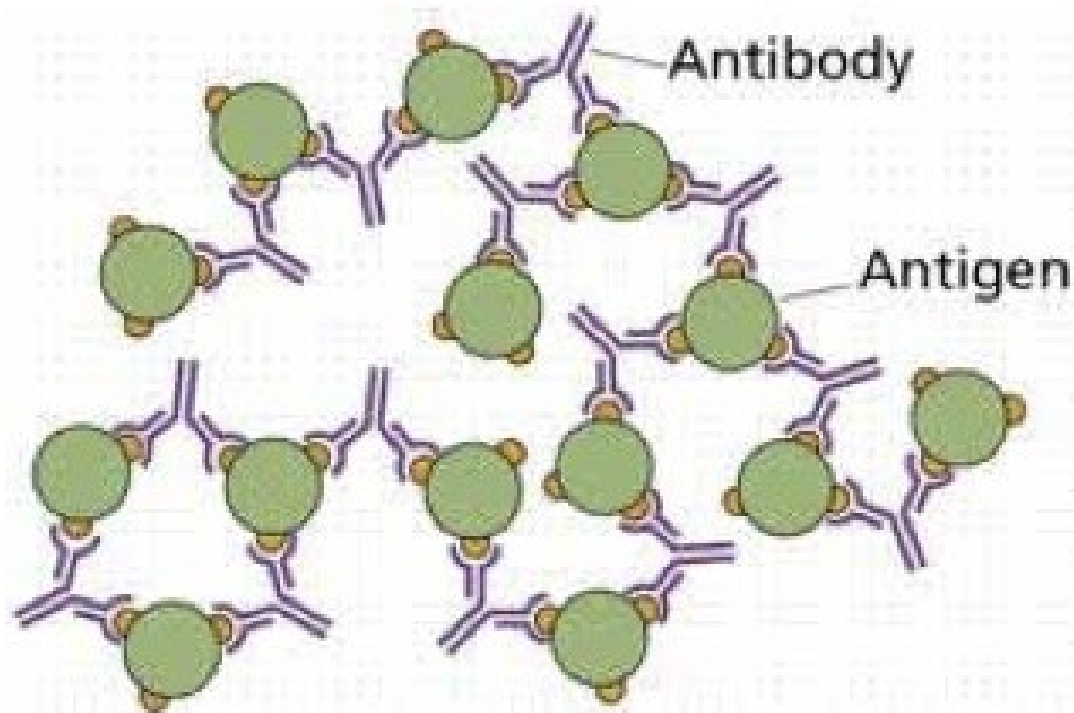
Theoretical science and observational science are two sides of the same coin.

THE THEORETICAL SCIENCE OF VACCINES. The theory of vaccines is to inject antigens (toxins) such as poisons, viruses, and diseases into the body. In turn, these antigens (toxins) should create antibodies (disease fighting proteins) to fight pathogens (diseases) in the future. In other words, the poisons, viruses, and diseases injected into the body are meant to trigger and train the immune system. Or to prepare the immune system cells to fight diseases in the future. In theory, this is possible because the immune system cells have memory. That is the theoretical science side of vaccines. At first glance, the vaccine theory has validity.

THE OBSERVATIONAL SCIENCE. Observation on the effectiveness of a product, as reported by the end consumers, is based on statistics and real world data, not what happened in laboratories and under microscopes. Observation has clearly shown that when you inject poisons, viruses, and diseases into the body, those antigens (toxins) cause diseases and deaths, especially among infants and children.

Antigen: A toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies.

Antibody: A blood protein produced in response to and counteracting a specific antigen. Antibodies combine chemically with substances that the body recognizes as alien, such as bacteria, viruses, and foreign substances in the blood. (Source: Google Dictionary)



The antigen-antibody theory is similar the lock-and-key system. When antigens (something harmful to the body) is introduced into the body, it triggers the immune system to create antibodies to fight the antigens. The antibodies fit and bind with the antigens (toxins) like a lock and key.

The indirect end users of vaccines are parents, and millions of them have reported that their children have acquired diseases such as allergies, asthma, brain damage, autoimmune diseases, and cancer after being vaccinated. Thousands of parents have also reported that their children have died after vaccination. SIDS (Sudden Death Syndrome) is actually VIDS (Vaccine Induced Death Syndrome). Babies are not born to fall asleep and die in their sleep.

These diseases and deaths reported by parents are on the VAERS (Vaccine Adverse Event Reporting System) database. What is horrifying is that the diseases and deaths reported by parents are actually listed on the vaccine inserts provided by the drug manufacturers. These product inserts are usually 10 to 30 pages long, and not the one page printout the pharmacies and doctors provide when you ask.

Furthermore, every *independent* study (those not funded by the drug companies), without exception, has shown that unvaccinated children are far healthier than vaccinated children. In addition, vaccinated people, through the *shedding* process, are disease carriers up to 60 days of being vaccinated. Thus, vaccinated people are a threat to themselves and others.

INFANT VACCINATION. It is known that infants and children succumb to more infectious diseases than other groups. The reason is that newborns only fully develop their immune system when they're 3 to 5 years old. The antibodies infants require to ward off diseases are passed to them from the mother through the placenta. The amount and type of antibodies the infant receives from the mother depends on the health of the mother herself, and the antibodies in her own immune system. At roughly 6 months old, the infant is capable of producing its own antibodies. However, again, a child's immune system is only fully developed when it is 3 to 5 years of age.

The theory of vaccination is to trigger and train the immune system. However, if the infant lacks a fully developed immune system until it's 3 to 5 years old, then vaccination is useless. Yet, babies are being vaccinated immediately after birth. As of 2018, the US has the highest infant vaccination rate, and it also happens to have the highest infant mortality rate among developed countries.

"Vaccination at its core is neither a safe nor an effective method of disease prevention...If an infant needs one vaccine that is 100% safe and effective—that would be breast milk." —Dr. Tetyana Obukhanych, PhD, immunologist, Harvard graduate

If vaccines cause a long list of diseases, how is it possible that they can prevent disease? By virtue of their antigen-antibody theory, vaccines cannot prevent disease. They never have and never will. Nor can there be a "safe" vaccine. It is only through clever advertising, marketing, and bribery that the drug companies have convinced the public that vaccines prevent diseases and save lives.

In 2017, the drug companies spent \$200 million bribing politicians, \$6.4 billion on advertising, and \$10 billion indirectly bribing doctors. Since 1796, doctors and scientists have called vaccines useless, worthless, poisonous, dangerous; a fraud, racket, and scam. And for good reasons.

“Vaccination is a theory without any basis in fact.” —J.T. Biggs, JP, sanitation engineer, “Leicester: Vaccination versus Vaccination”, 1912

Medical students thoroughly study books on germ, bacteria, pathogen, microbe, and vaccination theories. Only to have their worldview shattered when they're introduced to parents whose children have been injured and killed by vaccines. The lesson with vaccination science is that results observed in laboratories and under microscopes cannot be duplicated in the real world. The human body is indemonstrably complex due to individual biochemistry.

“In our scientific research we have now advanced one step. Vaccination is the infliction of disease... We conclude, then, that Vaccination is NOT scientific; that it cannot be accurately defined; that it is completely useless for its assumed purpose; that fortification of the body by disease is a mischievous myth, and that the sooner the practice is discontinued the better it will be for the health of the community.” —George S. Gibbs, Fellow of the Statistical Society London, “Is Vaccination Scientific?”, 1884



CANADA.—THE RECENT SMALLPOX EPIDEMIC IN MONTREAL.—VACCINATING AMERICAN-BOUND PASSENGERS ON A TRAIN OF THE GRAND TRUNK RAILWAY.
FROM SKETCHES BY JAMES MARVIN.

The practice of vaccination is to inject poisons, viruses, and diseases into the body. Although vaccines come in oral and other forms, injection is the primary delivery method. Throughout history, millions have been diseased and killed by this “grotesque superstition.” More people have been killed by vaccines than the diseases they’re supposed to prevent.

Vaccines Cause Diseases

The first smallpox vaccine was conceptualized in 1796 by Edward Jenner (1749-1823) of England. Since that time, the ingredients (antigens, toxins) used in vaccines have changed dramatically. As the vaccine ingredients changed over the centuries, the diseases caused by vaccines have also changed. In other words, as you inject different poisons into the body, the body acquires different diseases.

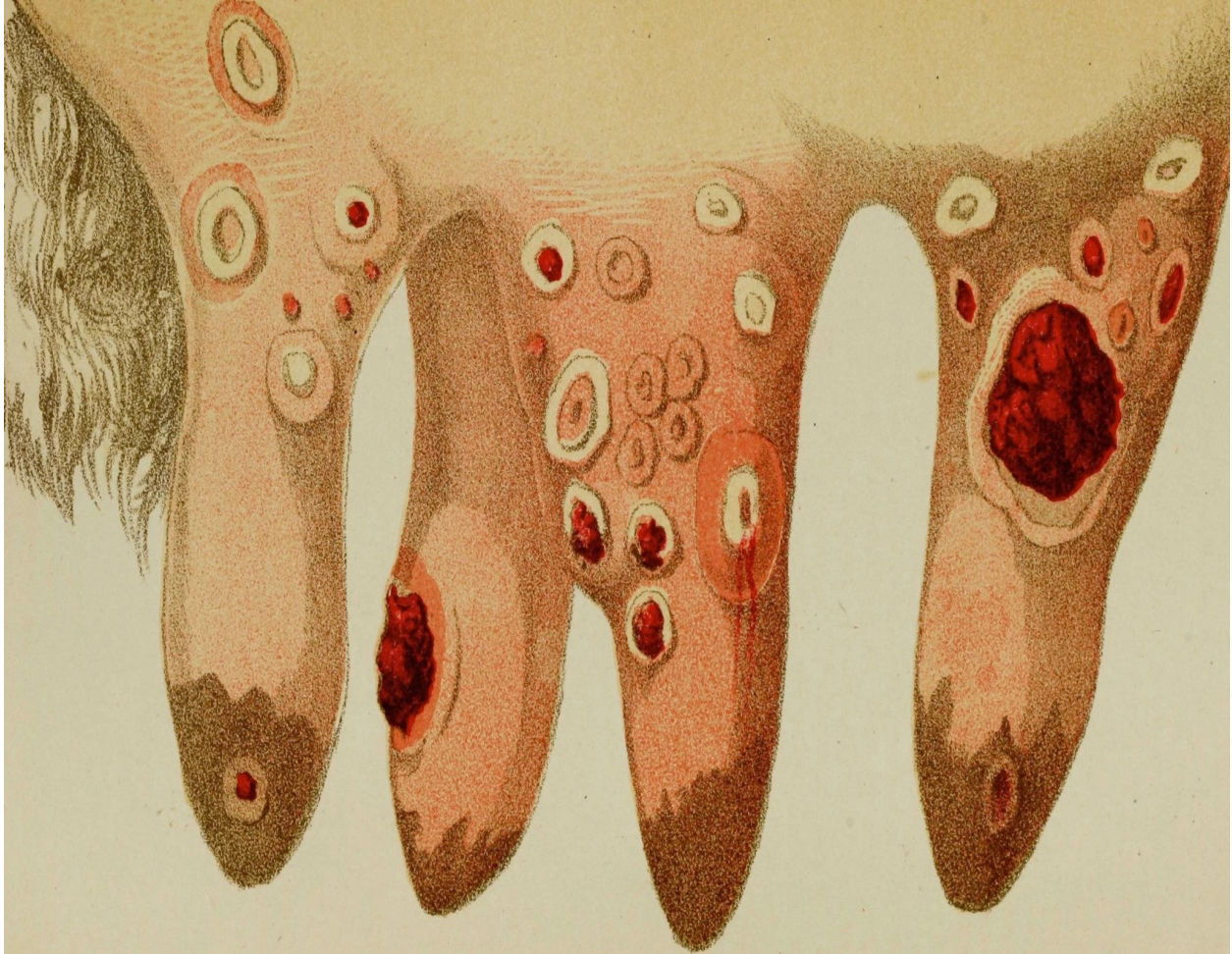
VACCINE INGREDIENTS IN THE 1800s. From roughly 1800 to the early 1900s, the vaccine ingredients were primary from animal and human diseases. These diseases (vaccine ingredients) included animal and human pus, cowpox, ass-pus from rabbits, horsegrease, and sheep-pox.

Pox: Any of several viral diseases producing a rash of pimples that become pus-filled and leave pockmarks on healing.

Pus: A thick yellowish or greenish opaque liquid produced in infected tissue, consisting of dead white blood cells and bacteria with tissue debris and serum. (Source: Google Dictionary).



A pus on a hand.



Cowpox. From the early 1800s to the early 1900s, cowpox was the main vaccine ingredient in the smallpox vaccine. Cowpox, a cow disease, and smallpox, a human disease, had few physiological similarities. They were similar in that the words for both diseases ended with “pox”.



L'ORIGINE DE LA VACCINE.

A Paris chez Depeuille, Rue des Mathurins Sorbonne aux deux Pilastres d'Or.

Déposé à la Bi. Nat.

For centuries people believed that taking a disease from animals and inserting it into the human body prevented diseases. The vaccination theory was based on superstition.

II. List of suitable Vaccinating Instruments.*



1. THE NARROW BLADED LANCET, - - - - - Price \$0 75



2. THE SYRINGE VACCINATOR, - - - - - Price \$0 88



3. THE SYRINGE SELF VACCINATOR, - - - - - Price \$2 25



4. THE TRIDENT LANCET, - - - - - Price \$1 00



5. THE VACCINATING SCARIFICATOR, - - - - - Price \$3 50

Crude instruments. Human and animal diseases were inserted into the body by creating an incision in the body, usually the arm, with crude tools like the ones above.

When animal diseases such as pus and pox were used as vaccine ingredients, the diseases they caused were as many as they are now. The diseases caused by vaccines were recorded by J.T. Biggs, JP, sanitation engineer, in "Leicester: Vaccination versus Vaccination", 1912, chap. 96:

"While not proposing to give a complete list, I append the principal of those vaccine-induced diseases which have already been published or come to my knowledge:

Abdominal Phthisis	Diseased bones	<u>Phagedenic</u> action
Abscesses	Diseased joints	<u>Phlegmon</u>
<u>Adenitis</u>	Dyscrasia	Pityriasis
Anemia	<u>Ecthymia</u>	Plague
<u>Angeioleucitis</u>	Eczema	Pneumonia
Apnoea	Eruptions	Prurigo
Arm disease (involving amputation)	Erysipelas	Psoriasis
Axillary Bubo	Erythema	<u>Pyæmia</u>
Axillary Gland (enlargement of)	Foot-and-Mouth Disease	Pyrexia
Blindness	<u>Gangrenosa</u>	Rickets
Blood poisoning (fatal)	General Debility	Scald Head
Boils	Herpes	Scarlatina
Bronchitis	Impetigo	Scrofula
Bulla	Inflammation	Septicæmia
CANCER	Latent diseases developed	Skin Disease
Cellulitis	Leprosy	Strum intensified
Convulsions	Lichen	Syphilis
Cowpox	Marasmus	Tetanus
Diarrhea	Meningitis	Tuberculosis
	Mesenteric Disease	Ulceration Urticaria
	Oedema	Vaccinia
	Paralysis	<u>Varioloid</u>

Furthermore,

"The most distinguished names in the profession have testified to vaccination being the certain vehicle for the dissemination of leprosy. These names include Sir Erasmus Wilson (sometimes called the father of dermatologists); Dr. John D. Hillis; Dr. Liveing; Sir Ranald Martin; Professor W. T. Gairdner; Dr. Tilbury Fox; Dr. Gavin Milroy; Dr. R. Hall Bakewell, formerly Physician to the Leper Asylum, Trinidad; Dr. A.S. Black, of Trinidad; Dr. Edward Arning; Dr. Walter M. Gibson, late President of the Honolulu Board of Health; Professor H. G. Piffard, New York; Dr. A. M. Brown, London; Dr. Frances Hoggan; Dr. Blanc,

Professor of Dermatology, University of New Orleans; Dr. Bechtinger, of Rio; Professor Montgomery, of California; Dr. Sidney Bourne Swift, late Medical Director, Leper Settlement, Molokai, Hawaii; Dr. P. Hellat, St. Petersburg; Professor Henri Leloir, Lille; Dr. Mouritz; Surgeon Brunt; Dr. John Freeland, Government Medical Officer, Antigua; Dr. S. P. Impey, Superintendent Leper Asylum, Robben Island, Cape Colony; and many others. On the subject of leprosy there are no higher authorities.” —Dr. William Tebb, MD, MA, DPH, “A Century of Vaccination and What It Teaches”, 1898



Eczema from vaccination.

“When Jenner died in 1823, three kinds of smallpox vaccines were in use: 1) cowpox promoted as ‘pure lymph from the calf,’ 2) horsegrease promoted as ‘the true and genuine life-preserving fluid,’ and 3) horsegrease cowpox...Following Jenner’s death the vaccine establishment used one excuse after another to

explain the failure of vaccination: the number of punctures was incorrect, or that revaccination was necessary or that the lymph was impure. The smallpox deaths of vaccinated patients in hospital were recorded as ‘pustular eczema.’” —Dr.

Jennifer Craig, BSN, MA, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

In the 1800s, vaccination was associated with “blood poisoning.”

Edward Jenner, credited with inventing vaccination, borrowed the idea from dairymaids. Therefore, vaccination was founded upon superstition. This subject is discussed in detail in the books of the “History of Vaccination” series. One of the most prominent physicians at the time did not have nice things to say about Edward Jenner.

“Now this man Jenner had never passed a medical examination in his life. He belonged to the good old times when George III was King, when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity. It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he communicated with a Scotch university and obtained the degree of Doctor of Medicine for the sum of £15 and nothing more...What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% of the fools in the world, the vast majority, into buying vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great discovery worth thousands of millions. That is why this kind of blackmail is still kept going.” —Dr. Walter Hadwen, JP, MD, LRCP, MRCS, LSA

Louis Pasteur and Attenuated Vaccines

Louis Pasteur (1822-1895) co-developed the anthrax vaccine in 1881. The vaccine supposedly worked in cows, goats, and sheeps, but was not successfully tested in humans at the time. In 1885, Pasteur created the first human vaccine. This vaccine used attenuated (weakened) viruses as the primary ingredient.

Virus: An infective agent that typically consists of a nucleic acid molecule in a protein coat, is too small to be seen by light microscopy, and is able to multiply

only within the living cells of a host.

Anthrax: A notifiable bacterial disease of sheep and cattle, typically affecting the skin and lungs. It can be transmitted to humans, causing severe skin ulceration or a form of pneumonia (also called wool-sorter's disease).

Attenuate: Reduce the virulence of (a pathogenic organism or vaccine).
(Source: Google Dictionary).



Louis Pasteur (1822-1895) of France. He created the first attenuated (weakened) live virus vaccine. A few decades after his invention, cowpox, a disease from cows, would no longer be used as the main ingredient in the smallpox vaccine. Instead, weakened live viruses from animals would be used instead.

Louis Pasteur originally took a live virus from a rabbit's spinal cord and attenuated the virus in a lab. This was the first rabies vaccine. This attenuated

virus was supposedly maintained with preservatives and stabilizers such as formaldehyde and mercury, which are two of the most poisonous substances to the human body. Then the preserved attenuated live virus was later injected into the human body to “prevent” disease—inject disease into to the body to prevent disease. This defies common sense and logic.

Louis Pasteur’s theory of attenuated viruses opened the floodgates for the drug companies to create a multitude of other vaccines. Thus, began the modern era of vaccines for the drug companies. In 2018, Sanofi Pasteur was one of the largest vaccine manufacturers in the world.

