

Compulsory vaccination briefly considered, in its scientific, religious, and political aspects : being a letter addressed to ... Sir B. Hall ... / by John Gibbs ... and returned to the House of Commons, on the motion of Mr. Brotherton.

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COMPULSORY VACCINATION

BRIEFLY CONSIDERED,

IN ITS SCIENTIFIC, RELIGIOUS, AND POLITICAL ASPECTS :

BEING A LETTER ADDRESSED

TO THE RT. HON. SIR B. HALL, BART., M.P.,

President of the Board of Health,

BY JOHN GIBBS, ESQ.;

AND RETURNED TO THE HOUSE OF COMMONS, ON THE MOTION OF
MR. BROTHERTON.

PRINTED BY WOODGATE AND KINDEL

With Appendices now added.

“If men and women are to be absolved from the care of their own lives and limbs, and the responsibility cast upon anybody else by the law of the land, the law of the land is lapsing into barbarism.”—MISS MARTINEAU.

“—— is losing his head. When he brings forward his Suckling Act, he will be considered as quite mad.”—SIDNEY SMITH'S LETTERS, p. 529.

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1856.

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MEMBER OF THE HOUSE OF COMMONS

BY JOHN GIBBS, F.R.C.S.

AND RETURNED TO THE HOUSE OF COMMONS BY THE MESSRS. G. & J. B. GIBBS

LONDON :

PRINTED BY WOODFALL AND KINDER,

ANGEL COURT, SKINNER STREET.

It may be said that the subject of this book is not one of the most important in the present day, and that the time is not yet come when it is necessary to discuss it. But the fact is that the subject is one of the most important in the present day, and that the time is now come when it is necessary to discuss it.

LONDON :

ROBERTSON AND WILKES, 138, STRAND;

AND 14, LITTLE TOWER STREET.

1881.

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COMPULSORY VACCINATION

BRIEFLY CONSIDERED

IN ITS SCIENTIFIC, RELIGIOUS, AND
POLITICAL ASPECTS.

*To the Right Hon. Sir B. HALL, Bart., M.P., President
of the Board of Health, &c., &c.*

MAZE HILL COTTAGE, ST. LEONARDS-ON-SEA,

June 30th, 1855.

SIR,—Having learned that it is under consideration to place the working of the Compulsory Vaccination Act under the control of the Board of Health, and to extend the provisions of that Statute to adults, I beg to invite your special attention to some facts and arguments in opposition to the proposed measure, as well as to the Act of 1853.

There is no subject upon which so many otherwise well-informed people betray such ignorance and credulity as vaccination; and therefore it is that the partisans of this practice cast away every gentlemanly feeling, disregard every principle of justice, violate the spirit of freedom, outrage the precepts of Christianity, trample upon common sense, and betray their own best rights and dearest interests.

The Compulsory Vaccination Act is the *first direct aggression upon the person of the subject in medical mat-*

ters, which has been attempted in these kingdoms. It invades in the most unexampled manner the liberty of the subject and the sanctity of home. It not only unspeakably degrades the free-born Briton by depriving him of liberty in a personal matter, but denies him the possession of reason; outrages some of the finest feelings of the human heart—those feelings which have their origin in parental love—that still bright spark of the Divine Nature breathed into man by his Heavenly Father; sets at nought parental responsibility, and constrains the parent either to violate his deliberate convictions, and even his religious scruples, or boldly to defy an unjust law.

The pith of this statute is in the 2nd and 9th clauses, which enact that the parent or guardian of every child born in England after the 1st of August, 1853, shall cause it to be vaccinated within a specified time after birth, unless vaccination be postponed under a medical certificate, or series of certificates, of unfitness, and that a pecuniary penalty shall be inflicted for non-compliance with the requirements of the Act.*

Now, by what pretext is it attempted to justify such an outrage upon the constitutional liberties and natural rights of the subject? And, if vaccination be a blessed boon, is it not strange that in Jenner's own land of thoughtful Englishmen, after the experience of half a century, during which it has been fostered by the State, a practice which appeals so strongly to human hopes and fears can be propagated only by penalties?

Wherefore, then, is vaccination held in abhorrence by so many? Have those who reject it no weighty reasons to justify their rejection? They do not believe that it affords an efficient and assured protection against the invasion of small-pox; they have a natural disgust to the idea of transferring to the veins of their children a loathsome virus derived from the blood of a diseased brute, and transmitted through they know not how many unhealthy human mediums: they have a dread, a conviction, that other filthy diseases, tend-

* See Appendix A.

ing to embitter and shorten life, are frequently transmitted through and by the vaccine virus; they cannot bring themselves to believe that, under any circumstances, the true way to *health* and *longevity* can be to corrupt the blood and lower the vital energies by the infusion of a poison and its consequent train of morbid actions; and, further, they have a conscientious conviction that voluntarily to propagate disease is to fly in the face of God, and to violate that precept which says, "Do thyself no harm."

