

THE TRUTH ABOUT VACCINATION.

BY

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THE

TRUTH ABOUT VACCINATION.

I.

THE above title is that given by Dr. Ernest Hart, Editor of the *British Medical Journal*, to a pamphlet first published in 1880.

It is an out-and-out defence of vaccination as by law established. I read it with great care, soon after its publication, in the hope of finding the value of vaccination proved by it, and it had the effect of converting me to a decided *disbelief* in the general power of vaccination to prevent smallpox. It may be well to explain the circumstances. I was a journalist, and I had had occasion to write on the case of a man who refused to have his child vaccinated, giving as his reason the fact that a previous child had been killed by disease set up through vaccination. *He produced medical evidence for his statement*, yet the magistrate, without disputing the evidence, fined him for his refusal to risk the life of the second child in the same way. The magistrate said the law gave him no choice. This struck me as a monstrous tyranny, which could never have been contemplated by the parliaments which made vaccination compulsory. I myself then confidently believed in vaccination; and I remarked, in discussing the point, that were an epidemic of smallpox to occur near me, I should get re-vaccinated, taking what precautions I could against "diseased" lymph. To my surprise, my editor objected to any comment on the case I have mentioned, urging that we ought to do nothing to bring vaccination into discredit.

This, to me, unsatisfactory position set me upon fully investigating the subject, and I spent many weeks upon it, reading all the literature I could obtain on both sides. Some of the attacks on vaccination, in particular the pamphlet by Mr. P. A. Taylor, struck me as extremely weighty. But, as I have said, it was the zealous *defence* of vaccination by Dr. Ernest Hart that convinced me that his side was in the wrong. In an appendix to his pamphlet he gave the figures of the smallpox cases and resulting deaths in the army and navy during a number of years. As all the men in the army and navy are vaccinated on entering the service, whether or not they were vaccinated before, we have in their case one of the best available tests of the value of vaccination. Yet not only had there been, on Dr. Hart's own showing, a large number of deaths from smallpox in the army and navy; but in the case of the latter service it came out very clearly that its measure of freedom from smallpox was due not to vaccination but to the sailors being usually out of the reach of infection.

First, as to the simple fact of the failure of vaccination. In the year 1860, as Dr. Hart shows in his appendix E, there were 2,749 deaths from smallpox in England and Wales. But of these only 638 occurred among adults of 20 years of age and upwards, being at the rate of 59 *deaths per million persons* of that age. In the same year there occurred in the home force of the British navy 84 cases of smallpox,

with 12 deaths. But as the number of men and boys in the home force was only 23,500, these 12 deaths represented a rate of 5·10 deaths per 10,000 of strength, that is, a death rate of *over 500 per million*. That is to say, there was *more than eight times as much disease and death*, in proportion to numbers, in the navy, where everybody was officially vaccinated, as in the ordinary grown-up population on land, where a number were unvaccinated. Of course the proportion was different in different years; and in some years there were no deaths from smallpox in the navy, though in twenty years there was only one year without a case of the disease; but in several years, as in 1860, the proportion of deaths was higher in the navy than in the general adult population.

And as showing in particular the futility of vaccination, we have this fact. In the year 1864, with a home strength of only 19,630 men, there were 199 cases of smallpox in the navy, with nine deaths, or at the rate of 458 deaths per million persons. And on this year's figures Dr. Hart has the following note:—

“This remarkable return, being so greatly heavier than any other year” [which it was *not*, as regards deaths] “needs a word of explanation. No fewer than three-quarters of the cases (151), and two-thirds of the deaths (6), were from infection at Portsmouth, where the very large number of 228 deaths from smallpox occurred in 1864. Nor was this all. From infection traced to Portsmouth, the disease manifested itself on board the *Duncan*, when on its voyage for the North American station; 38 men were temporarily disabled by it, and one died.”