MODERN VACCINE INGREDIENTS. Modern vaccines ingredients are very similar to each other. The few differences in vaccine ingredients depend on the type of vaccine. There are four main types of vaccines:

- 1) Live, attenuated vaccine.
- 2) Inactivated/killed vaccine.
- 3) Toxoid (inactivated toxin).
- 4) Subunit/conjugate.

Live, Attenuated vaccine: An attenuated vaccine is a vaccine created by reducing the virulence of a pathogen, but still keeping it viable (or "live"). Attenuation takes an infectious agent and alters it so that it becomes harmless or less virulent. These vaccines contrast to those produced by "killing" the virus (inactivated vaccine).

Inactivated vaccine: An inactivated vaccine is a vaccine consisting of virus particles, bacteria, or other pathogens that have been grown in culture and then killed using a method such as heat or formaldehyde.

Subunit/conjugate vaccine: A conjugate vaccine is created by covalently attaching a poor antigen to a strong antigen thereby eliciting a stronger immunological response to the poor antigen. Most

commonly, the poor antigen is a polysaccharide that is attached to strong protein antigen. (Source: wikipedia.org)

VACCINE TYPES AND VACCINES

Vaccine type	Vaccines
Live, attenuated	MMR (measles, mumps, rubella), Varicella (chickenpox), Influenza (nasal spray), Rotavirus, Zoster (shingles), Yellow fever
Inactivated/Killed	Polio (IPV), Hepatitis A, Rabies
Toxoid (inactivated toxin)	Diphtheria, tetanus (part of DTaP combined immunization)
Subunit/conjugate	Hepatitis B Influenza (injection) Haemophilus influenza type b (Hib) Pertussis (part of DTaP combined immunization) Pneumococcal Meningococcal Human papillomavirus (HPV)

Modern vaccine ingredients contain some of the most poisonous substances to the human body. Many of these toxins are summarized below.

MODERN VACCINE INGREDIENTS AND THEIR EFFECTS ON THE BODY

ALUMINUM. Known to cause brain damage at all doses, linked to ALZHEIMER'S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more

damage with each dose.

BETA-PROPIOLACTONE. Known to cause CANCER. Suspected gastroin- testinal, liver, nerve and respiratory, skin and sense organ POISON.

GENTAMICIN SULPHATE & POLYMYXIN B [ANTIBIOTICS]. Allergic reactions can range from mild to life-threatening.

GENETICALLY MODIFIED YEAST, ANIMAL, BACTERIAL AND VIRAL DNA. Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.

GLUTARALDEHYDE. Poisonous if ingested. Causes BIRTH DEFECTS in animals.

FORMALDEHYDE [FORMALINE]. Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

LATEX RUBBER. Can cause life-threatening allergic reactions.

HUMAN AND ANIMAL CELLS. Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

MERCURY [THIMEROSAL]. One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

MONOSODIUM GLUTAMATE [MSG]. A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

NEOMYCIN SULPHATE [ANTIBIOTIC]. Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life -threatening.

PHENOL/PHENOXYETHANOL [2-PE]. Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

POLYSORBATE 80 & 20. Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

TRI(N) BUTYLPHOSPHATE. Potentially toxic to the kidney and nervous system.

Source: www.LearnTheRisk.org

DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY

Aluminum

Known to cause brain damage at all doses, linked to ALZHEIMER'S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more damage with each dose.

Beta-Propiolactone

Known to cause CANCER. Suspected gastrointestinal, liver, nerve and respiratory, skin and sense organ POISON.

Gentamicin Sulphate & Polymyxin B [antibiotics]

ALLERGIC reactions can range from mild to life-threatening.

Genetically Modified Yeast, Animal, Bacterial and Viral DNA

Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.

Glutaraldehyde

Poisonous if ingested. Causes BIRTH DEFECTS in animals.

Formaldehyde [formalin]

Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

Latex Rubber

Can cause life-threatening allergic reactions.

Human and Animal Cells

Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

Mercury [thimerosal]

One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

Monosodium Glutamate [MSG]

A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

Neomycin Sulphate [antibiotic]

Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life-threatening.

Phenol/Phenoxyethanol [2-PE]

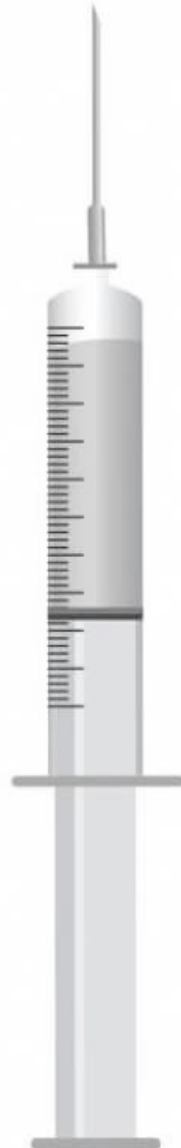
Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

Polysorbate 80 & 20

Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

Tri(n) Butylphosphate

Potentially toxic to the kidney and nervous system.

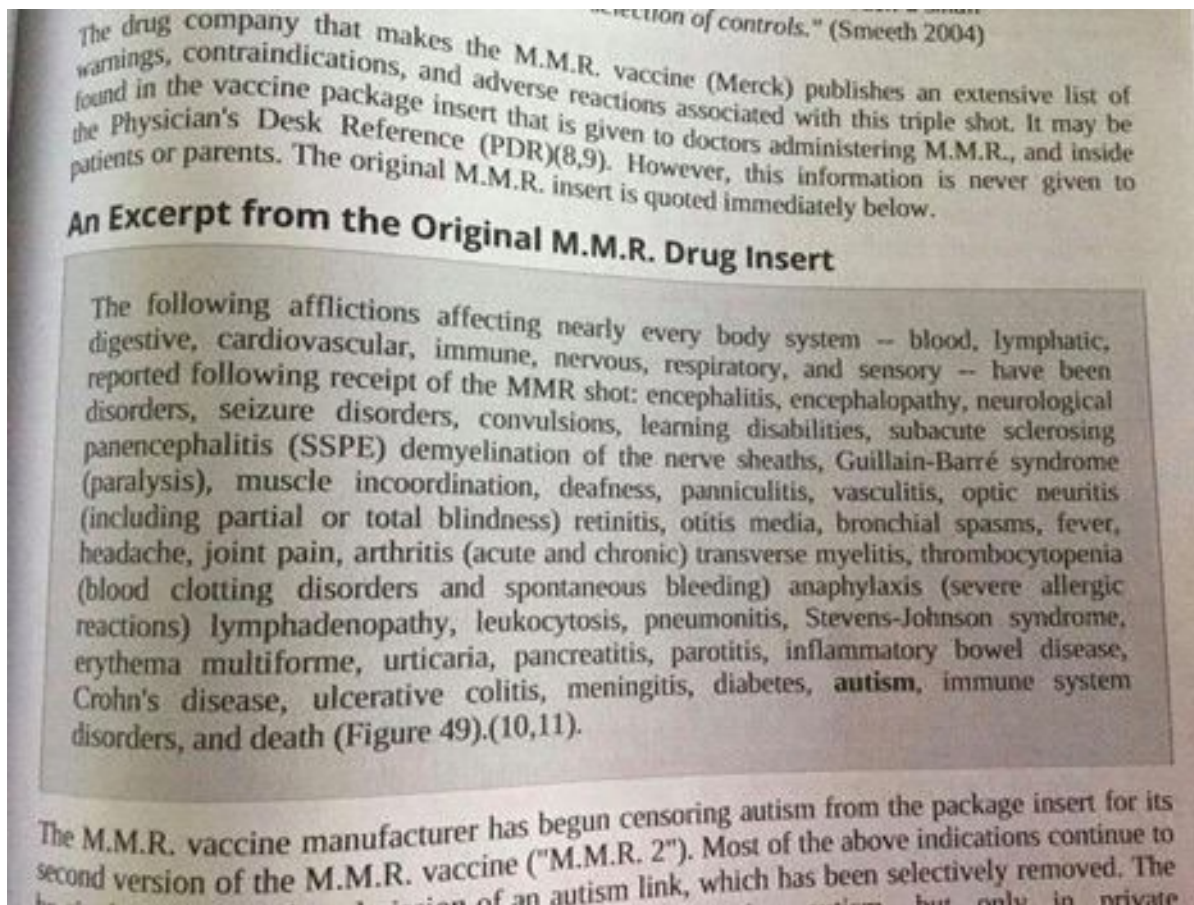


www.LearnTheRisk.org

DISEASES CAUSED BY MODERN VACCINE INGREDIENTS

We've seen the diseases caused by vaccines when their ingredients were diseases from animals—mainly pus and pox. The diseases caused by modern vaccine ingredients are also extensive. These diseases are the side effects of many vaccines, and are listed on the product inserts provided by the drug companies. These product inserts are usually 10 to 30 pages long, and not the one page printout pharmacies and doctors provide when you ask. Furthermore, these diseases, even death, are corroborated by millions of parents who've reported their experiences with vaccines. They're listed on the VAERS (Vaccine Adverse Event Reporting System) database.

"Everyone who is vaccinated is vaccine injured—whether it shows up right away or later in life." —Dr. Shiv Chopra, B.V.S., A.H., M.Sc., PhD, Fellow of the World Health Organization, former senior scientist at Health Canada



The MMR (measles, mumps, rubella) combo vaccine product insert listing all the known side effects (adverse reactions) of the vaccine. Used under the Fair Use Clause.

In the German case-control study and US open-label safety study in which 14,971 infants received Tripedia vaccine, 13 deaths in Tripedia vaccine recipients were reported. Causes of deaths included seven SIDS, and one of each of the following: enteritis, Leigh Syndrome, adrenogenital syndrome, cardiac arrest, motor vehicle accident, and accidental drowning. All of these events occurred more than two weeks post immunization.² The rate of SIDS observed in the German case-control study was 0.4/1,000 vaccinated infants. The rate of SIDS observed in the US open-label safety study was 0.8/1,000 vaccinated infants and the reported rate of SIDS in the US from 1985-1991 was 1.5/1,000 live births.³⁴ By chance alone, some cases of SIDS can be expected to follow receipt of whole-cell pertussis DTP³⁵ or DTaP vaccines.

Additional Adverse Reactions:

- As with other aluminum-containing vaccines, a nodule may be palpable at the injection sites for several weeks. Sterile abscess formation at the site of injection has been reported.^{3,36}
- Rarely, an anaphylactic reaction (ie, hives, swelling of the mouth, difficulty breathing, hypotension, or shock) has been reported after receiving preparations containing diphtheria, tetanus, and/or pertussis antigens.³
- Arthus-type hypersensitivity reactions, characterized by severe local reactions (generally starting 2-8 hours after an injection), may follow receipt of tetanus toxoid.
- A few cases of peripheral mononeuropathy and of cranial mononeuropathy have been reported following tetanus toxoid administration, although available evidence is inadequate to accept or reject a causal relation.³⁷
- A review by the Institute of Medicine (IOM) found evidence for a causal relationship between tetanus toxoid and both brachial neuritis and Guillain-Barré syndrome.³⁷
- A few cases of demyelinating diseases of the CNS have been reported following some tetanus toxoid-containing vaccines or tetanus and diphtheria toxoid-containing vaccines, although the IOM concluded that the evidence was inadequate to accept or reject a causal relationship.³⁷

Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathy, hypotonia, neuropathy, somnolence and apnea. Events were included in this list because of the seriousness or frequency of reporting. Because these events are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequencies or to establish a causal relationship to components of Tripedia vaccine.²

Reporting of Adverse Events

The National Vaccine Injury Compensation Program, established by the National Childhood Vaccine Injury Act of 1986, requires physicians and other health-care providers who administer vaccines to maintain permanent vaccination records of the manufacturer and lot number of the vaccine administered in the vaccine recipient's permanent medical record along with the date of administration of the vaccine and the name, address and title of the person administering the vaccine. The Act (or statute) further requires the health-care professional to report to the Secretary of the US Department of Health and Human

The Dtap (diphtheria, tetanus, and whooping cough (pertussis)) vaccine insert listing all the known side effects.

Due to their similar ingredients, most modern vaccines have similar side effects. Let's look at the adverse reactions (side effects) of the MMR combo vaccine.

ADVERSE REACTIONS (SIDE EFFECTS) ON DIFFERENT

BODY PARTS

BODY AS A WHOLE. Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability.

CARDIOVASCULAR SYSTEM. Vasculitis.

DIGESTIVE SYSTEM. Digestive system.

ENDOCRINE SYSTEM. Diabetes mellitus.

HENIC AND LYMPHATIC SYSTEM. Thrombocytopenia (see WARNINGS, leukocytosis.

IMMUNE SYSTEM. Anaphylaxis and anaphylactoid reactions have been reported as well as related phenomena such as angioneurotic edema (including peripheral or facial edema) and bronchial spasm in individuals with or without an allergic history.

MUSCULOSKELETAL SYSTEM. Arthritis; arthralgia; myalgia.

Arthralgia and/or arthritis (usually transient and rarely chronic), and polyneuritis are features of infection with wild-type rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. This type of involvement as well as myalgia and paresthesia, have also been reported following administration of MERUVAX II.

Chronic arthritis has been associated with wild-type rubella infection and has been related to persistent virus and/or viral antigen isolated from body tissues. Only rarely have vaccine recipients developed chronic joint symptoms.

Following vaccination in children, reactions in joints are uncommon and generally of brief duration. In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%), {17,56,57} and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities.

NERVOUS SYSTEM. Encephalitis; encephalopathy; measles inclusion body encephalitis (MIBE) (see CONTRAINDICATIONS); subacute sclerosing panencephalitis (SSPE); Guillain-Barré Syndrome (GBS); acute disseminated encephalomyelitis (ADEM); transverse myelitis; febrile convulsions; afebrile convulsions or seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia.

Encephalitis and encephalopathy have been reported approximately once for every 3 million doses of M-M-R II or measles-, mumps-, and rubella-containing vaccine administered since licensure of these vaccines.

The risk of serious neurological disorders following live measles virus vaccine administration remains less than the risk of encephalitis and encephalopathy following infection with wild-type measles (1 per 1000 reported cases). {58,59}

In severely immunocompromised individuals who have been inadvertently vaccinated with measles- containing vaccine; measles inclusion body encephalitis, pneumonitis, and fatal outcome as a direct consequence of disseminated measles vaccine virus infection have been reported (see CONTRAINDICATIONS). In this

population, disseminated mumps and rubella vaccine virus infection have also been reported.

There have been reports of subacute sclerosing panencephalitis (SSPE) in children who did not have a history of infection with wild-type measles but did receive measles vaccine. Some of these cases may have resulted from unrecognized measles in the first year of life or possibly from the measles vaccination. Based on estimated nationwide measles vaccine distribution, the association of SSPE cases to measles vaccination is about one case per million vaccine doses distributed. This is far less than the association with infection with wild-type measles, 6-22 cases of SSPE per million cases of measles. The results of a retrospective case-controlled study conducted by the Centers for Disease Control and Prevention suggest that the overall effect of measles vaccine has been to protect against SSPE by preventing measles with its inherent higher risk of SSPE.

{60}

Cases of aseptic meningitis have been reported to VAERS following measles, mumps, and rubella vaccination. Although a causal relationship between the Urabe strain of mumps vaccine and aseptic meningitis has been shown, there is no evidence to link Jeryl Lynn™ mumps vaccine to aseptic meningitis.

RESPIRATORY SYSTEM. Pneumonia; pneumonitis (see CONTRAINDICATIONS); sore throat; cough; rhinitis.

SKIN. Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis.

Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site; Henoch-Schönlein purpura; acute

hemorrhagic edema of infancy.

SPECIAL SENSES—EAR. Nerve deafness; otitis media.

SPECIAL SENSES—EYE. Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis.

UROGENITAL SYSTEM. Epididymitis; orchitis.

OTHER. Death from various, and in some cases unknown, causes has been reported rarely following vaccination with measles, mumps, and rubella vaccines; however, a causal relationship has not been established in healthy individuals (see CONTRAINDICATIONS). No deaths or permanent sequelae were reported in a published post-marketing surveillance study in Finland involving 1.5 million children and adults who were vaccinated with M-M-R II during 1982 to 1993.

{61}

Under the National Childhood Vaccine Injury Act of 1986, health-care providers and manufacturers are required to record and report certain suspected adverse events occurring within specific time periods after vaccination. However, the U.S. Department of Health and Human Services (DHHS) has established a Vaccine Adverse Event Reporting System (VAERS) which will accept all reports of suspected events.

{49} A VAERS report form as well as information regarding reporting requirements can be obtained by calling VAERS 1-800-822-7967.

2018 MMR vaccine insert, Merck & Co—used under the Fair Use Clause.

Vaccine adverse reactions affect every part of the body. It is estimated that only a fraction of adverse reactions are reported since pediatricians and doctors advise parents that side effects are a coincidence or are “normal”.

In their 8 to 12 years of medical education, medical doctors (MDs) and pediatricians receive only a few hours of vaccine training. They are *not* educated

on vaccine ingredients or vaccine side effects. Those few hours are spent “educating” them on how to get parents to adhere to the CDC childhood vaccine schedule, which as of 2018, recommends that a child receive 74 vaccines (some are combos) by the time they’re 18 years old.

Year	CDC recommended vaccine doses	Autism rate
1962	5	1 in 5,000
1983	24	1 in 2,500
2016	72	1 in 40
2018	74	1 in 36

That’s a lot of poison in a child. As vaccine doses increased, so did the autism rate (brain damage). The heavy metals in vaccines have been implicated in causing the autism epidemic.

“I am no longer ‘trying to dig up evidence to prove’ vaccines cause autism. There is already abundant evidence. This debate is not scientific but is political.”
—Dr. David Ayoub, MD, radiologist

“The CDC is not an independent agency. It is a vaccine company. The CDC owns over 20 vaccine patents. It sells about \$4.6 billion of vaccines every year...Four scathing federal studies, including two by Congress, one by the U.S. Senate, and one by the HHS Inspector General, paint the CDC as a cesspool of corruption, mismanagement and dysfunction with alarming conflicts of interest suborning its research, regulatory and policymaking functions...Doctors are punished by insurance companies like Blue Cross and Blue Shield if doctors don’t get a certain percentage of their patients to comply with the vaccination schedule. If 63% are non-compliant, they don’t receive any of their bonuses.” — Robert F. Kennedy, Jr.

Furthermore, medical doctors receive roughly 8 hours of nutrition training. Medical doctors and pediatricians have been indoctrinated into the medical industry. They are no longer independent healers, but merely clerks and salespeople for the drug companies.

DO VACCINES CAUSE AUTISM?

Demanding "scientific studies" to question vaccination is a method of sophistry (the use of fallacious arguments, especially with the intention of deceiving), particularly whether vaccines cause autism. Heavy metals cause brain damage. Heavy metals (aluminum, mercury derivatives) are in vaccines. Once injected into the muscles, the heavy metals are absorbed into the bloodstream and reach the brain. Children are injected with heavy metals. Children have a high rate of autism. Do vaccines cause autism? No. The heavy metals in vaccines cause autism.

Autism is a form of brain damage. Whether the drug companies reclassify or rename autism, at its root autism is still brain damage. Like polio, the drug companies may decide to reclassify or rename autism in the future. The drug industry often play a game of semantics:

- 1) Reclassify a disease by adding or removing symptoms. This gives the appearance that the disease was eradicated. Also, reclassify an illness as a disease to make it more menacing (eg, reclassify measles as a disease).
- 2) Rename a disease. This also gives the appearance that the disease was eradicated.

The most common adverse reactions of most vaccines are allergies, asthma, brain damage, cancer, autoimmune diseases, and even death. However, there are more than 100 autoimmune diseases. Some of the more common autoimmune diseases are:

Immune system disorders, Rheumatoid arthritis, lupus, Inflammatory bowel disease (IBD), Multiple sclerosis (MS), Type 1 diabetes mellitus, Guillain-Barre syndrome (paralysis), Chronic inflammatory demyelinating polyneuropathy, Psoriasis, Graves' disease, Hashimoto's thyroiditis, Myasthenia gravis,

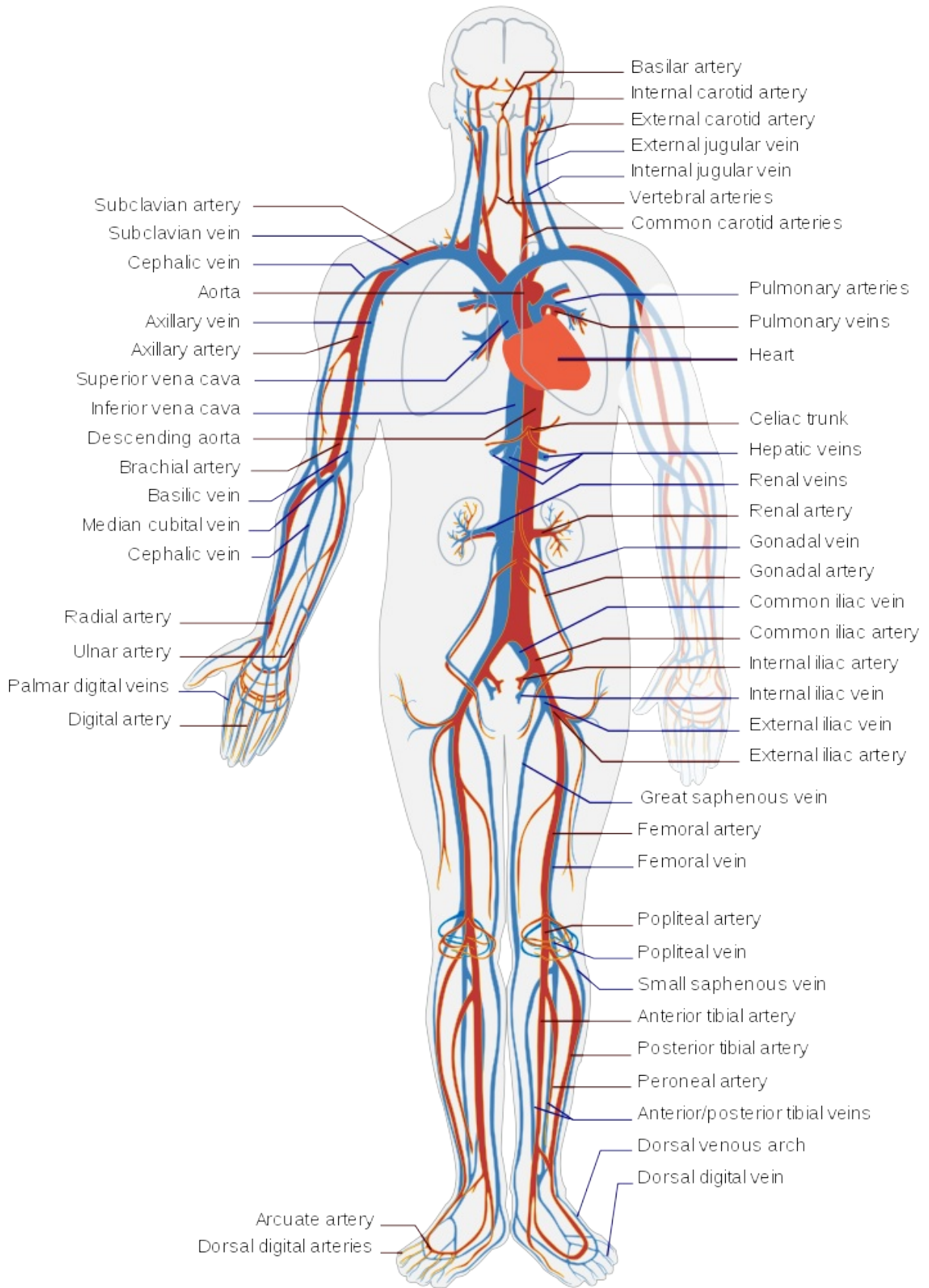
Vasculitis.

“Vaccines are unavoidably unsafe.” —US Supreme Court, March 2011

From 1986-2017, the vaccine injury court has paid over \$3.7 billion dollars to vaccine injured parents, proving vaccines are not safe. The historical data shows vaccines were ineffective at preventing diseases. Therefore, the only rational conclusion is that vaccines are unsafe and ineffective.

HOW VACCINES CAUSE DISEASES IN DIFFERENT PARTS OF THE BODY

Vaccine ingredients are *not* injected directly into the bloodstream—they are injected *indirectly* into the bloodstream. The ingredients are injected into the muscles (intramuscular injection/intramuscularly). Then the ingredients are absorbed into the bloodstream. Through the muscular system and bloodstream (circulatory system), the toxins in vaccines reach every part of the body.



The bloodstream is part of the circulatory system. When vaccine ingredients are injected into the muscles and absorbed into the bloodstream, the toxins are capable of reaching every part of the body through the muscular and circulatory systems.

–Through the bloodstream (part of the circulatory system), the toxins can pollute the blood cells (blood poisoning), causing cancer and autoimmune diseases.

–Through the muscular system, the toxins can cause paralysis (Guillain-Barré syndrome, GBS) and other muscular abnormalities.

–Through the bloodstream, the toxins can travel to the brain and cross the blood-brain-barrier, causing brain damage.

These are the mechanics in which vaccines cause various diseases throughout the body. Vaccine ingredients have constantly changed since 1796. The only constant is the *theory* of vaccination: inject poisons, viruses, and diseases into the body to prevent disease.

As bizarre and unbelievable as it sounds, the theory of vaccination is to inject poisons, viruses, diseases into the body in order to prevent disease. How can something that causes a long list of diseases be used to prevent disease? Something intended to prevent disease shouldn't cause more diseases than it's supposed to prevent. It defies common sense and logic.

SMALLPOX, INOCULATION, VACCINATION

To understand why vaccination came about, we need to examine the most horrific and feared disease in history: smallpox.

The first vaccine was conceptualized in 1796 by Edward Jenner of England to prevent smallpox. Prior to vaccination, inoculation (very similar to vaccination) was used to prevent smallpox. Thus, smallpox, inoculation, and vaccination are intertwined.



Smallpox was the most feared disease in history because of the distinct bodily marks (pox) it left on victims. Photo: www.wikipedia.org

SMALLPOX

1) “An acute, highly contagious, febrile disease, caused by the variola virus, and characterized by a pustular eruption that often leaves permanent pits or scars: *eradicated worldwide by vaccination programs.*” —www.dictionary.com

2) An acute contagious viral disease, with fever and pustules usually leaving permanent scars. It was effectively *eradicated through vaccination by 1979.*” — Google Dictionary

3) “Thousands of years ago, variola virus (smallpox virus) emerged and began causing illness and deaths in human populations, with smallpox outbreaks occurring from time to time. *Thanks to the success of vaccination,* the last natural outbreak of smallpox in the United States occurred in 1949. In 1980, the World Health Assembly declared smallpox eradicated (eliminated), and no cases of naturally occurring smallpox have happened since...Smallpox research in the United States continues and focuses on the development of vaccines, drugs, and diagnostic tests to protect people against smallpox in the event that it is used as an agent of bioterrorism.” —www.cdc.gov

Consider this: There were roughly 200 nations on Earth when smallpox was supposedly ravaging the planet. Of those, only about 30 nations were ever vaccinated for smallpox. But it was declared eradicated by vaccination when about 170 countries never used the smallpox vaccine. If they did, it was only in the vast minority of their populations. Furthermore, smallpox was foreign to the North American Indians. The Natives lived in open spaces and managed to avoid the dreaded smallpox. Only when the Europeans arrived in the 16th century was smallpox introduced to the Americas. In the next three centuries, the Europeans used smallpox as a biological weapon to nearly wipe out the North American Indians.

As you'll soon discover, every historical data has shown that vaccination never eradicated smallpox. In fact, vaccination increased the incidence of smallpox wherever it was practiced.

INOCULATION

Inoculation is the practice of creating a cut in the body, usually the arm, to insert animal pus, human smallpox, or another disease into the cut. This was done in hopes of preventing disease, particularly smallpox. The ancient Hindus purportedly practiced inoculation several hundred years prior to the introduction of vaccination in 1796. Inoculation was the predecessor to vaccination, both are based on the theory of homeopathy: In small doses, like cures like. For example, rubbing small doses of smallpox into a person to prevent smallpox.

"Dhanwantari, the Vedic Father of Medicine, and the earliest known Hindu physician, who lived about 1,500 B.C., is supposed to have been the first to practice inoculation for smallpox. It is even stated that the ancient Hindus employed a vaccine, which they prepared by the transmission of the smallpox virus through a cow." —“History of Inoculation and Vaccination”, p. 6-13



Inoculation against smallpox. Taking smallpox from a diseased person and introducing it into another person through a cut in the arm.

“The practice of inoculation spread like a noxious weed, from the savage tribes of the forgotten past into the civilizations of Africa, Arabia, Tibet, India and finally into Europe and America.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”, 1957

VACCINATION

The practice of introducing, often through injection, poisons, viruses, and diseases into the body to prevent disease. The first vaccine (smallpox vaccine) was conceptualized by Edward Jenner of England in 1796 and later used on the English in the early 1800s. The first smallpox vaccine primarily used cowpox, a

cow disease, to vaccinate against smallpox, a human disease.



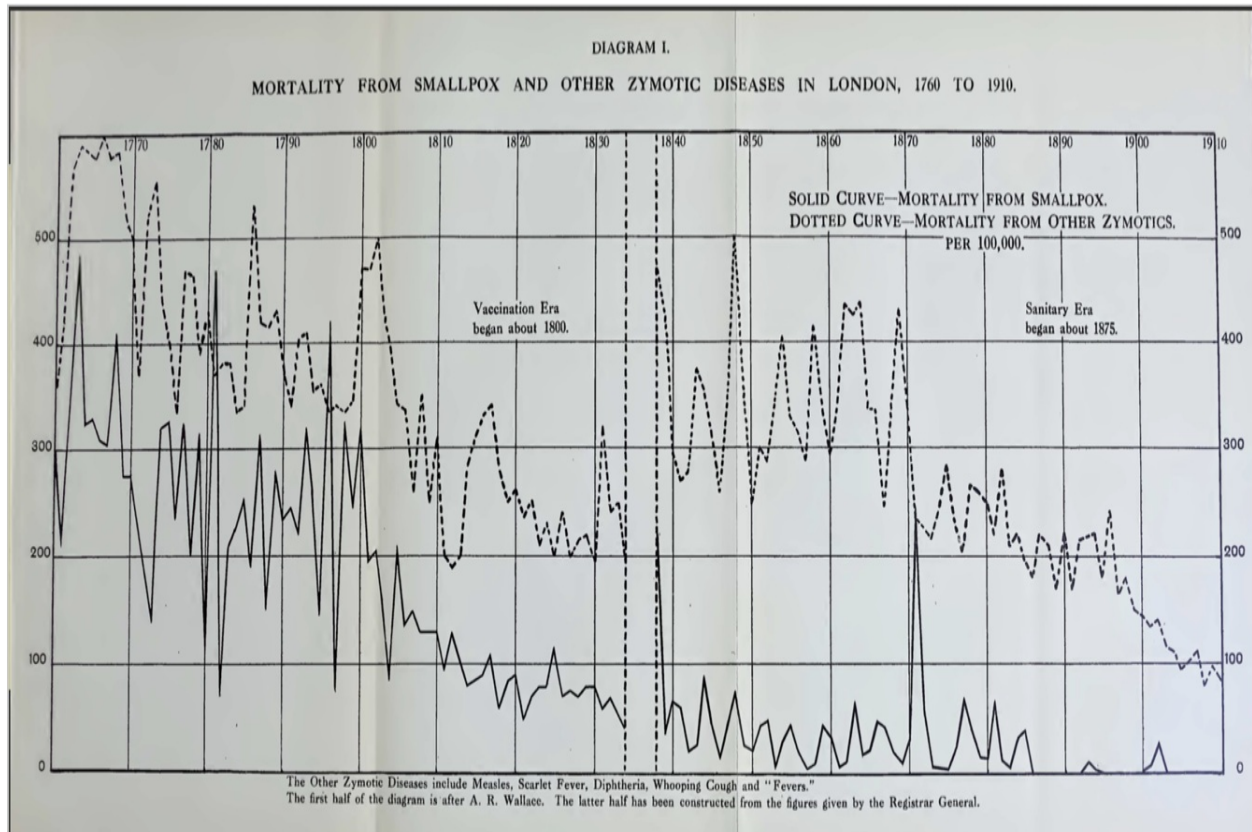
Vaccination against smallpox. A painting of Edward Jenner applying the smallpox vaccine (cowpox in a needle) to a child.

When Louis Pasteur created the attenuated (weakened) live virus vaccine in 1885, it opened the floodgates for drug companies to manufacture all sorts of vaccines: flu (influenza), measles, chickenpox, polio, etc.

The question is, “Did vaccination prevent or eradicate smallpox?” According to official statistics, the answer is NO. Vaccination did not prevent or eradicate

smallpox.

“It is clear that the mortality from both causes fell very remarkably, and that in the case of smallpox as well as in the case of ‘other zymotics’ the decline had set in before the end of the eighteenth century—in other words before the beginning of the vaccination era.” — Dr. C. Killick Millard, M.D., D.Sc., “The Vaccination Question in the Light of Modern Experience”, 1914, chap. 2



Mortality from smallpox and other zymotic (infectious, contagious) diseases in London, 1760 to 1910. Official statistics from the Registrar General, England 1760-1910. From this historical data we know that vaccines had no role in preventing zymotic (infectious, contagious) diseases. Vaccines did not eradicate smallpox.

“Vaccination is utterly useless as a preventive against smallpox, that millions of vaccinated persons have died of smallpox.” —Dr. J.W. Hodge, MD, New York

“I know of one epidemic of smallpox comprising nine hundred and some cases

in which 95% of the infected had been vaccinated, and most of them recently. I have had in my own experience on very small epidemic comprising 33 cases, of which 29 had vaccination histories a 'good' scar, and some of them vaccinated within the last year. There was no protection there.”—Dr. William Howard Hay, 1937

“Vaccination has not protected us; it could not do it, because the smallpox had already left us and the non-vaccinated world, before its introduction... Vaccination proves itself, in the history of humanity, to be the greatest crime committed in this last century!” —Dr. C. Charles Schieferdecker, MD, “The Evils of Vaccination”, 1856

“Smallpox attained its maximum mortality after vaccination was introduced. The mean annual mortality for 10,000 population from 1850 to 1869 was at the rate of 2.04, whereas after compulsory vaccination, in 1871 the death rate was 10.24. In 1872 the death rate was 8.33 and this after the most laudable efforts to extend vaccination by legislative enactments.” —Dr. William Farr (1807-1883), Compiler of Statistics of the Registrar General of London

A BRIEF HISTORY OF SMALLPOX

One of the medical profession’s greatest boasts is that it eradicated smallpox through the use of the smallpox vaccine. I myself believed this claim for many years. But it simply isn’t true.” —Dr. Vernon Coleman, MB, ChB, DSc, FRSA, GP, *Anyone Who Tells You Vaccines Are Safe And Effective Is Lying. Here's The Proof*, 2011

Smallpox had been mentioned in different civilizations, from the ancient Egyptians, Aztecs, and Chinese. However, there were no smallpox epidemics recorded in ancient times that could be verified. Smallpox epidemic numbers were only accurately recorded in England from the 1700s to the 1900s. Therefore, because of the lack of official smallpox records and statistics in the English-speaking world, only the records from England are considered reliable. Anything else is, without official data, is pure speculation.

“It is a matter of pure speculation as to when the condition first appeared, but it is unlikely to have done so prior to man’s establishment of large townships

coupled with poor nutrition, overcrowding, lack of sanitation and inadequate hygiene. Keeping people, such as slaves and prisoners, in disgusting and sub-human conditions may have been the necessary ingredient for the establishment of the virus but there is virtually no doubt that the aforementioned adverse conditions were responsible for the epidemics of smallpox as well as for its endemic nature in certain areas until its recent demise. It was recorded in Chinese history and was certainly prevalent in the west by the sixteenth century.”
—Dr. Michael Nightingale, Traditional Chinese Medicine

The deaths caused by smallpox were greatly exaggerated (disease mongering), even fabricated, in medical textbooks and in general. For example,

“Queen Mary II of England died of smallpox in 1694. In the century following her death 60 million persons in Europe died of smallpox.” —Howard Haggard, “Devils, Drugs, and Doctors”, 1929

However, Mr. Haggard’s assertion is refuted by Dr. Jennifer Craig (BSN, MA, PhD), “The population of Europe was 130 million in 1762 and 175 million in 1800. The death rate from smallpox in that period was 18.5%. If 60 million deaths occurred with an 18.5% death rate then it would require 319,148,936 cases of smallpox in Europe and that would be 144,148,936 more cases of smallpox than there were people living in Europe at the close of the 18th century.”

Again, vaccination is a fraud based on fear, greed, and revisionist history.