This note served to satisfy me, and will probably satisfy many others, that Dr. Ernest Hart is not very well qualified to form a sound opinion on a question of statistical evidence. Vaccination, in the terms of the argument, is claimed to be a safeguard against smallpox *infection*. Dr. Hart here admits, apparently without knowing it, that when vaccinated and re-vaccinated sailors, living on normally healthy ships of war, happen to meet with infection, they catch smallpox wholesale; and that *if the whole of the royal navy had been at Portsmouth at the same time, there would probably have been thousands of cases, and hundreds of deaths*. By offering such an “explanation” to save the credit of vaccination, Dr. Hart showed that, in the case of ships that do not touch at an infected port, and in which, accordingly, the men could not catch smallpox if they wanted to, he would give the credit of their immunity to vaccination. To any intelligent reader, these facts will suffice to show that Dr. Hart's defence of vaccination, at least, is childishly fallacious. And the point is one which any intelligent person can reason out for himself, as well as any doctor. It is purely a question of figures and logic.

But further, if the figures given by Dr. Hart be accurate, *vaccination itself is an utter fallacy*. The case of the navy is what is called, in a phrase of Bacon, an *experimentum crucis*, it is a “crucial test.” Every man in the navy being vaccinated, we only need, in order to test the value of vaccination, to bring a few crews within the range of infection: when we then find them going down like ninepins—38 catching the disease on one ship *while at sea*, from one original infection—we have a conclusive proof that vaccination does not prevent smallpox.

I wrote a letter pointing out all this to my old friend Dr. Andrew Wilson, the editor of *Health*; but he, being a champion of vaccination, declined to insert my communication. Other people, however, must have shown Dr. Hart what a mess he had made, for in the second edition of his pamphlet the note which I have copied above was dropped,

and there was inserted, in its place, one to the effect (I cannot now procure that edition and am citing it from memory) that there was supposed to be something wrong with the vaccinations in that particular year or in the particular ships affected.

Now, I leave it to sensible and practical men to say what they would have thought of this attempt to save the case if it had been made in any other dispute. Would they not have said that it was an absurd subterfuge? Would they not decide that Dr. Hart just caught at any possible pretence to retrieve himself? If there had been any doubt about the vaccinations in question, why was it not heard of before the second edition of the pamphlet? It is ludicrously clear that the doubt was invented only when the significance of the facts was seen. And that Dr. Hart did *not* see it when he first published his pamphlet, is a startling proof of the possibilities of incompetence in men who pretend to special knowledge and special wisdom in these matters.

II.

One such refutation as the foregoing is logically as good as a thousand. No statistics whatever can unsay what is proved by those above cited from Dr. Hart. But let us give vaccination another chance, and assume that in the year 1864 the 199 sailors who caught smallpox had all, by a miraculous coincidence, been badly vaccinated. In that case, we learn that when vaccination is performed even by surgeons in the employment of the Crown, there is an enormous risk of its being so badly done as to be of no value whatever. So that people are bullied by law into submitting their children to an operation which not only carries a risk of loathsome and fatal disease, but is very likely to be otherwise badly performed. So be it.

But smallpox continued to occur in the navy after 1864; and I learn from the work of another champion of vaccination, the *Vaccination Vindicated* of Dr. John C. McVail, of Kilmarnock (1887), that after the law of 1871 (passed in the panic of a bad epidemic), vaccination was much more carefully enforced. Let us then take the home navy figures for 1871 and 1872. They are: for 1871, with a strength of 22,100 persons, 67 cases with four deaths, being at the rate of 181 deaths per million living; for 1872, with a strength of 23,000 men, 62 cases, with nine deaths, being at the rate of 391 deaths per million living. So that after the most strenuous measures had been taken to perfect vaccination, there were more deaths and hardly fewer smallpox cases than before. After 1872, of course, there were very few cases, but that was clearly not because of vaccination, but simply because the epidemic had run out. There was in general no chance of infection. Even in 1871-72, by simply keeping ships as much as possible away from infected ports, the disease was kept under much better in the navy than in the general population. But it is very plain from the above figures that if another equally bad epidemic came round, there would be just as many cases and deaths as before, unless some better preventive than vaccination be found.

III.