THE ERADICATION OF DISEASES

In the 21st century, there should be no need for anyone in developed countries to fear catching diseases that people contracted in the 1700, 1800, and early 1900s. Back then, the living and working condition of the masses were breeding grounds for diseases. They lacked clean-running water, electricity, garbage collection, and modern buildings. They defecated and urinated in their backyards. It wasn’t vaccines that eradicated diseases but sanitation, hygiene, especially the modern amenities that we take for granted today. As examples, soap, toilet paper, paper towel, toothbrush, shampoo, washing machine, shower, and supermarket. In developed countries, all these conveniences were available

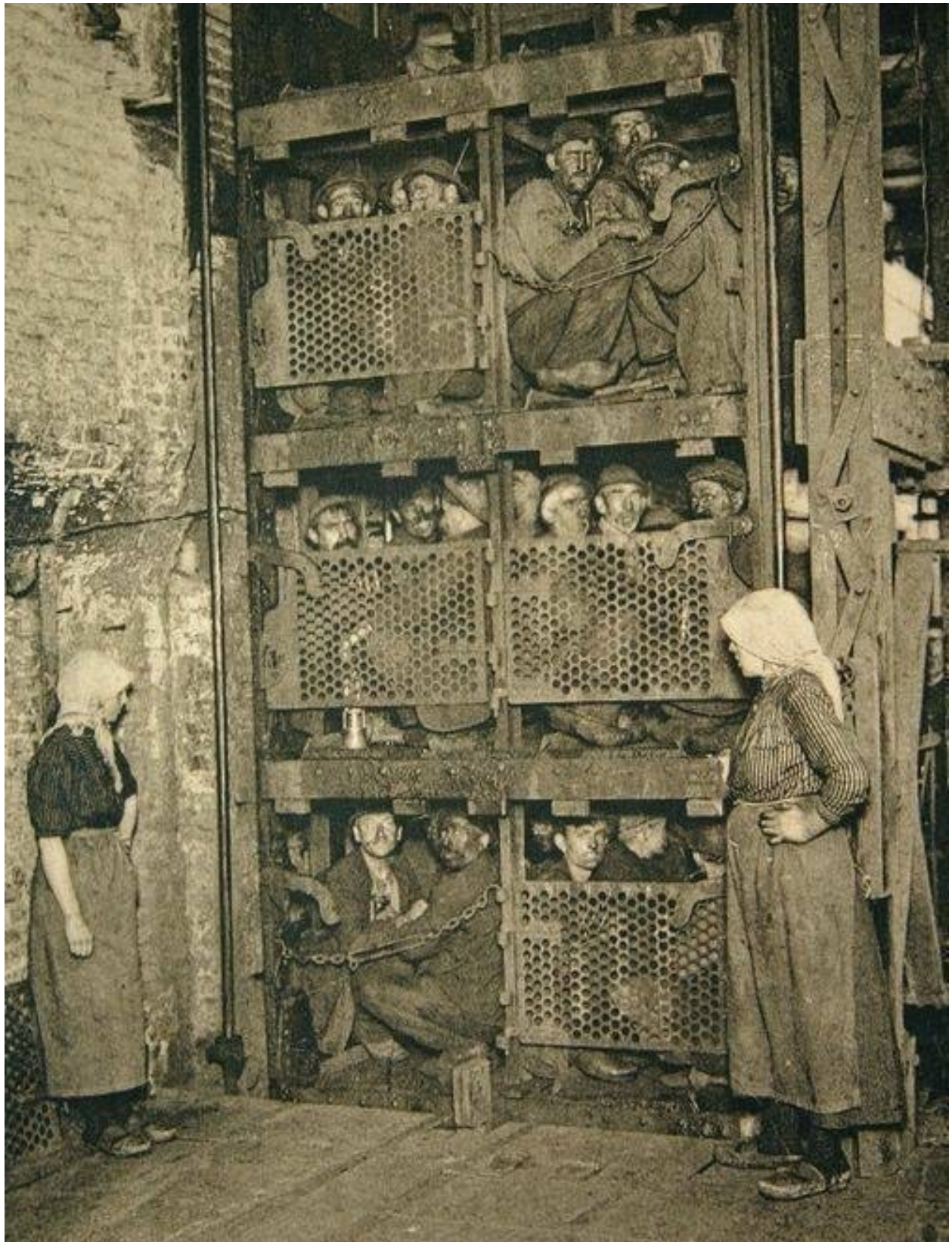
to the masses in the 1960s. These modern amenities significantly contributed to the increased standard of living and especially to the eradication of diseases.

You do not live like people used to, therefore you should not worry about contracting diseases that people used to contract.



Infectious diseases spread predominantly in overcrowded, unsanitary

conditions. People used to defecate and urinate in their backyards. They fetched dirty water from rivers for drinking and washing. They buried potatoes in the ground in winter to preserve them. Animal manure was common in the streets. They burnt wood and coal for heating and breathed in the fumes. These were the perfect breeding grounds for diseases. Disease rates in children were high because they worked in fields and unsafe factories.



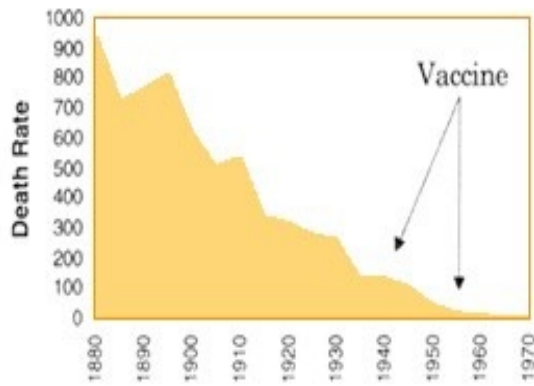
Working and living conditions were inhumane and breeding grounds for diseases in the 18th and 19th centuries. Workers were known as peasants and serfs. Debtor prison and indentured servitude were common. The conditions were so horrific and unjust that communism was invented to create workers' rights.

The eradication of diseases was primary due to sanitation and hygiene. For those who think otherwise, ask them to live without clean-running water, electricity, and garbage collection. They will not do it because they cannot imagine life without them—because it was those amenities that eradicated infectious diseases.

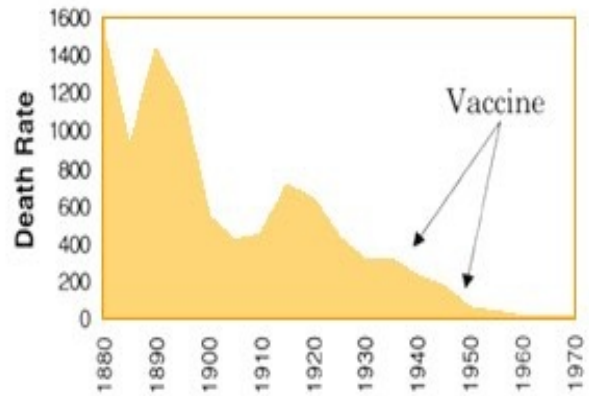
“Sanitation did for Prussia what 35 years of compulsory vaccination was unable to accomplish. At the present time in Prussia, smallpox is almost extinct. It is not that people are being vaccinated more; they are vaccinated less.” —Dr. Walter R. Hadwen, MD, 1896, “The Case Against Vaccination”

“There is no question that perfect sanitation has almost obliterated this disease (smallpox), and sooner or later will dispose of it entirely. Of course, when that time comes, in all probability the credit will be given to vaccination.” —Dr. John Tilden (1851-1940), MD

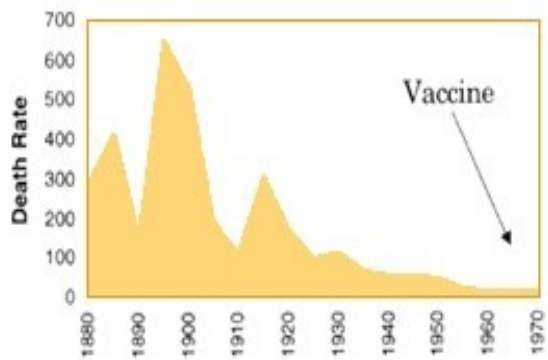
Whooping Cough



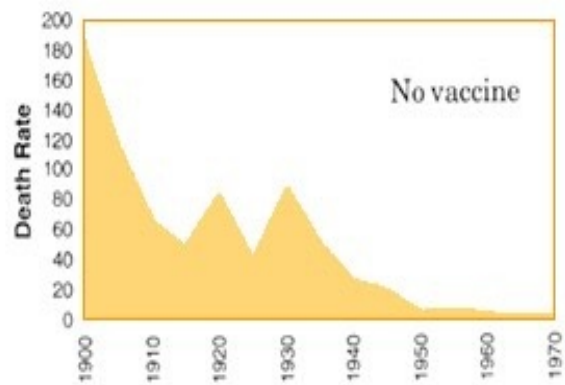
Diphtheria



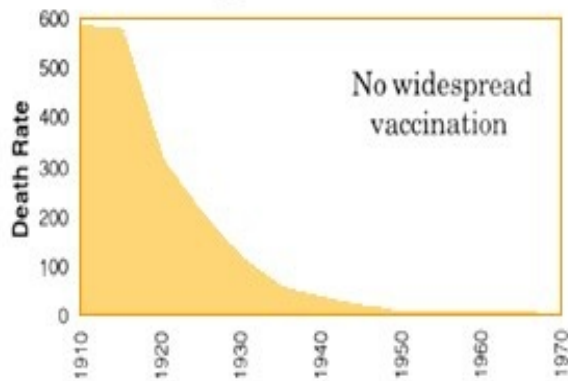
Measles



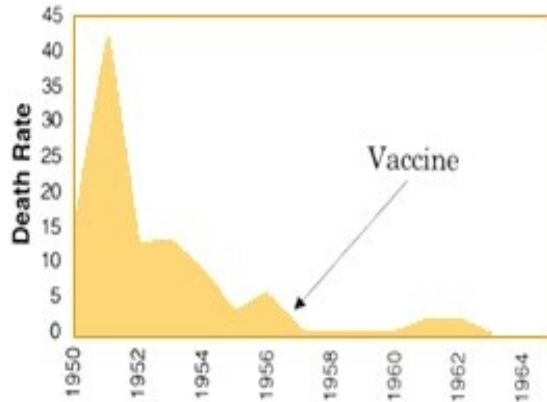
Scarlet Fever



Typhoid Fever



Polio



Sewer systems, plumbers, electricity, garbage men, architects, engineers, and advances in manufacturing technology extended lives and eradicated diseases. Graph compiled from: Australian Institute of Health and Welfare (AIHW) 2010. GRIM (General Board of Incidence of Mortality) Books; Original author Dr. Paul Jelfs, updated by Karen Bishop.

“The most widespread and lethal diseases in the last 200 years were reduced due cleaner drinking water, improved sanitation, nutrition, less overcrowded areas, and better living conditions. Vaccines were introduced at the point where every single disease was already declining. To give vaccines credit for global reductions in disease is like giving a band-aid credit for healing a wound that was already closing.” —Dr. Dave Mihalovic, ND

“The largest historical decrease in morbidity and mortality caused by infectious disease was experienced *not* with the modern antibiotic and vaccine era, but after the introduction of clean water and effective sewer systems.” —The Journal of Pediatrics, December 1999, Vol. 135, No. 6, p. 663

The modern amenities (mainly clean-running water, electricity, garbage collection, modern buildings) that eradicated diseases also extended our life expectancy. Modern medicine, despite what the drug companies claim, had no role in eradicating diseases or prolonging life. If anything, synthetic drugs and vaccines have shortened the lives of millions. Doctors and hospitals are the 3rd leading cause of death in the USA. Some have claimed that the medical system is actually the 1st leading cause of death because the vast majority of those who have died of heart attacks, cancer, and diabetes were on medication or chemotherapy—they were involved in the medical system. The reason is that the ingredients in drugs, vaccines, and chemotherapy are toxins and poisons to the body.

THE DEADLIEST DISEASES WERE ERADICATED WITHOUT VACCINES

The deadliest disease epidemic in history, the Black Death (Plague), was eradicated without vaccines. The second deadliest disease epidemic in history,

the Spanish Flu, was believed to be caused by vaccines.

Many diseases disappeared on their own, without the need for vaccines. The deadliest infectious diseases in history were eradicated through prevention, quarantine and isolation, and removing the causes. As examples, the Black Death (Plague) and Spanish Flu.

“The Black Death was one of the most devastating pandemics in human history, resulting in the deaths of an estimated 75 to 200 million people in Eurasia and peaking in Europe in the years 1346–1353...In the Late Middle Ages (1340–1400) Europe experienced the most deadly disease outbreak in history when the Black Death, the infamous pandemic of bubonic plague, hit in 1347, killing a third of the human population.” —www.wikipedia.org

THE BUBONIC PLAGUE was believed to be caused by rodents, particularly rats, transferring their diseases to humans. These rodents were moved freely between countries during wars, trades, and travels. The rodents, unknown to humans, contaminated the food and water supplies. Today, we have rodent control programs administered by public health departments and the movement of animals are strictly controlled when travelling between countries. In summary, one of the worst pandemics in history was eradicated without vaccines. Diseases are eradicated when their causes are removed.

THE 1918 INFLUENZA PANDEMIC (Spanish Influenza). There are many speculations as to what caused the 1918 flu pandemic.

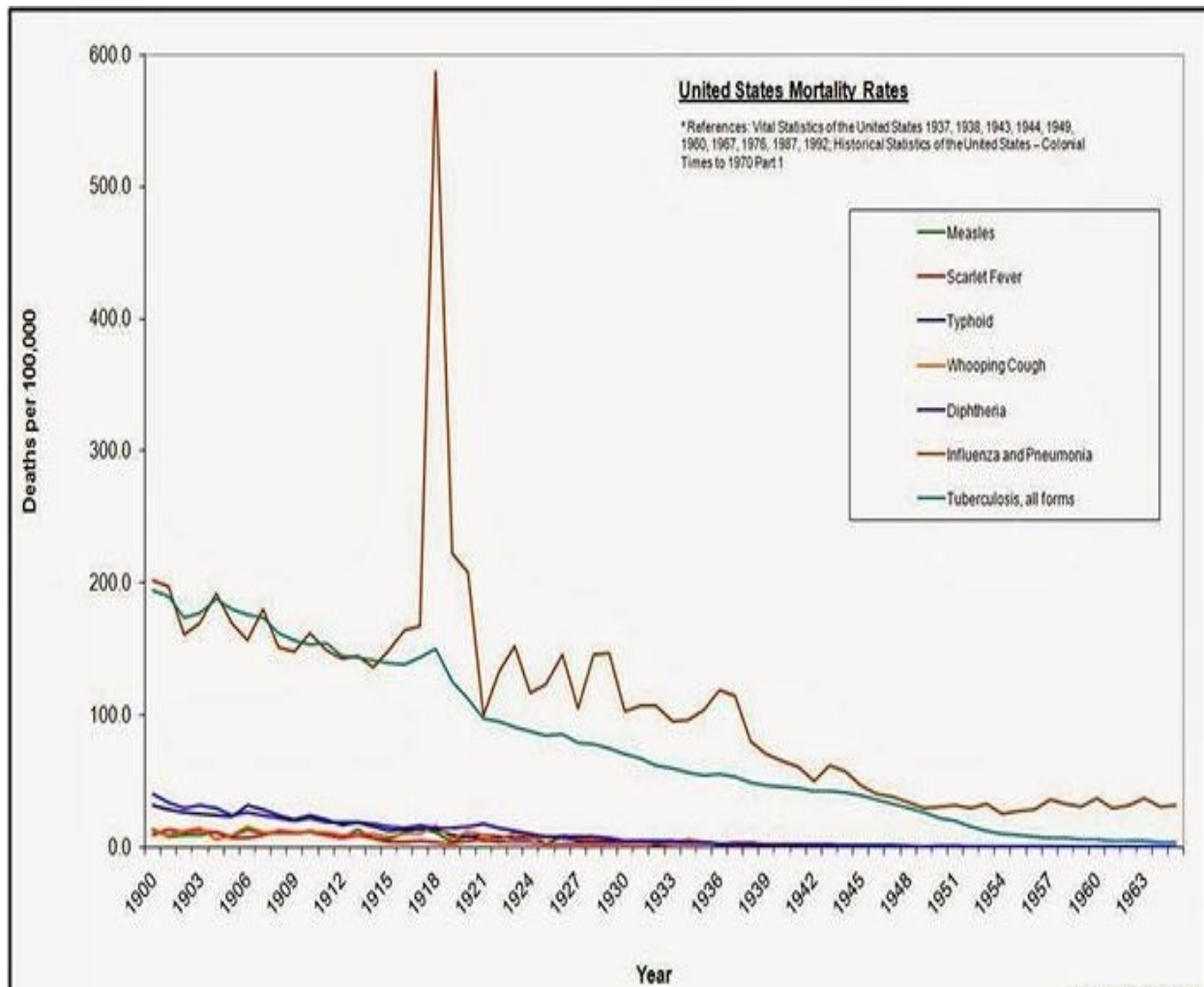
“The 1918 flu pandemic (January 1918–December 1920) was an unusually deadly influenza pandemic, the first of the two pandemics involving H1N1 influenza virus. It infected 500 million people around the world, including remote Pacific islands and the Arctic, and resulted in the deaths of 50 to 100 million (three to five percent of the world's population), making it one of the deadliest natural disasters in human history.” —www.wikipedia.org

The Spanish blamed it on the French and called it the French Flu. Some say it originated in China, some say in German as a biological weapon. However, the most credible theory was that the 1918 flu pandemic was caused by vaccines, most likely the experimental typhoid or flu vaccine.

“It was a common expression during the war that ‘more soldiers were killed by vaccine shots’ than by shots from enemy guns.” —Dr. Eleanor McBean, PhD, ND, “The Poisoned Needle”

“In 1918, the US Army forced the vaccination of 3,285,376 natives in the Philippines when no epidemic was brewing, only the sporadic cases of the usual mild nature. Of the vaccinated persons, 47,369 came down with smallpox, and of these 16,477 died. In 1919 the experiment was doubled. 7,670,252 natives were vaccinated. Of these 65,180 victims came down with smallpox, and 44,408 died. In the first experiment, one-third died, and in the second, two-thirds of the infected ones died.” —Dr. William F. Koch, MD, PhD, “The Survival Factor in Neoplastic and Viral Diseases”

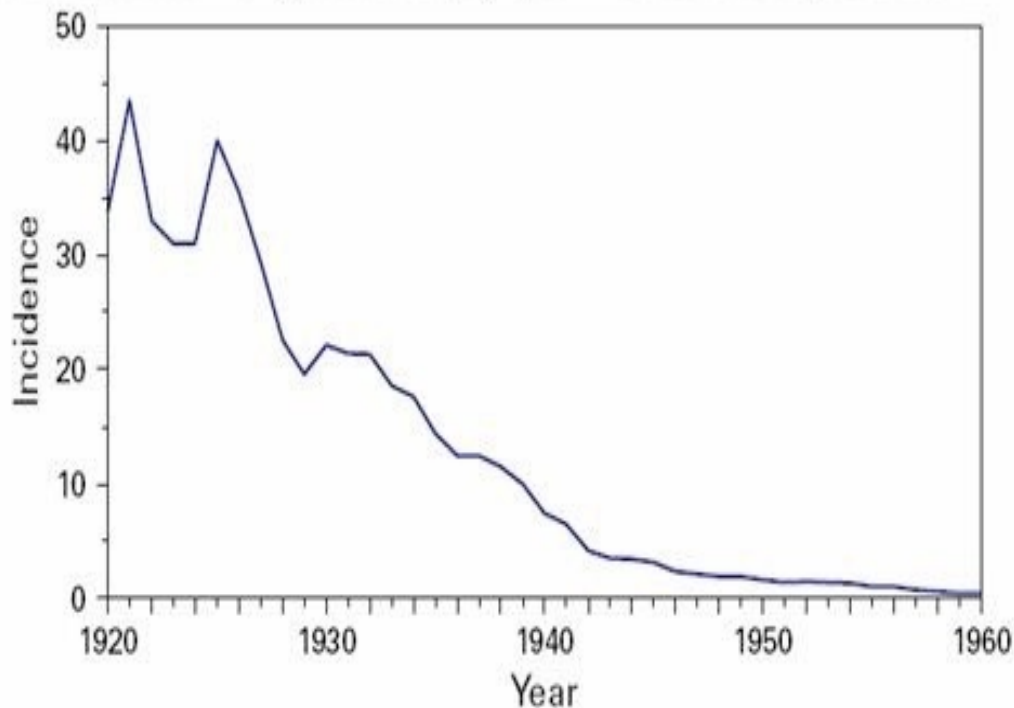
“The 1918 ‘Spanish Flu’ started in American military Camp Funston, Fort Riley, USA, amongst troops making ready for WWI—taking on board vaccinations, recruit training and all. It eventually killed about 40,000,000 people worldwide. That flu strain only appeared briefly once again, according to the US Atlanta CDC. This was in 1976 and again it struck at the US army camp Fort Dix, USA, amongst recently vaccinated troops (and no one else EVER); Fort Dix is known to have been a vaccine trial centre. Was the world’s greatest ‘influenza’ scourge another well-hidden vaccine disaster?” —John P. Heptonstall, Director of Morley Acupuncture Clinic and Complementary Therapy Centre, West Yorkshire



Influenza and Pneumonia death rates spiked between 1918-1920. World War I was the first war in which US service men were required to vaccinate. The high vaccination rate before the flu pandemic of 1918-1920 was the most likely cause of the flu pandemic.

“Typhoid vaccines were available by World War I, and the U.S. Army made getting those shots mandatory for all its enlisted soldiers.” —Susan Perry, “Medical lessons from World War I underscore need to keep developing antimicrobial drugs”, 2014

FIGURE 1. Incidence* of typhoid fever, by year — United States, 1920–1960



*Per 100,000 population.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Typhoid fever began its sharp decline after World War I, when US soldiers were no longer vaccinated.

Despite all the evidence, one infectious-disease epidemiologist, Dr. G. Dennis Shanks, stated that typhoid vaccination “was thought to be a genuine medical success story.” Add his opinion to the Vaccination Nuttery pile.

The Spanish Flu should had been called The USA Flu. The Americans probably called it the Spanish Flu to scorn Spain for the Spanish-American War of 1898. In any case, the flu pandemic disappeared on its own without the need for vaccination (or more vaccination). Again, history has shown that when the causes are removed, diseases are eradicated. In the 21st century, people living in developed countries should have no fear of polio, smallpox, measles, whooping cough, and other infectious diseases. Vaccines are not the natural causes of

infectious diseases; therefore, they cannot prevent them. Prevention and eradication can only be attained by removing the causes.

DEATH BY MEDICINE. Healthcare (deathcare) is a business. Drug companies, hospitals, medical doctors, and pediatricians are all part of the "sick care" system. As Bill Maher commented, "There's no money in healthy people, and there's no money in dead people. The money is in the middle: people who are alive, sort of, but with one or more chronic conditions." The poisons in vaccines are remarkably efficient at creating chronic illnesses and diseases.

"Of recent years, many men and women in prime of life, have dropped dead suddenly. I am convinced that some 80% of these deaths are caused by the inoculations or vaccinations they have earlier undergone. These are well known to cause grave and permanent disease of the heart. The coroner always hushes it up as 'natural causes'. I have been trying to get these cases referred to an Independent Commission of inquiry, but so far, in vain." —Dr. Herbert Snow, MD, 25 year staff surgeon of the London Cancer Hospital, 1954

“What miserable fellows our descendants are; each of them requires more of medical attendance in one year, than I had in my whole life!” —Dr. C.G.G. Nittinger, “The Evils of Vaccination”, 1856

"Medical science has made such tremendous progress that there is hardly a healthy human left." —Aldous Huxley, 1894–1963

WHAT ABOUT POLIO?

"Polio is NOT even contagious or infectious (never proven to be). There is NO proof Polio is caused by a virus. There is NO evidence that anyone caught polio from another person in the family. There is NO evidence that any nurse or doctor caught polio from a patient." —Sheri Nakken, RN, MA

Polio is disease used to describe the effects of poisoning from manmade chemicals, especially those found in pesticides and vaccine ingredients. Therefore, polio is a manmade disease caused by pesticides and vaccines. This is how the vaccination nuttury works: the polio vaccine causes polio and the drug companies insist everyone get vaccinated with the polio vaccine to prevent polio.

But they don't tell you that the polio vaccine causes polio. Furthermore, they credit the polio vaccine for eradicating polio, when the vaccine actually caused polio.

A distinct symptom of polio is paralysis. In all of history, there has never been a case of an infant born severely paralyzed that can be verified. If you read drug company literature, it points to ancient Egyptian and Aztec paintings depicting paralyzed individuals. This is not proof that polio has been around since ancient times. There are many causes of paralysis: accidents, injuries in war, surgery, mutilation, neurotoxic chemicals, and so forth. Polio was not an infectious disease but a manmade disease.

Three polio facts:

1) Nearly all recorded polio cases between 1940 and 1970 were caused by the Salk polio vaccine, the pesticide DDT, and other pesticides. Wild polio was and is extremely rare. Polio was not an infectious disease but a manmade disease.

2) The Salk polio vaccine was discontinued in the early 1970s because it was causing polio, cancer, and death in children. Today, the drug companies insist that the Salk polio vaccine saved humanity from polio. In 1972, before a Senate Committee hearing, polio vaccine inventor Jonas Salk testified that nearly all polio outbreaks since 1961 resulted from or were caused by the oral polio vaccine.

3) There is no such thing as a polio vaccine that can prevent polio. And no such thing as a vaccine that can prevent disease. There are over 150 years of data that proves vaccines are useless and poisonous.

Nearly all recorded polio cases in history were caused by manmade chemicals and the polio vaccine. From 1940 to 1972, the surest way to contract polio was to be exposed to the pesticide DDT or get vaccinated with the polio vaccine—the Salk polio vaccine caused polio, one reason it was discontinued. DDT was made by Monsanto, the same company responsible for Agent Orange, Aspartame, RoundUp, PCBs, Saccharin, and recently GMOs.



It could be said that the drug and chemical companies (specifically Monsanto) colluded to conceal the deaths caused by DDT by using polio as a cover.

For over 150 years, common words that independent doctors and scientists have

used to describe vaccination are: useless, dangerous, scam, fraud, racket. A glaring example is polio. Polio (or the symptoms associated with polio) was not an infectious disease in the traditional sense as the vast majority are miseducated to believe. Many recorded polio cases between 1940 and 1970 were manmade, caused by the pesticide DDT (Dichloro Diphenyl Trichlorethane) and other pesticides. The remaining polio cases were caused by the polio vaccine. Wild polio was and is still rare.

Before the large scale use of DDT in the early 1940s, the word "polio" appeared 0 (zero) times in epidemiological (large population disease) studies between the 1700s to late 1800s. In other words, polio was rare in the USA until DDT's predecessor was used after 1874, then when DDT was widely used in the 1940s. After which, the polio epidemics started.

As the use of DDT significantly increased after 1940, the polio rate also increased proportionally. The largest polio epidemics in history occurred in the 1940s and 1950s. This timeline coincides with the DDT's wide scale use and the introduction of the Salk polio vaccine. DDT is a poison and a neurotoxin. It causes paralysis and brain/spinal cord disease—both are distinct symptoms of polio.

As the use of DDT decreased, the polio rate also decreased proportionally. DDT was banned in the USA in 1972 by the EPA (Environmental Protection Agency). After which, polio was reclassified—polio is magically a new disease now. Medical students are taught that the polio people had contracted in the 1940s to 1970s was an infectious disease. It wasn't.

Polio: "1789, British physician Michael Underwood provides first clinical description of the disease. 1840, Jacob Heine describes the clinical features of the disease as well as its involvement of the spinal cord."

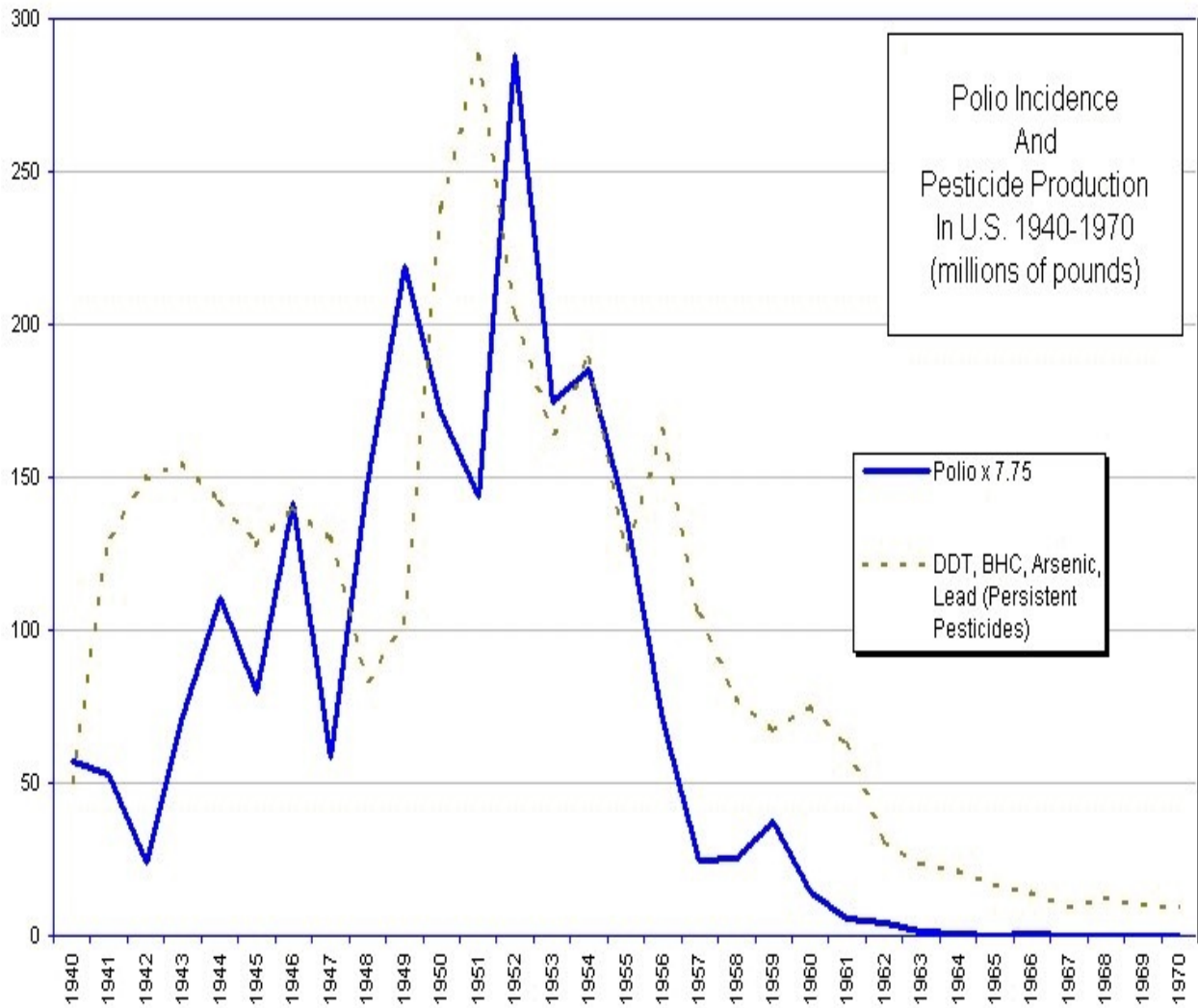
There are many secondary causes of polio (the primary cause is the poliovirus). One secondary cause of the poliovirus was DDT and other pesticides. Another is unsanitary conditions, "Polio is usually spread via the fecal-oral route (i.e., the virus is transmitted from the stool of an infected person to the mouth of another person from contaminated hands or such objects as eating utensils). Some cases may be spread directly via an oral to oral route." Contaminated water was also

cited as a secondary cause of the poliovirus. However, up until chemical pesticides were commonly used and the introduction of the Salk polio vaccine, wild polio was extremely rare.

The predecessor to DDT was first synthesized in 1874 and was used as a pesticide. Its successor, DDT, was commercialized in 1939 when the invention was credited to Paul Muller.



The first polio outbreak in the U.S. was in 1894 in Vermont, with 132 cases. Another in New York in 1916. The polio outbreaks of 1894, 1916, 1940s, and 1950s have an eerie commonality: they occurred in the summer, when DDT and other pesticides were being sprayed, especially in apple orchards. In addition, of the nearly 200 countries in the world, only countries that used DDT had polio outbreaks. And the higher the DDT usage, the higher the polio rate.



Source: The Weston A. Price Foundation, www.westonAprice.org

“So as DDT peaked, six months later, polio peaked. DDT comes down, six months later polio comes down. DDT flatlines, polio flatlines. It follows the contour. It’s like taking the same graph and just displacing it by six months.” — Dr. Rashid Buttar, DO



Texas, USA, 1950s. DDT was used as an insecticide, mostly to kill mosquitos. The big difference in body mass between insects and humans explains the different effects of DDT on both species. DDT kills insects, which have significantly less body mass than humans. In equal doses, DDT isn't potent enough to kill humans but causes paralysis, which is a distinct symptom assigned to polio.

1953: Dr. Morton S. Biskind writes: "It was known by 1945 that DDT was stored in the body fat of mammals and appears in their milk...yet far from admitting a causal relationship between DDT and polio that is so obvious, which in any other field of biology would be instantly accepted, virtually the entire apparatus of communication, lay and scientific alike, has been devoted to denying, concealing, suppressing, distorting and attempts to convert into its opposite this overwhelming evidence. Libel, slander, and economic boycott have not been overlooked in this campaign."

DDT was banned in 1972. Coincidentally, the Salk polio vaccine was

discontinued in the same period because it was causing polio, cancer, and death in children.



The Cutter Incident, 1955. Polio vaccine manufacturer Cutter Laboratories caused 40,000 cases of polio.

“In April 1955 more than 200 000 children in five Western and mid-Western USA states received a polio vaccine in which the process of inactivating the live virus proved to be defective. Within days there were reports of paralysis and

within a month the first mass vaccination programme against polio had to be abandoned. Subsequent investigations revealed that the vaccine, manufactured by the California-based family firm of **Cutter Laboratories, had caused 40 000 cases of polio**, leaving 200 children with varying degrees of paralysis and killing 10.” —Michael Fitzpatrick, “The Cutter Incident: How America's First Polio Vaccine Led to a Growing Vaccine Crisis”, Journal of the Royal Society of Medicine, 2006

From these timelines and events, it could be concluded that polio (or the symptoms associated with polio) was a manmade disease and not an infectious disease that medical students are taught. In other words, nearly all cases of polio were caused by pesticides, specifically DDT, and the Salk polio vaccine.

The polio vaccine might had caused cancer in millions of Americans. “SV40 is a virus found in some species of monkey...SV40 was discovered in 1960. Soon afterward, the virus was found in polio vaccine...More than 98 million Americans received one or more doses of polio vaccine from 1955 to 1963 when a proportion of vaccine was contaminated with SV40; it has been estimated that *10-30 million Americans could have received an SV40 contaminated dose of vaccine...SV40 has been found in certain types of cancer in humans...*” —CDC (Centers for Disease Control and Prevention), “Simian Virus 40 (SV40), and Polio Vaccine Fact Sheet”, 2013

RE-NAMING AND RE-CLASSIFYING DISEASES TO ERADICATE THEM

If DDT and the Salk polio vaccine caused nearly all cases of polio, and they were banned in the early 1970s, why is there still polio after DDT and the Salk polio vaccine were discontinued? Polio has been given new symptoms (polio has been redefined and reclassified). It's an entirely new disease with new symptoms. Some of these symptoms include fever or severe fatigue. Drug companies often reclassify or rename diseases to give the appearance that they've been eradicated, or they're still a menace—depending which one meets their financial interest.

“The idea of re-naming a disease to suit the records is not new. Hadwen also said in his address, that in 1886, although there were 275 cases of smallpox, only one vaccinated child died. In addition, 93 children died of chicken pox. Given the

mild nature of chickenpox and the fact that few deaths from it had previously been recorded, this diagnosis is highly unlikely...Re-naming the disease did the trick. They didn't die of smallpox, they died of the re-named disease: spurious cowpox...The re-naming practice continues today.” —Dr. Jennifer Craig, BSN, Ma, PhD, “Smallpox Vaccine: Origins of Vaccine Madness”, 2010

Re-naming and re-classifying diseases is a scheme the drug companies often use to suit their needs.

–You can remove major symptoms of a disease and it's magically eradicated.

–Or you can call it a different name and it's magically eradicated.

In 2017, autism affects 1 in 36 children. Don't be surprised if the drug companies re-name or re-classify autism so it's no longer a problem to parents. At its root, autism is a form of brain damage, regardless of its name or assigned symptoms.

In the 21st century, nearly all infant and childhood illnesses and diseases can be traced back to vaccines. However, the drug companies are blaming those illnesses and diseases on genetic/congenital factors. This is an attempt to absolve the drug and chemical companies of legal and financial liabilities. Another way the drug and chemical companies attempt to absolve themselves of wrongdoing is to revise history (outright lies). These are not the people you want to trust with your children's health.

The chemical companies create diseases and the drug companies sell products that supposedly prevent those diseases. In reality, those drugs and vaccines (ingredients from chemical companies) actually cause more diseases—the left hand and right hand work together.

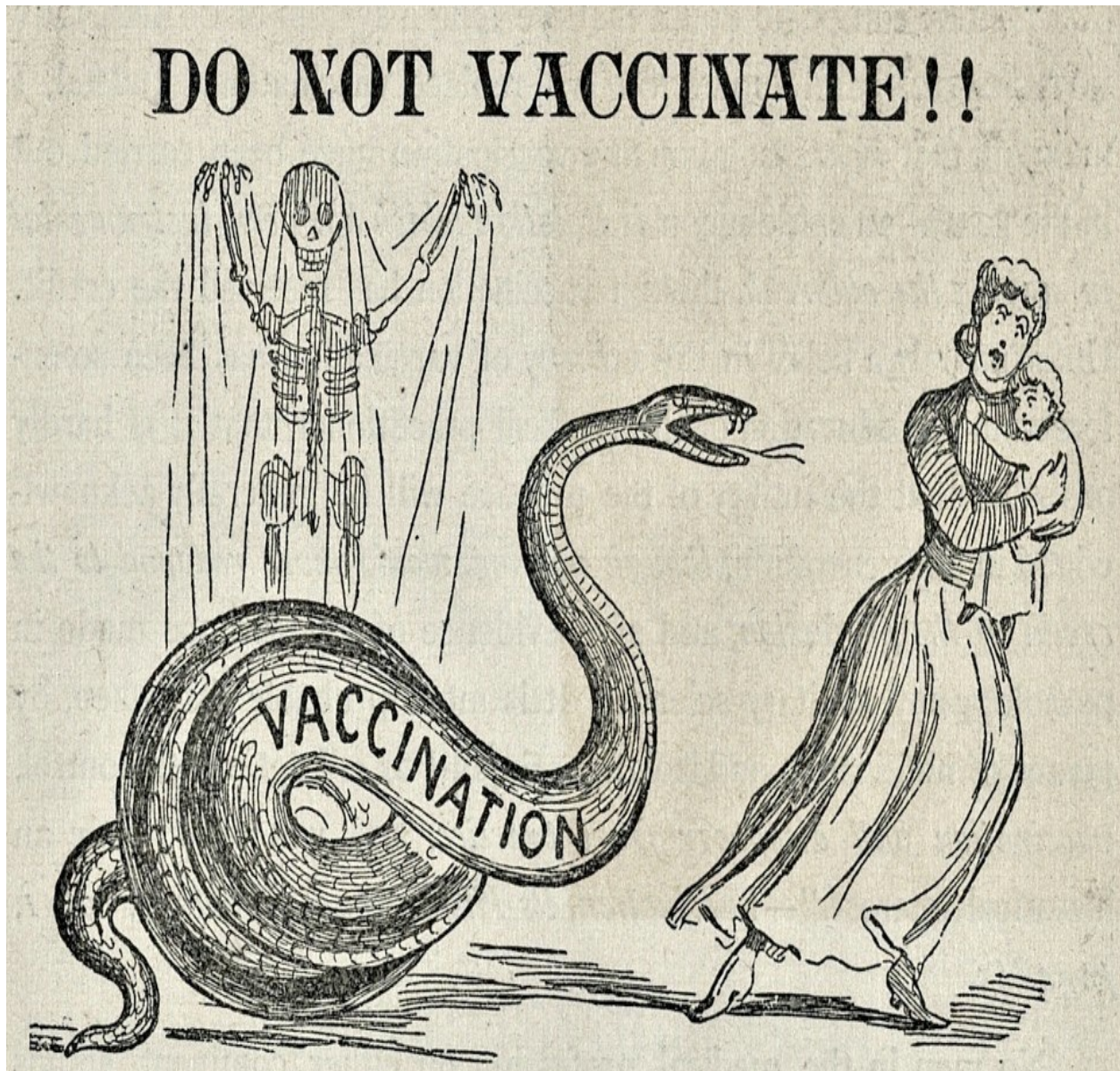
THE ANTI-VACCINATION MOVEMENTS

The anti-vaccination movement started when parents noticed that their children became diseased and dead after vaccination. Thus began the anti-vaccination movement in 1853 in England—1853 was also the first year of compulsory vaccination in England (also in 1867 and 1871). Each compulsory vaccination

year was followed by an outbreak of the diseases the vaccines were supposed to prevent.