The case for vaccination, then, breaks down on the official statistics themselves. I have used no others. And if it be asked why the case is not equally clear on the face of other statistics, the answer is this,

that it is a very easy thing to "cook" statistics, by choosing those which best suit you, and by grouping sets of years in particular ways. Thus Dr. Hart takes the figures for the years from 1838 (an extremely bad year) to 1842 (after which for four years the statistics are lacking), and from 1847 to 1853, when compulsory vaccination was established; then he takes all the years from 1854 to 1879, a much longer period, with a number of good years in it: then he divides the total deaths in the two periods by the number of years in each, and shows that in the twelve years 1838-42 and 1847-53 the rate of smallpox mortality was 420 per million living, while in the twenty-six years 1854-1879 it was only 208.5 per million living. Even by Dr. Hart's own account, vaccination would only be a half cure; but when we go into details we find that in 1842, *without* compulsory vaccination, the deaths from smallpox were only 168 per million living, while in 1871 they were 1,024, almost as high a rate as that of 1838; and even in 1877 they were 175 per million. Any unprejudiced person can see that it is all a matter of *epidemics*, and that vaccination makes no general difference.

But doctors constantly tell you that in epidemics the proportion of *un*-vaccinated cases and deaths is much greater than that of the vaccinated. Observe, the original pretence of Jenner, on which he got his money reward, was that *no one* would take smallpox after vaccination; and if it be admitted that a number of vaccinated people *can* die of smallpox the whole theory is put in hopeless doubt. But, passing over that, we find that it is left to the doctors to decide whether or not the sick and the dead had been vaccinated, *and they often refuse to take the word either of the patient or of his family*. If they cannot see proper marks on a corpse (through a smallpox eruption!) they will return it as unvaccinated. What is the value of such evidence as this? For my own part, I believe that many conscientious doctors get an erroneous idea as to vaccination in general from the fact (as I believe it to be) that during the few weeks of the *vaccination fever itself*, patients are inapt to take smallpox. One fever *may* in this way exclude another; hence a belief in the special efficacy of re-vaccination during epidemics. But the naval statistics above given suffice to show how brief is the protection in adult vaccination as in that of infancy.

Let us ask, again, who *are* the unvaccinated? They may be classed under three heads: (1) children of anti-vaccinators, (2) children who were too sickly in infancy to stand even vaccination, (3) children of vagrant parents, or street arabs, who escape the vaccination officer. If then it can be shown that the children of anti-vaccinators suffer more from smallpox than other people, there will so far be something of a case for vaccination. But who has ever pretended to prove this? Who can pretend to prove it? For many years there were very few anti-vaccinators, but plenty of smallpox and of vaccinated people, and in those days the officials said what they say now; if on the other hand the deaths of unvaccinated persons, young and old (they are mostly young) be mainly those of people who had been very sickly in infancy, and of those whose childhood was one of poverty and bad feeding, there would be nothing strange in *their* succumbing rather easily to smallpox. But Dr. McVail tells us there are very few children too sickly to be vaccinated, and he tries to make out that there are few street arabs. Then, as he cannot show that the unvaccinated are mostly children of anti-vaccinators, he does but throw doubt, once more, on the official figures. In all likelihood

many patients described by medical officials as unvaccinated were really vaccinated.

So notorious is it, indeed, that vaccination does not prevent small-pox, that doctors constantly resort to what I must call a very sorry subterfuge, telling patients that the vaccination has prevented their dying (though many vaccinated people die of smallpox, and many unvaccinated patients recover), or that at least it has prevented their being pitted. A few years ago I met a hospital nurse who had been so persuaded. She happened to mention that, there being an epidemic at the time, all the nurses in her hospital had just been vaccinated. "But" I remarked, "you only entered a few months ago; were you not vaccinated on entering?" "Yes," she answered, "but we were all re-vaccinated last week." I observed that the doctors did not seem to have much faith in their own specific, and she assented, adding, "I have now been vaccinated five times." I remarked, laughing, that she ought to be pretty safe. "Oh," she answered, "but I have had smallpox too!" That would be, I suggested, before she had been vaccinated? "No," was the answer, "*it was after my third vaccination; but they told me that but for vaccination I should have died or been very badly marked!*" Thus do men defend error by untruth. Her own experience as a nurse might have taught her that whether a patient is pitted or not pitted is a matter either of the virulence of the attack or of the nature of the treatment. With care, pitting can nearly always be prevented, whether the cured patient be vaccinated or not. At this moment, however, there are still a good many pock-pitted people, though vaccinators tell you that you "never see them now." And when it is admitted that a vaccinated and re-vaccinated man may *die* of small-pox, it is a little too impudently absurd to say that if he lives and is not pitted, vaccination has been the cause.