Formally, The Anti-Compulsory Vaccination League was launched in England in 1867. Then The London Society for the Abolition of Compulsory Vaccination. As vaccination moved to the US and Canada, the anti-vaccination movement also followed.


“The anti-vaccinists are those who have found some motive for scrutinizing the evidence, generally the very human motive of vaccinal injuries or fatalities in their own families or in those of their neighbours. Whatever their motive, they have scrutinized the evidence to some purpose, they have mastered nearly the whole case; they have knocked the bottom out of a grotesque superstition. The public at large cannot believe that a great profession should have been so perseveringly in the wrong.” —Dr. Charles Creighton, MA, MD, “Jenner and Vaccination: A Strange Chapter of Medical History”, 1889



England, 1853. An anti-vaccination poster from the 1850s. The anti-vaccination movement began in England in 1853 and continues into the 21st century. Vaccines exist to serve the drug companies, doctors, pediatricians, and hospitals.

“The vaccination practice, pushed to the front on all occasions by the medical profession, and through political connivance made compulsory by the state, has not only become the chief menace and gravest danger to the health of the rising generation, but likewise the crowning outrage upon the personal liberty of the American citizen.” —Dr. James Martin Peebles, MD, MA, PhD, “Vaccination a

Curse and a Menace to Personal Liberty”, 1913



The Anti-Vaccination Society of America
OTHERWISE

An Association of “half-mad”, “misguided” people, who write, and toil, and dream, of a time to come, when it shall be lawful to retain intact, the pure body Mother Nature gave, sends GREETING to a “suspect”.

You are Invited to Join Us

Frank D Blue, Sec'y,
Terre Haute, Ind.

1902

Hon L H Piehn,
President

✉ Enclose 25c for certificate of membership.

The USA, 1902. As vaccination spread across the Atlantic, the anti-vaccination movement also followed. In the US, it was headed by The Anti-Vaccination Society of America. In Canada, it was The Anti-Vaccination League. Prussia (part of modern day Germany) also had compulsory vaccination, and so did Austria, Japan, Philippines, and Switzerland. These countries (except for the Philippines) were among the first to undergo the Industrial Revolution, in which people congregated into cities and overcrowding was the norm. Children worked long hours in factories and fields. Factories had no ventilation and workers had to re-breathe dirty air.

The disease rates exploded for each successive year of compulsory vaccination. In other words, disease epidemics followed compulsory vaccination. Thus, every country eventually abandoned compulsory vaccination.

Enforcing the Vaccination Laws.

Photo of an abortive Sale at East Croydon, May 3rd, 1907.



The Clerk to the Croydon Magistrates stated that over two thousand Vaccination Summonses had been applied for in Croydon. During recent years, six distress sales and attempted sales have been held, involving hundreds of cases of Fines and Costs. About fifty Croydon fathers have gone to prison rather than have their children vaccinated, or pay monetary penalties imposed.

England, 1907. "About fifty Croydon fathers have gone to prison rather than have their children vaccinated or pay monetary penalties imposed."

As Dr. Jennifer Craig, BSN, MA, PhD, summarized in her article, "Smallpox Vaccine, Origins of Vaccine Madness":

"One of the worst smallpox epidemics took place in England between 1870 and 1872, nearly two decades after compulsory vaccination was introduced. Leicester, with nearly 200,000 inhabitants, boasted a 95% vaccination record but it suffered more deaths than less-vaccinated London. Faced with this obvious

evidence of the uselessness of vaccination, Leicester's citizens rejected the program in favour of cleaning up the city. Under the leadership of James Briggs, Town Councillor and Sanitary Inspector, clean streets, clean markets and dairies, efficient garbage removal, sanitary housing and pure water supply replaced vaccination scars. In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population; similar-sized Warrington, with 99.2% vaccinated, had 123.3 cases.

“In Japan, in 1885, 13 years after compulsory vaccination, a law was passed requiring revaccination every seven years. From 1886-1892, a total of 25,474,370 revaccinations were recorded. Yet during this same period, Japan had 156,175 cases of smallpox with 38,979 deaths, a case mortality of nearly 25%. Slow learners, the government passed another act requiring every resident to be vaccinated and revaccinated every 5 years. Between 1889-1908, the case mortality was 30%. Prior to vaccination the case mortality was about 10%.

“During a ruthless campaign by the US in the Philippines in 1905, the native population were forcibly vaccinated several times. In 1918-1919, with over 95% of the population vaccinated, the worst epidemic the Philippines had ever known occurred. In the Congressional Record of December 21, 1937, William Howard Hay, MD, said, ‘The Philippines suffered the worst attack of smallpox, the worst epidemic three times over, that had ever occurred in the history of the islands and it was almost three times as fatal. The death rate ran as high as 60% in certain areas where formerly it had been 10-15%.’”



Canada, 1919. STOP THE SLAUGHTER OF INNOCENTS. The anti-vaccination movement in 1919 (20th century), Toronto, Canada. In Canada, the main group was the Anti-Vaccination League. The Anti-Vaccination Society of America was the main group opposing mandatory (compulsory) vaccination in the USA. The society was founded in 1879.



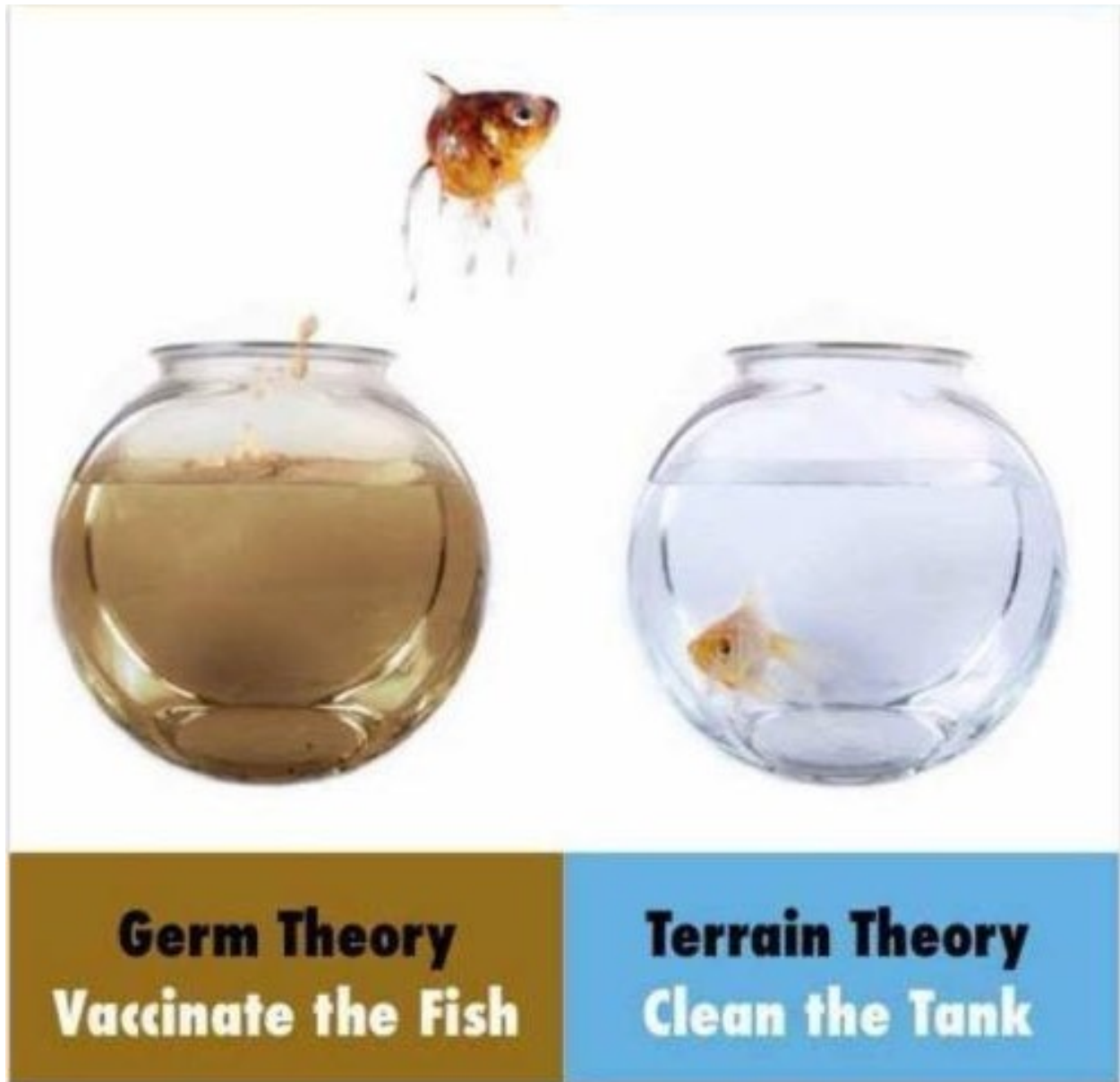
The USA, early 2000s (21st century). Outspoken vaccination critics such as Jenny McCarthy, Dr. Andrew Wakefield, and other doctors and celebrities were blamed by the media for starting the anti-vaccination movement. As noted above, the movement has been around since 1853. Drug companies are one of the largest advertisers on TV, Internet, newspapers, and magazines. According to Robert F. Kennedy, Jr., the drug industry contributes up to 70% of advertising revenue to media companies. In 2017, the collective stock market capitalization of the drug companies (vaccine manufacturers) exceed \$1 trillion. As actor Jim Carrey noted, “A trillion dollars buys a lot of expert opinions. Will it buy you?”

Mainly because of these movements, the public became aware of the dangers of vaccines. The lunatic idea of transferring animal diseases to humans to prevent diseases didn't work. Compulsory vaccination was later repealed in every country because vaccines were found to be useless and poisonous. Several decades later, the drug companies began their mass advertising and marketing

campaigns to “educate” the next generation on the benefits of vaccination. Vaccination has been a menace to each generation since 1796.

DISEASE THEORIES

Most medical students are taught Louis Pasteur’s *Germ Theory of Disease*, which is partly true. We have little understanding of what germs are healthy or unhealthy for the body. We know that some germs do cause disease, in excessive amounts. However, it’s the unsanitary conditions of the environment and the unhygienic terrain of the body that create those germs—like rats are attracted to filthy places.



Germs do cause diseases, but more importantly it's the unsanitary environment and the unhygienic condition of the body that cause those germs. For example, if you don't want to get lung cancer, 1) Smoke and find a way to kill the cancer cells caused by smoking, 2) Don't smoke.

THE CELLULAR THEORY OF DISEASE (TREAT THE PERSON, NOT THE INFECTION).

“In 19th century France, while Pasteur was advocating the notion of germs as the cause of disease, another French scientist named Antoine Bechamp advocated a conflicting theory known as the ‘cellular theory’ of disease.

“Bechamp’s cellular theory is almost completely opposite to that of Pasteur’s. Bechamp noted that these germs that Pasteur was so terrified of were opportunistic in nature. They were everywhere and even existed inside of us in a symbiotic relationship. Bechamp noticed in his research that it was only when the tissue of the host became damaged or compromised that these germs began to manifest as a prevailing symptom (not cause) of disease.

“To prevent illness, Bechamp advocated not the killing of germs but the cultivation of health through diet, hygiene, and healthy lifestyle practices such as fresh air and exercise. The idea is that if the person has a strong immune system and good tissue quality (or “terrain” as Bechamp called it), the germs will not manifest in the person, and they will have good health. It is only when their health starts to decline (due to personal neglect and poor lifestyle choices) that they become victim to infections.” —www.MaroneWellness.com

Again, **THE ONLY WAY TO PREVENT DISEASE IS TO REMOVE THE CAUSES.** For example, smallpox was caused mostly by overcrowding, contaminated water, closeness to feces and urine, and food spoilage. Overcrowding has been solved by modern buildings and urban planning. Contaminated water was solved with sewer systems, plumbing, and water filtering systems. People no longer defecate or urinate in their backyards or buckets, thanks to toilets and indoor plumbing. Food spoilage was solved with electricity (refrigeration). Because of sanitation and hygiene, smallpox was eradicated in developed countries.

Louis Pasteur (1822-1895) was wrong, Antoine Bechamp (1816-1908) was right. Pasteur even admitted this in his dying days.

"Bernard was right, the germ is nothing—the milieu (the environment within) is everything." —Louis Pasteur

VACCINATION IS NOT IMMUNIZATION

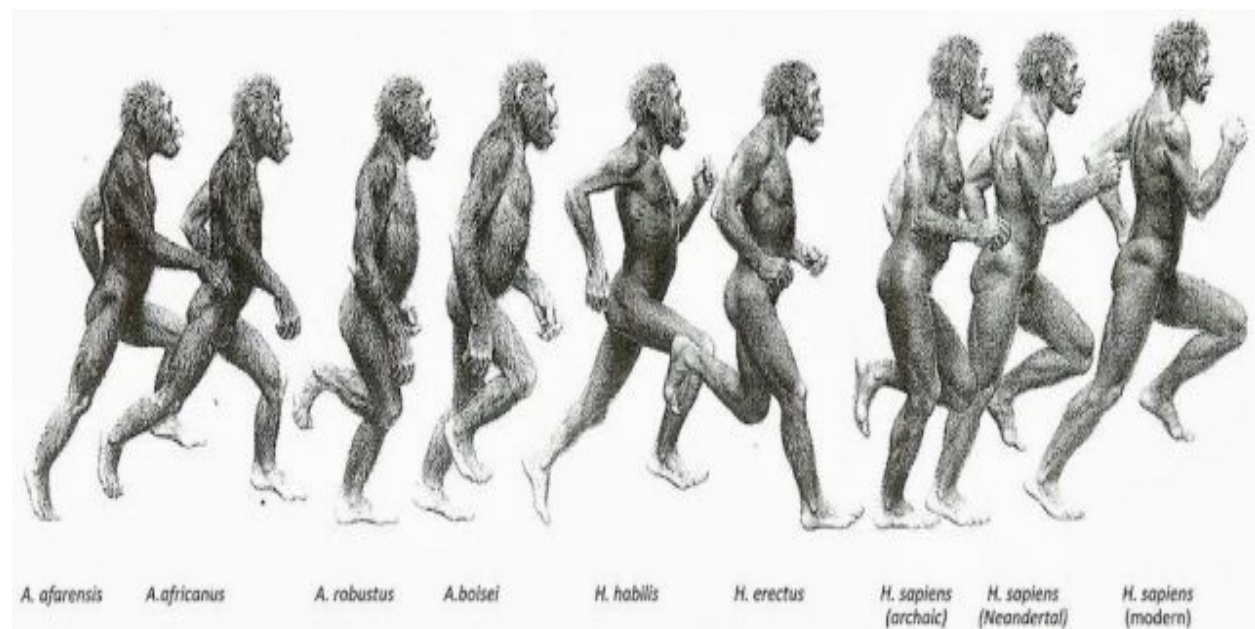
Despite what the drug companies’ marketing machines claim, vaccination is NOT immunization. Immunization can only be attained when the immune system has encountered a natural infection and successfully fought it off. For example, those who had the natural measles are immune from it for life. Vaccine

induced infections are vastly different than the wild infections. In infants, the antibodies required for immunization are passed from the mother's breast milk. Vaccination destroys immunization.

There is a significant difference between theoretical science and observational science. With vaccines, observation contradicts theory. Vaccines work in controlled, sterile laboratory settings but not in the biological human body. The immune system exists for a reason. Nature is smarter than man. In vaccination, the most reliable source of observational science (data) is through the millions of parents who have vaccine injured children.

THE GREAT HOMO SAPIENS

The human body is the result of nearly 4 billion years of evolution, starting with the first prokaryotic cells (single-celled organism without a nucleus). Modern humans, *Homo sapiens*, as a distinct species have been around since 200 000 BCE. For the vast majority of that time, our ancestors had to struggle daily to obtain their physical needs: water, food, and shelter. They risked drinking contaminated water from streams, rivers, and lakes. They had to hunt and grow their own foods. Their nutritional profile was limited to what they were able to hunt and grow locally. They risked dying from exposure to the harsh weather.



For millions of years, humans and their common ancestors, struggled daily to

obtain their physical needs: water, food, shelter. Since 1960 CE, those needs are effortlessly provided for us. The amount of energy expended to obtain our physical needs is minimal, allowing us with unprecedented leisure time.

In 1960 CE, those living in developed countries risk none of the dangers of obtaining their physical needs that their ancestors did. We simply walk to the sink and turn on the faucet to get drinking water. We drive to the supermarket, or even order online, to get a variety of foods around the world. We live in heated buildings with sanitation and hygiene safeguards as part of the building code.

In other words, as a distinct species, humans have had to struggle more than 99.999999% of their existence to obtain their physical needs: water, food, and shelter. In the 21st century, due to advances in technology, the energy required to acquire our physical needs has reduced dramatically, to the point that some are dying from sedentary lifestyles and not from securing their physical needs.

The great failure of vaccination is that it fails to address the underlying causes of diseases. It has been unequivocally demonstrated that when the causes of diseases are known and removed, those diseases can be prevented and eventually eradicated. Diseases have always thrived when our physical needs are unmet, or met in a way unnatural to the body. The body does not need the toxins in vaccines.

"As a retired physician, I can honestly say that unless you are in a serious accident, your best chance of living to a ripe old age is to avoid doctors and hospitals and learn nutrition, herbal medicine and other forms of natural medicine unless you are fortunate enough to have a naturopathic physician available.

"Almost all drugs are toxic and are designed only to treat symptoms and not to cure anyone.

"Vaccines are highly dangerous, have never been adequately studied or proven to be effective, and have a poor risk/reward ratio.

"Most surgery is unnecessary and most textbooks of medicine are inaccurate and deceptive.

"Almost every disease is said to be idiopathic (without known cause) or genetic —although this is untrue.

"In short, our main stream medical system is hopelessly inept and/or corrupt. The treatment of cancer and degenerative diseases is a national scandal. The sooner you learn this, the better off you will be." –Dr. Allan Greenberg, MD, Dec. 24, 2002

Trung Nguyen
Edmonton, Alberta, Canada
August 2018

CHAPTER 1: Smallpox Mortality and Vaccination

Vaccination Proved Useless and Dangerous

From 45 Years of Registration Statistics

Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc.

1885

Restored and updated by

Trung Nguyen

Edmonton, Alberta, Canada

2018

PART I

VACCINATION PROVED USELESS AND DANGEROUS

“Cancer was practically unknown until compulsory vaccination with cowpox vaccine began to be introduced. I have had to deal with at least two hundred cases of cancer, and I never saw a case of cancer in an unvaccinated person.” —Dr. W. B. Clark, MD, Indiana, in New York Times article, 1909

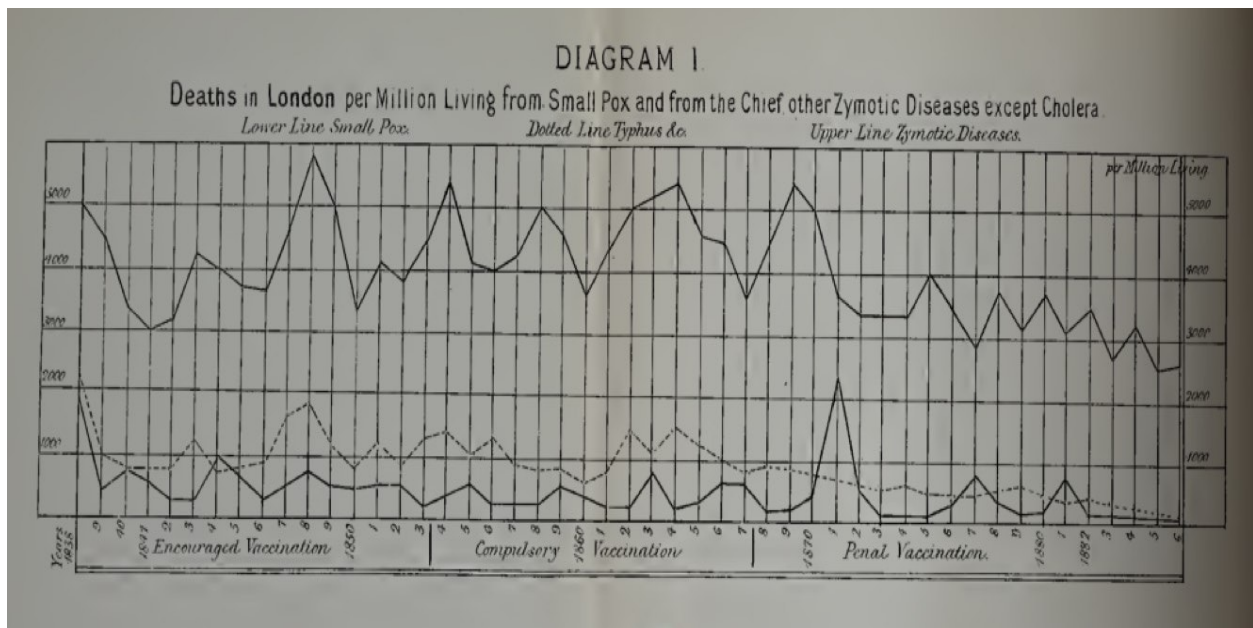
HAVING been led to enquire for myself as to the effects of vaccination in preventing or diminishing smallpox, I have arrived at results as unexpected as they appear to me to be conclusive. The question is one which affects our personal liberty as well as the health and even the lives of thousands; it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

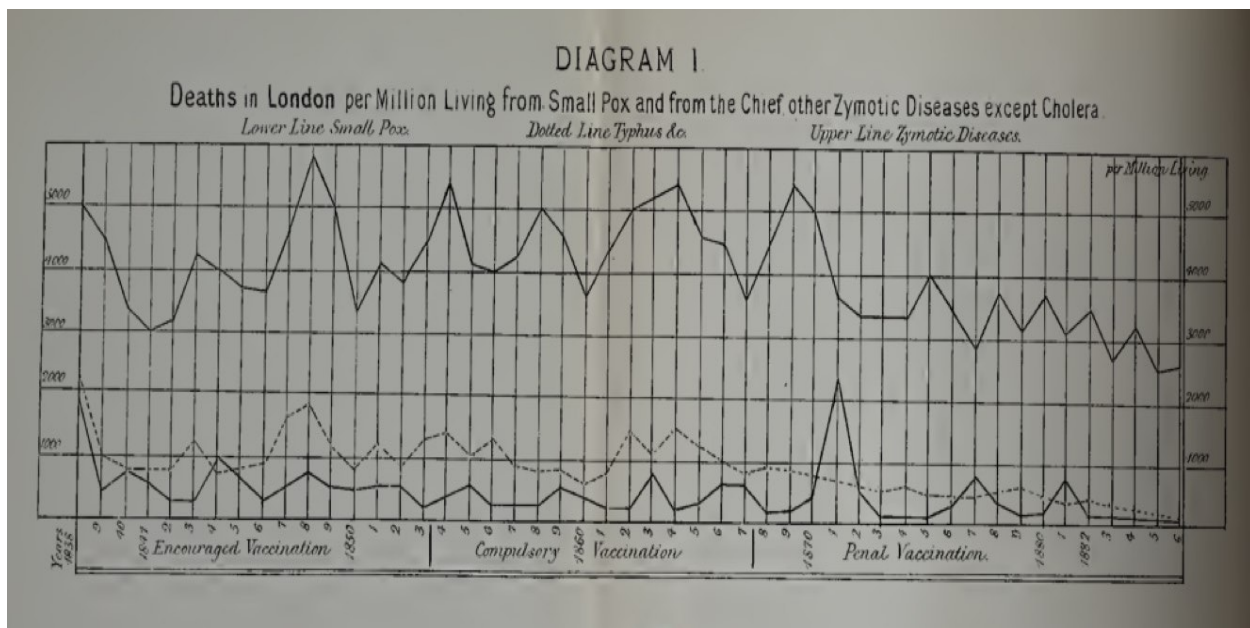
I propose now to establish the following four statements of fact, by means of the

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, smallpox mortality has very slightly diminished, while an exceedingly severe smallpox epidemic occurred within the last twelve years of the period.
- 2) That there is no evidence to show that the slight decrease of smallpox mortality is due to vaccination.
- 3) That the severity of smallpox 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.

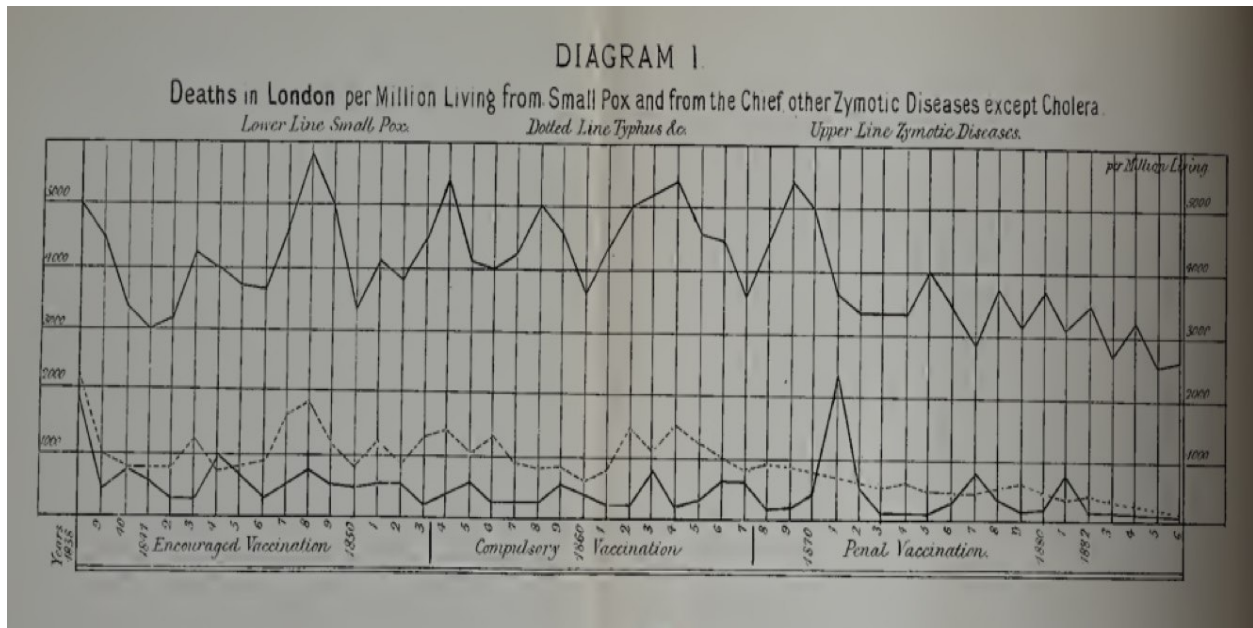




The diagrams show, in each case, not the absolute mortality but the deaths per million living, a method which eliminates the increase of population and gives true comparative results.

Vaccination has not diminished smallpox

DIAGRAM I. Exhibits* the deaths from smallpox, 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 Diarrhea. A dotted line between these shows the mortality from fevers of the Typhoid class [From the Registrar General's Annual Summary of Deaths, etc., in London, 1882. Table 23, p. xxv.]

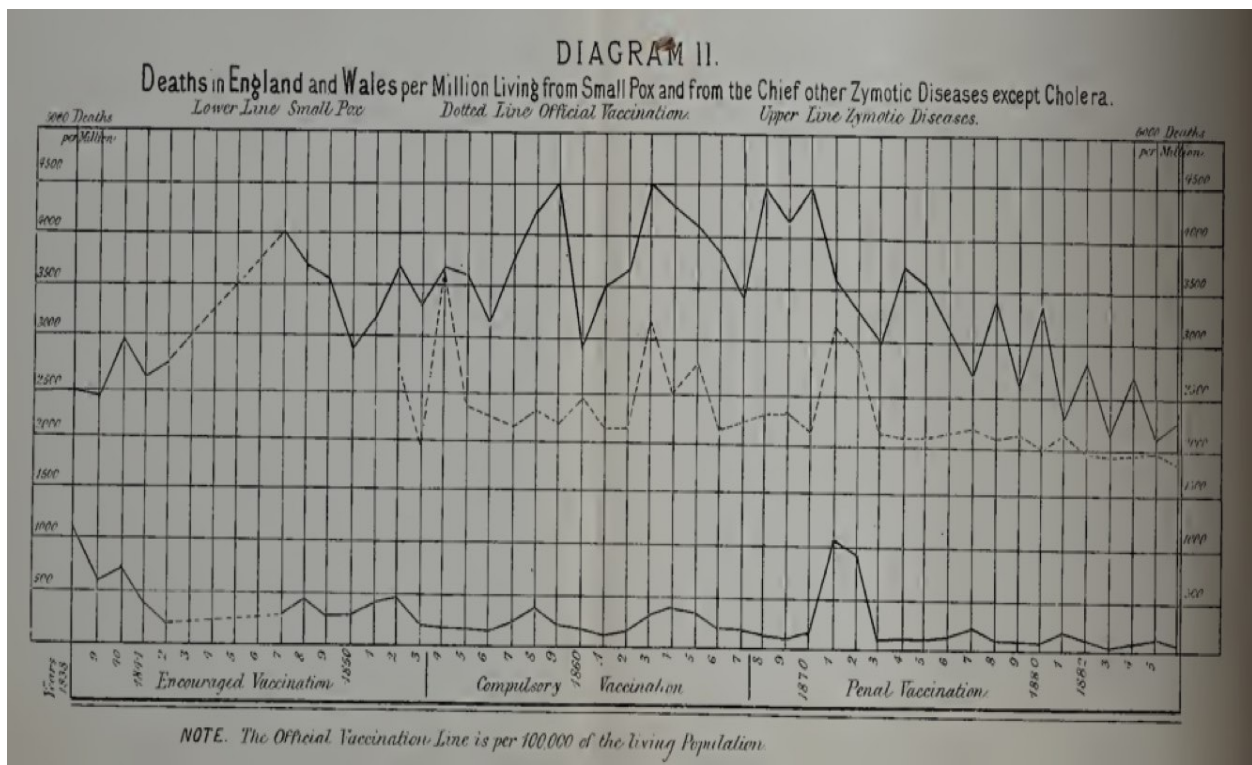


The first thing clearly apparent in this diagram, is the very small diminution of smallpox corresponding with the epochs of penal and compulsory vaccination; while the epidemic of 1871 was the most destructive in the whole period. The average diminution of smallpox mortality from the first to the second 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, [From 1838 to 1853, the average smallpox death rate exceeded that of the years 1854 to 1867 by 229 per million living. But the average of the years 1868 to 1886, exceeded that of the years 1854 to 1867 by 46 per million] 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 smallpox, 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 smallpox. Every one will admit that this remarkable decrease of Typhus, etc., The deaths from Typhus, [Enteric, and Fever, 1871-80, were less by 540 per million than in the ten preceding years. The years 1881 to 1886 show a further reduction, as compared with 1871 to 1880, of 125 per million living.—ED.] 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 smallpox; 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 smallpox 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, [From the Registrar General's Annual Report, 1882. Table 32, p. xliii.] 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 smallpox 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 smallpox, (but for clearness the curve of Typhus is omitted) and we have, therefore, again, no reason for imputing the decrease in smallpox 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 [I have examined every Report of the Local Government Board, with the intention of giving the total vaccinations for the whole period embraced in this Diagram II. But the total vaccinations are not tabulated, and are only given in the text for the years since 1872. Hence the official vaccinations only appear here, with such vaccinations as are tabulated.—ED.]

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 smallpox, 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 its 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 smallpox 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 smallpox 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 smallpox after vaccination year after year. When I first went to the hospital, 35 years since, from 1835 to 1845, the admission of patients into the smallpox hospital was 44%, of smallpox after vaccination; from 1845 to 1855, 64%; from 1855 to 1865, 78%; and during 1863 and 1864, 83 and 84%. 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 smallpox among the vaccinated he was witnessing; not the result of extension of vaccination.—ED.

A temporary increase in the number of vaccinations always takes place during an epidemic of smallpox, 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 smallpox. 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 smallpox mortality. Again, the number of vaccinations steadily rose from 1866 to 1869, yet in 1870-71 smallpox mortality increased; and yet again, in 1876 an increase in vaccinations was followed by an increase of smallpox deaths.

In fact, if the dotted line showed inoculation instead of vaccination, it might be used to prove that inoculation caused an increase of smallpox. 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 smallpox has not decreased so much or so steadily as Typhus and allied fevers.
- 2) That the diminution of smallpox mortality coincides with a diminished, instead of an increased efficiency of official vaccination.
- 3) That one of the most severe epidemics of smallpox 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 smallpox 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.

Smallpox has not been mitigated by vaccination

It is often asserted that, although vaccination is not a complete protection against smallpox, 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 smallpox mortality; but more direct evidence can be adduced.

The best available records show that, the proportion of deaths to smallpox 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 smallpox Hospital Reports, 1746-63; DR. LAMBERT, 1763; and REES' Cyclopaedia, 1779; give numbers varying from 165 to 253 as the percentage of mortality among smallpox patients in hospitals—the average of the whole being 18.8%.

Now for the epoch of vaccination. MR. MARSON, 1836-51, and the Reports of the London, Homerton, Deptford, Fulham, and Dublin smallpox Hospitals, between 1870 and 1880, give numbers varying from 14.26 to 21.7 as the deaths% of smallpox 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 smallpox, 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 smallpox 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?

[The following authorities have been examined for the facts and figures of this section.

Da. JURIN (18,066 cases) and Dr. LAMBERT (72 cases) given in "Analyse et Tableau de l'influence de la Petite Verole; par E. E. DUVILLARD. Paris, 1806." (pp. 112, 113)

London smallpox Hospitals (6,454 cases) given in "An account of the Rise, Progress, and State of the Hospitals for relieving poor people afflicted with the Small Pox, and for Inoculation," appended to "A Sermon preached before the President and Officers of the Hospital... by the Bishop of Lincoln. London, 1763."

REES' Cyclopaedia, 1779, Vol 2, Art. INOCULATION Col. INP. par. 5, (extract). "From a general calculation it appears that, in the hospitals for smallpox and Inoculation, 75 die out of 400 patients having the distemper in the natural way." Total cases before Vaccination, 24,994.

Mr. MARSON, Resident Surgeon to the smallpox and Vaccination Hospital, London, (5,652 cases); given in the Blue Book on The History and Practice of Vaccination, 1857, p. 18

–London Hospitals, 1870-72, (14,808 cases); in the Report of a Committee of the Managers of the Metropolitan Asylum District, July 1872, p. 5.

–London Hospitals, 1876-80, (15,172 cases); in a letter to The Times of November 8th, 1879, from W. F. JEBB, Clerk to the Metropolitan Asylum District.

–Homerton, (5,479 cases); from the Report of the Committee, 1877.

–Deptford, (3,185 cases); from the Report of the Medical Superintendent, 1881.

–Fulham, (1,752 cases); from the Report of the Medical Superintendent, 1881.

–Dublin, (2,404 cases); from the Annual Report of the Committee, 1880.

Total cases after Vaccination, 48,451.

The extracted figures and percentages have been all carefully verified, and the averages have been obtained by dividing the total number of deaths multiplied by 100, by the total number of cases.

I have thought it best to leave these notes unaltered. They are not affected by more recent experience, excepting in this way: That the great extension of our hospital accommodation involves a much larger number of mild cases being admitted. Objection has been taken to JURIN'S figures. JURIN, it must be remembered, was trying to induce people to accept artificial smallpox by inoculation, and he gives his figures to show the great fatality of smallpox taken in the ordinary way by infection. He would therefore certainly not err in making it too mild. The total experience of the Metropolitan Asylums Board, up to the issue of the last report to the managers, is given in the Appendix—ED.]

Smallpox 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 stringent official regulations. They are exceptionally strong and healthy men, in the prime of life, and if Vaccination is of any use, smallpox 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, "smallpox (Army and Navy)," dated "August, 1884," giving the mean strength, the number of deaths from smallpox, 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 smallpox 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 smallpox 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 smallpox, there is clearly no room left for the alleged effect of revaccination 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 smallpox 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.

[The 45th Report of the Registrar General, (Tables 63 and 4) gives 25 smallpox

deaths among 195,937 British Merchant Seamen in 1882. This is at the rate of 127 per million, against the above 157 for the Navy. We have no reason to believe that re-vaccination is common in the merchant service. In the Navy, therefore, the influence of re-vaccination appears to be hurtful rather than beneficial—ED.]

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 smallpox 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 smallpox death rate of 176 per million)

[The following are the data on which this calculation is founded:

In the General Report of the last Census, Table 14, p. 89, the numbers of males at successive ages are given for the three last Censuses—1861, 1871, and 1881. By a simple calculation it is found that the number of males of all ages is to that of males aged 15-55 in the proportion of 1 to 528.

Table 4. p. 78, of the same Census Report, gives the male population for the middle of each of the 23 years included in the Army and Navy Return. The mean of these numbers is 11,167,500; and this sum, multiplied by the factor .528, gives 5,896,500 for the average male population of the ages 15-55 for those years.

From the tables of "Causes of Death at different Periods of Life" in the twenty-three successive Reports of the Registrar General, 1860-1882, I have extracted the deaths from smallpox of males aged 15-55, the mean annual value of which is 1,041; and this number, divided by the number of millions in the corresponding population (5.8965), gives the death rate per million = 176.

The limit of age, 15-55, has been taken because the General Report of the Census of 1881, Table 40, gives, for the Army and Navy, 7,530 men over 45, and 28,834 under 20 years of age.

ED-The smallpox death rate for same ages, England and Wales, for the years 1850 to 1870, was only 109 per million. Supplement to 35th Report, Table 2, p. 2. The enormous increase is due to the epidemics since 1870. —ED.]

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 smallpox 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

[An Officer of the Royal Marine Artillery, of great experience, confirms this view. He assures me that isolation is absolutely impossible on board a ship of war. But if this is the explanation of the phenomenon, it is itself a proof of the complete inefficacy of re-vaccination, which not only does not protect men from catching smallpox, but allows them to die of it quite as much as—and, allowing something for the superiority of sanitation, even more than—the adult civil population, only partially vaccinated and hardly ever re-vaccinated!]

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 smallpox 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, over work, and bad air, we should expect the smallpox 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 characterize the statements circulated at the expense of the public, that "smallpox is almost unknown in the Army and Navy?"

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 the immunity is almost absolute."

The Medical Officer of the General Post Office says, in a circular dated June, 1884:

"The only means of securing protection against smallpox is by re-vaccination...it is desirable, in order so obtain full security, that the operation should be repeated at a later period of life."

In the tract on "smallpox and Vaccination" issued by the National Health Society, and now being widely circulated at the 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 smallpox is almost Unknown in the Army and Navy, even amid surrounding epidemics."