IV.

If all this holds good, it may be asked, how is it that the great majority of the medical profession continue to believe in vaccination? This is a very important question, going to the heart of the matter, and I will here answer it. The majority of doctors stand by vaccination, either passively or actively, for one or more of three reasons:—(1) They were taught to believe in vaccination as in other current medicine, and they stand to what they were taught, *the great majority never making any independent investigation of the subject.* (2) Even when a medical man does investigate the subject, if he be young he knows he will be to a large extent boycotted if he condemns vaccination; and if he be elderly his prejudices and his self-esteem are enlisted in favor of what he has been doing for many years, making him loth to admit that he has all along been under a gross delusion. (3) Vaccination is a considerable source of easy income to the majority of medical men; and among doctors as among other men, a pecuniary interest sets men against even listening to arguments which, if accepted, would involve a heavy loss. I may be told that this last is an unworthy argument to use against an honorable profession. But I am arguing in the case of doctors just as I would in the case of any other body of men, lawyers, priests, soldiers, policemen, or authors; and, what is more, I am meeting professional vaccinators with a kind of argument which many of them have used against anti-vaccinators. I think as highly of the medical profession as most men; and I have the highest esteem for many of its members, knowing as I do their devotion,

their benevolence, and their public spirit. But the question is one of averages and of average human nature. On the other hand, I find a medical man, Dr. Howard Barrett, writing in a work on *The Management of Infancy and Childhood in Health and Disease* (p. 233) that "from time to time ignorant people, from a love of notoriety or for their own selfish ends, try and stir up the prejudices of the uneducated" against vaccination. Here is a man who *earns money by vaccination*, charging low ends on all anti-vaccinators. Clearly then we are free to retort the charge, as well as to deny his right to make it. Not one anti-vaccinator in ten thousand can possibly make a farthing by his propaganda; and the rest risk money loss, persecution, and boycotting by it. On the other hand, I repeat, ninety-nine doctors out of a hundred know nothing of the history of the theory and practice of vaccination; nothing of the facts as to the changes made in lymph; nothing but the myth about Jenner; nothing of the statistics but what is officially served out to them. And it is the strict truth that *nearly all we know about the history of vaccination is due to the anti-vaccinators*. If any careful reader doubts this, let him spend a few weeks in mastering the works of Dr. Creighton, Professor Crookshank, and the late William White: then let him question all the doctors he knows and see how much *they* know on the subject. How should they be well informed on it? They are mostly hard-worked men; and in their student days they were taught what passes for scientific truth on the subject. The most thorough research in it has been made within the last ten years, and the two standard scientific authorities on the history and nature of vaccination are Creighton and Crookshank, both of whom were originally orthodox, and both of whom were led by their studies to give up their belief. And many other competent medical men have at different times declared against vaccination.

In the face of these facts, it matters little whether the majority of a Commission who set out on an inquiry with full faith in vaccination end in the same faith. We are told that almost no physician who was over forty when Harvey published his discovery of the circulation of the blood could be got to believe in it. Conversion in these matters is a question of time. But although nearly all the doctors twenty years ago insisted that vaccination could not possibly convey other diseases, and that "sanitation" was of no avail against smallpox, it is now proved past all question that vaccination can and does convey other diseases; and many vaccinators now admit that sanitation counts for a very great deal in checking smallpox epidemics. Year by year the superstition loses hold. Men see that other contagious diseases, against which there is no vaccination (though on the current theory there ought to be), are being kept in check by sanitation; and that the supposed special results of vaccination are thus illusions. Were it not for the vested interests, official and professional, the majority would have seen it ere now. Nothing else could keep ordinarily intelligent men wedded to the principle of compulsion when, if they really had faith in the nostrum insisted on, they would feel that no compulsion is needed, since each man, in the terms of the doctrine, can protect himself if he will. Compulsory vaccination is at once an assertion and a denial that vaccination protects from smallpox. The theory is as contradictory as the practice.

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