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

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 smallpox 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.

One other mode of comparison can be made, showing that even the Army Smallpox 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:

City	Population in 1882	(per million)
Manchester	340, 211	131
Leeds	315, 998	119
Brighton	109, 595	114
Bradford	200, 158	104
Oldham	115, 572	89

*These figures have been thus obtained—the Registrar General's Summary, 1882, (Table 7, p. xv) gives the smallpox deaths per 1,000 for twenty great Towns, for the years 1872-82. The Parliamentary Return, "Vaccination, Mortality," 1877, gives the smallpox mortality and population of a considerable number of towns for the years 1847-72. From these two official papers the smallpox mortality per million of the whole male population from 1860 to 1882, for such towns as occur in both the tables, is easily obtained. The average smallpox death rate for all England is found to be 211.7, while that of the ages 15-45 is 176. These numbers are in the proportion of 1 to .83; hence the total smallpox mortality of any town multiplied by the factor .83 will give, approximately, the mortality at ages 15-45. The proportion has been obtained from males only, but that of the two sexes combined will not be materially different.

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 smallpox mortality of 349 per million. But the fact that five of our most populous towns have considerably less adult smallpox 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 15-55, 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, etc., 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 smallpox, there remains absolutely nothing for the alleged protective influence of re-vaccination.

Surely we shall now hear no more of the re-vaccinated nurses in smallpox 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.

Vaccination itself a cause of disease and death

As has been now shown, vaccination is quite powerless either to prevent or to mitigate smallpox. 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. [See Ms. TEBB'S "Compulsory Vaccination in England," p. 25, (Note) for a list of the authorities for these cases.]

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	1878-80
Smallpox	279	199	191	148	433	82	40
Syphilis	37	51	64	82	81	86	84
Cancer	302	327	369	404	442	493	510
Tabes Mesenterica	265	261	272	316	299	330	341
Pyæmia, & c	20	18	24	23	29	39	40
Skin Disease	12	15	16	17	18	23	22
Totals	636	672	745	842	869	971	997
Progressive increase	0	36	109	206	233	335	361

* This table has not been continued in later Reports; but we find **in 1882 that Cancer (the only disease of the five separately tabulated) goes on steadily increasing**, the mortality given being, for 1880, 514; for 1881, 522; and for 1882, 532 per million!

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 pus 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 smallpox 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% of London children under ten years of age are vaccinated, and that 95% 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 children, 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%, 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% of the births of the country vaccinated, and in London 3 or 4%, fewer. The last year reported, 1886, gives 30,000 fewer official

vaccinations than 1877, when it was over 86% of the births. The plan of the officials is to get 94%, vaccinated, by deducting the infants who died unvaccinated from the total births, and treating the rest as "surviving." I know no more condemnable.

CHAPTER 2: Comparative Mortality of the Vaccinated and the Unvaccinated

PART II

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% of the Unvaccinated patients die, and only 15% 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 smallpox 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 smallpox (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.*

*As an instance of the reticence of officials on the subject. I cannot find any

details in the Registrar General's reports respecting vaccinated persons dying of smallpox until 1874. For that year 270 vaccinated persons are reported dying of smallpox. Then for years no information is given, until 1879, when it is again inserted. For that and the subsequent years we have 2,512 vaccinated persons returned as dying of smallpox. Several thousands are noted as "not stated as to vaccination."—ED.

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 smallpox 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 smallpox 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 smallpox, 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 smallpox 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% of the patients entered in the third column of the table ('unknown') were retorted 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, 1871-2 (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 smallpox which visited vaccinated Preston was in 1877. In 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 smallpox 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 2 1st, 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

smallpox 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 smallpox patients; while, if MR. VACHER'S method of registration is usually followed, about 80% 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.*

*See remarks in the Appendix on the eruption.—ED.

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.

[Report on smallpox cases among the Employees of the Imperial Austrian State Railway Company for the year 1873. Translated from the German by MRS. HUME-ROTHERY. National Anti-Compulsory Vaccination League.

Another and enlarged version of DR. KELLER'S Report has been published: *The Mitigation Theory of Vaccination: An Account of the Statistics collected during the smallpox Epidemic of 1872-73; By DR. KELLER, Medical Director of the Austrian State Railways. By ALFRED MILNES, M.A.—* London: K W. ALLEN, Ave Maria Lane.]

1) It is shown that the death rate of smallpox 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 smallpox death rate, among over 2,000 cases, was 17.85% of the cases, closely agreeing with the general average. That of the unvaccinated was 23.20%, while that of the vaccinated was only 15.61%.

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,*

*This applies to Austria. In England vaccination is usually performed earlier, yet, in a pamphlet entitled "Plain Fads an Vaccination," by G. OLIVER, about 1872, it was stated that in the smallpox Hospital, Hampstead,

—"The number of the unvaccinated patients, up to the age of ten years, greatly preponderates over the vaccinated of corresponding ages." In the Homerton smallpox Hospital in the eight years 1871-77, there were 147 unvaccinated patients under 2 years old, to 20 vaccinated, including among these the doubtful cases.] 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 smallpox death rate is actually less for the unvaccinated than for the vaccinated in infants**, and equal 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 smallpox 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 smallpox 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 smallpox. 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 smallpox patients of all ages and conditions, as the very strongest argument in favour of vaccination!

Good statistics [It must be insisted upon, over and over again, that they are not good statistics, where the class under trial—the vaccinated—are in great numbers of cases assumed not to be vaccinated against all testimony available.—ED.] 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 smallpox mortality, as shown by the 45 years of the Registrar General's statistics, and by the deaths from smallpox 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!

*the operation itself kills many. the Registrar General gives, under the heading of Cowpox and other effects [erysipelas, etc.] of vaccination for the years 1881-1886, the following deaths of infants under one year. In the country, 255 deaths. In London, 61. Total for 6 years, 316.—ED.

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 REPEAL 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
SMALLPOX ITSELF, BUT WHICH CANNOT BE PROVED TO HAVE EVER
SAVED A SINGLE HUMAN LIFE.

The London Society for the Abolition of Compulsory Vaccination

Every opponent of Compulsory Vaccination in the United Kingdom is currently invited to join and co-operate with the Society.

OBJECTS OF THE SOCIETY

- 1) The Abolition of Compulsory Vaccination.
- 2) The Diffusion of Knowledge Concerning Vaccination.
- 3) The Maintenance in London of an Office for the Publication of Literature relating to Vaccination, and a Centre of Information and Action.

I am directed to draw attention very earnestly to the claims of the London for the Abolition of Compulsory Vaccination.

PART I

In times when the laws of health were imperfectly understood, it was believed that by poisoning the blood with the viruses of smallpox, or cowpox, a future attack of smallpox might be escaped. While many kindred medical practices have been discredited and forgotten, Vaccination, endowed by the State, has survived, and has entered into legislation, and is enforced with fine and imprisonment. It is in vain for nonconformists to plead that they do not believe that Vaccination has any power to prevent or to mitigate smallpox, or that it is attended by the risk of communicating other diseases. They are told they may believe what they like, but that vaccinated they must be, for the benefit of the rite is settled beyond dispute, and that only fools and fanatics venture to question what has been irrevocably determined.

Many too, whilst disinclined to discuss Vaccination as a medical question, or to surrender confidence in its prophylaxis (action taken to prevent disease), are opposed to its compulsory infliction. They maintain that every remedy should be

left to justify itself by its own efficacy, and that of all prescriptions the last which requires extraneous assistance is Vaccination: for its repute is based on the fact that its subjects are secure from smallpox, and in that security many abide indifferent to those who choose to neglect its salvation. Even nurses in smallpox hospitals, it is said, when efficiently vaccinated and re-vaccinated, live unaffected in the variolous (of or relating to smallpox) atmosphere. They consequently hold that to compare an unvaccinated person to a nuisance, as is frequently done, is to make use of an epithet that implicitly denies the virtues asserted for Vaccination, a nuisance being a danger or annoyance which another cannot conveniently avoid.

The members of the LONDON SOCIETY therefore appeal with confidence to the sympathy and support of their countrymen. They claim to enlist the energies not only of those who are opposed to the Vaccination as useless and mischievous, but of those who, true to their faith in liberty, would leave its acceptance to the discretion of the individual.

PART II

The Society is engaged in an arduous enterprise with the firm resolve to achieve success; and with this end in view the Members maintain an Office; they publish the *Vaccination Inquirer*, and a variety of books, tracts, and leaflets, which are liberally distributed wherever likely to be of use; they organise public meetings, and avail themselves of every opportunity for lectures and discussions; and from the Office conduct an extensive correspondence at home and abroad.

It is needless to say that all these operations are attended with expense, and indeed with heavy expense, yet from none of them is it possible to withdraw; on the contrary with larger means they would be developed and extended. At present the chief cost of these operations is borne by the liberality of the few, and it is the wish, and the reasonable wish, of the Committee to enlarge the area of subscription, and to have the names of all opponents of Compulsory Vaccination upon their registration of membership.

The successful issue of this most honourable agitation would be greatly hastened if only those who are persuaded of the folly of vaccination, and those abhor the

tyrannical infliction of the rite upon the unwilling, would come forward and assist to sustain those who are disposed to assume the more active duties of the conflict. The Committee feel that it is not becoming that many, who have openly expressed their sympathy with the objects they have in view, and who will rejoice over the Abolition of Compulsory Vaccination, should yet do little or nothing to contribute to the victory which they are sufficiently enlightened to desire.

The Committee therefore hope that you will not only look favourably on this appeal for assistance, but that you will also try to enlist in the good cause some of those latent sympathisers, who, probably, only require the stimulus of suggestion and persuasion to become active allies.

WILLIAM YOUNG

Secretary

77, Atlantic Road, Brixton, S.W.

THE LONDON SOCIETY FOR THE ABOLITION OF COMPULSORY
VACCINATION

Founded 1880

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Handel Cossham

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Appendix and Correction

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 smallpox 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 smallpox 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 unvaccinated. 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 smallpox for treatment. Of this great total, no fewer than 41,061 are classed as vaccinated, 5,866 unvaccinated, and the remainder as "doubtful." The fatality of the unvaccinated and doubtful is very heavy, but this is largely due to considerations as to the people who are the unvaccinated, 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 unvaccinated 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 unvaccinated, 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 unvaccinated, 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.

In the malignant also, the classification is not likely to err; but in very few hospitals is this table given.

In the class midway between these, the errors arise. Here the skin is dreadfully affected, and the errors will be numerous; and it is difficult to see how any errors can be made except in favor of the vaccinated.

In this middle or confluent class, lie nearly all the doubtful cases.

It is therefore imperative, that we should have a reclassification of all our hospital smallpox. The tables should be three in number—of mild, confluent, and malignant smallpox. And the patients ranged under them in age, and with full credence to testimony of patients and friends, as to the vaccination or non-vaccination of the sufferers. With these materials, a series of authentic facts as to the incidence of the disease would soon be available.

At present, we appear to be too much at the mercy of whims and fancies, as to the classification of smallpox.

I may here mention a kindred matter. Chickenpox, as is well known is not a fatal disease; yet so loath are medical men to return vaccinated children as dying of

smallpox, that we find now numerous deaths returned as due to Chickenpox. It should, no doubt, be vaccinated smallpox. The last issue of the Registrar General thus, [p. xiii.,] refers to this:

"The deaths ascribed to smallpox in 1886 numbered 275, and were far lower in proportion to the population than in any previous year. There were, however, also 93 deaths ascribed to Chickenpox; and as this ailment is rarely, if ever, fatal, in all probability most or all of these deaths were really due to smallpox."

I greatly regret that DR. WALLACE'S health has been so poor as to have prevented his editing this reprint. He has, however, looked over the proofs, and concurs in the emendations and notes which appear in this edition.

A. W. EDITOR

Correction

Forty-five Years' Registration Statistics

A Correction. (S509: 1895)

Sir,

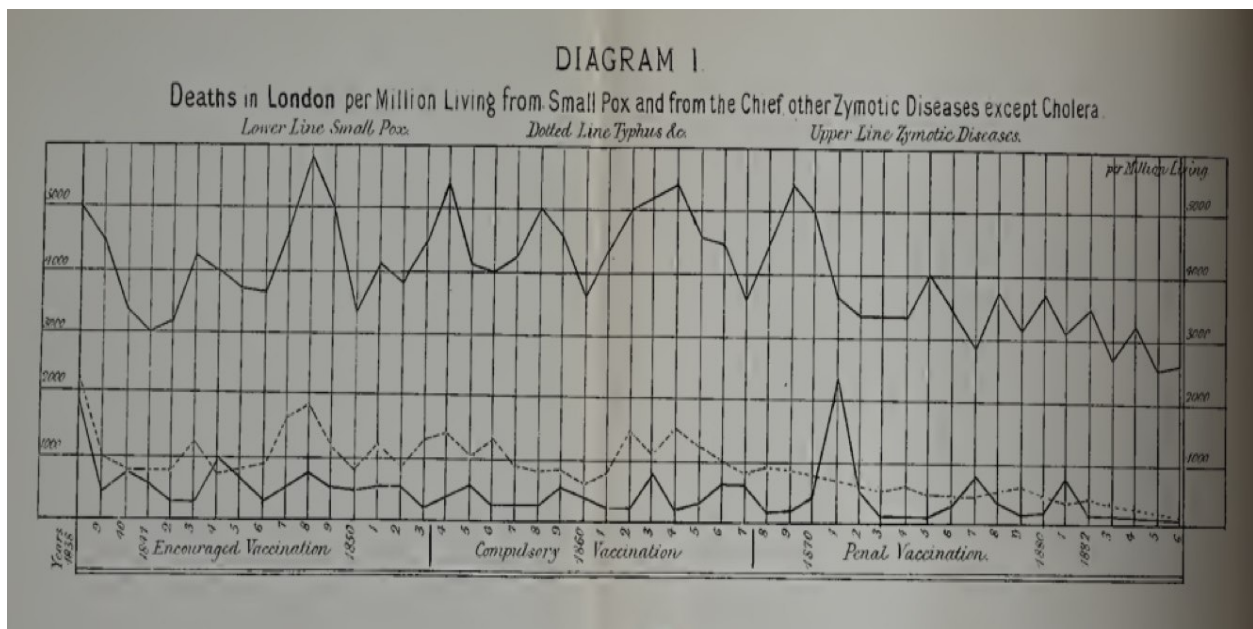
While thanking my friend Mr. Alex. Wheeler for his too complimentary references to the little I have done for the cause of freedom as regards the tyranny of the Vaccination laws, I wish to make a remark as to one portion of his article which conveys an erroneous impression. Mr. Wheeler says that he could not agree with my conclusion that "Vaccination may have caused more deaths than smallpox itself." This I am not surprised at, because I do not myself accept such a statement, which is certainly not mine. My words, carefully chosen, are—"an operation which has admittedly caused many deaths, which is probably the cause of greater mortality than smallpox itself"—and I call attention to the change from the past tense in the first part of the passage to the present tense—"is probably the cause"—in the latter part. This clearly means, not that "Vaccination may have caused more deaths than smallpox"—as Mr. Wheeler states it, without any limitation of time, which would of course be an absurdity—but that, at the present time, as the result of general Vaccination for about fifty

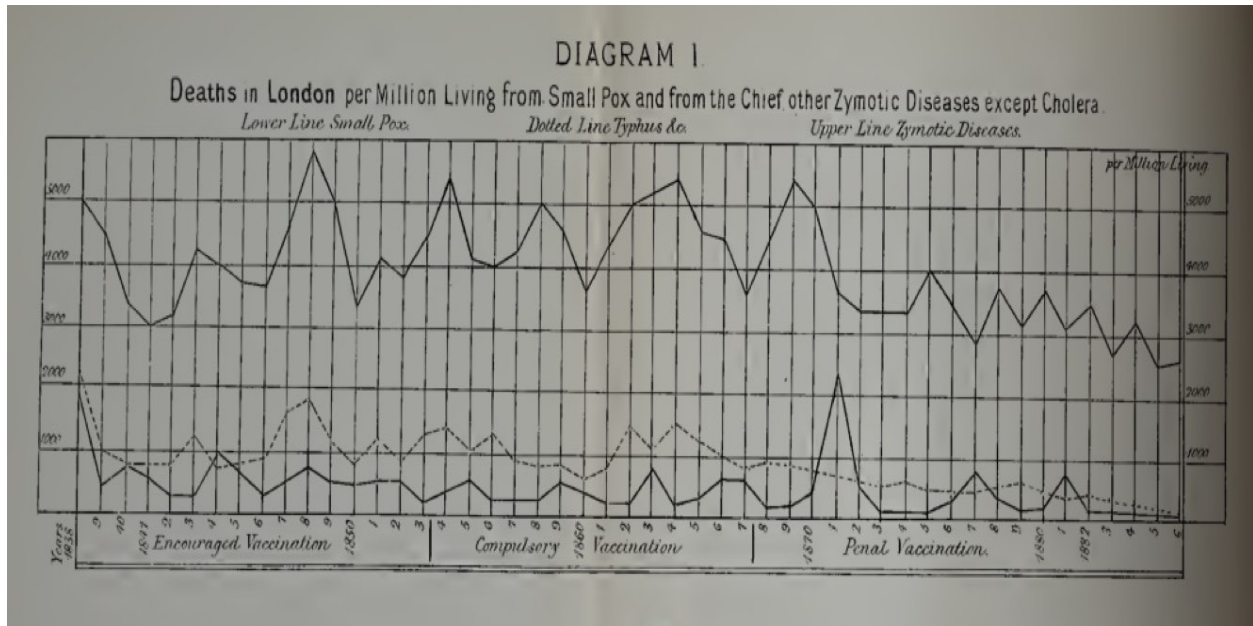
years, it may now be the cause of more deaths than smallpox.

This conclusion is drawn from the table of the steadily-increasing mortality from certain inoculable diseases (page 24 of my pamphlet), which increase, in thirty years (1850-1880), was 357 per million (an increase which has continued since), while the deaths from smallpox have not, for many years, averaged more than one-fifth of this amount. If, therefore, only one-fourth part of the large and steady increase of these diseases is due to Vaccination, then my belief that Vaccination is now the cause of greater mortality than smallpox itself is fully justified; and in the contention that this is "probably" the case I do not think that I shall find myself in the minority among the readers of the Inquirer. This indirect effect of Vaccination is further increased by its direct effects, which are now known to be far more terrible, and to produce far greater mortality than was formerly suspected or admitted.

I wish to take the opportunity of requesting such of your readers as may have copies of my pamphlet to erase from line 11 on page 21, to line 9 on page 22, 2nd edition (or, in the first edition, from line 8 on page 20 to line 4 on page 21—Ed. V. I), as the figures and conclusions therein are erroneous.

DIAGRAM I & II





VACCINATION: PROVED USELESS & DANGEROUS
From Forty-Five Years of Registration Statistics

TO MEMBERS OF PARLIAMENT AND OTHERS

Forty-five years of Registration Statistics, proving Vaccination to be both useless and dangerous.

In Two Parts.

BY
ALFRED R. WALLACE, LL.D.

SECOND EDITION
WITH CORRECTIONS, NOTES, AND AN APPENDIX

BY ALEXANDER WHEELER

LONDON
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1889

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“One of the ways that I believe people express their appreciation to the rest of humanity is to make something wonderful and put it out there.” —Steve Jobs

Vaccination Proved Useless and Dangerous

From 45 Years of Registration Statistics

Alfred R. Wallace, LL.D. DUBL., DCL OXON., FRS, etc.

1885

Restored and updated by

Trung Nguyen

Edmonton, Alberta, Canada

2018



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