Are such scruples and objections entitled to no respect? Should they be permitted to have no force? Are they capable of no justification? Should the sole answer to them be a Coercion Act? Such is not the best way to disarm hostility and to ensure conviction. Who would put faith in the professions of the philanthropist who should threaten the object of his beneficence with fine or imprisonment if he should not accept the proffered boon? Or who could receive with cordiality and respect the Doctor of Physic who should thunder at the door, armed with scab and lancet, threatening to assault the inmates therewith, and, although he should protest that he was bent upon a mission of mercy, who could avoid suspecting that his real objects were power and gain? If vaccination be indeed a blessing which must needs be showered upon the land, would it not better become a wise government and a free people to commend opinions by disseminating information upon the subject, than to attempt to make unconverted converts by force?

What reasons can the advocates of vaccination assign for the faith they hold? Scarcely one of them has ever investigated the subject scientifically. They cannot plead even the unanimity of the profession on their side. "In the public mind extensively," says the *Lancet* of May 21, 1853, "and, to a more limited extent, in the profession itself, doubts are known to exist as to the *efficacy* and *eligibility* of vaccination. The failures of the operation have been *numerous* and *discouraging*."

Vaccination, then, by the confession of the vacci-

nators themselves, is not an unfailing protection against small-pox. The experience of most persons will testify to the same effect; and ample corroborative proof may be found in the *Returns of the Registrar-General*. I cannot allow myself to make use of any extracts from these important and able papers without at the same time respectfully and thankfully acknowledging my many obligations both to the Registrar-General and to Mr. Thomas Mann, for the courtesy and kindness with which, on various occasions, they have complied with my requests. In No. 10, vol. xv., for the week ending March 11, 1854, we find, "A grocer died in South Street, Chelsea, at the age of fifty years, 'of confluent small-pox (fourteen days).' He had been vaccinated when one year old." In No. 45, vol. xiii., we read:—"In the sub-district of Haggerstone West, at 46, Essex Street, on 1st of November, the daughter of a bricklayer, aged five years, died of '*variola confluens* (nine days), *vaccinated with effect when six months old, marks perfect.*' Mr. Bowring mentions that 'four out of a family of seven have been attacked, and the survivors are still suffering under the disease. *All were vaccinated between the ages of four and six months; the cicatrices still perfect.*' He also records a death from small-pox without vaccination, and adds, 'a prejudice against vaccination, of which this is another instance, is gaining ground in my district.'" It would appear that by a prejudice Mr. Bowring must mean an unfavourable opinion founded on experience. To proceed:—in No. 41, vol. xiii., we find:—"At 82, Earl Street, Lisson Grove, the daughter of a bottle-merchant, aged one year, died from 'confluent small-pox (fourteen days), *vaccinated seven days previously.*' The medical certificate adds, 'vaccinated on the 23rd of September, in two points on each arm. Small-pox first showed on the skin on the 30th. *Both diseases progressed in a modified form for five days, when the child fell into a typhoid state.*'"* In this case, small-pox and cow-pox

* See Appendix B.

have possession together. Which of them killed the patient? The Number for the week ending March 25, 1854, furnishes another instance of the failure of vaccination to protect. "On the 17th of March, the son of an ostler died, aged six years, small-pox (five days), vaccinated." The Weekly Return, No. 14, vol. xv., for the week ending Saturday, April 8, 1854, furnishes similar evidence:—

"Six deaths occurred from small-pox: three of these, of which the following are the particulars, in the Small-pox Hospital:—

"On 31st of March, a boy, aged ten years, from Holborn Union, 'small-pox confluent (twelve days), unprotected.'

"On 1st April, a boy from Somers Town, aged five years, small-pox confluent, modified (nine days). He had been vaccinated at the age of four months; one cicatrix."

"On 7th April, the wife of a labourer, from Lambeth, aged twenty-two years, 'small-pox confluent, unmodified (eight days).' Vaccinated in infancy in Suffolk; two good cicatrices."

In the Quarterly Return, No. 20, 1853, at page 42, we find:—

"Chorlton Hulme.—The mortality of last quarter has been heavy: twenty-two deaths have occurred from scarlatina, sixteen from whooping-cough, and seven from small-pox; *five members of one family suffered from the last disease most severely*, the father and four children. *They had all been previously vaccinated, and, as reported, with success. Two died*, and a boy, who had not only been vaccinated, but previously had the small-pox (and was very much disfigured), was one of the victims. This manifests a very strong predisposition in some families for certain diseases."

In No. 17, under the head of Taunton, the following appears:—

"There has been *one death from small-pox*, that of a male, twenty years of age, *vaccinated in childhood.*"

In No. 19, it is stated under the same head:—

"Taunton.—Autumnal diarrhœa has been prevalent, but not of a severe character. *In other respects the district has been free from disease.*"

Taunton is not specially mentioned in the two remaining numbers. In connection with the apparent small mortality from small-pox, and the generally very healthy state of the place, the following extract from

the *Lancet* of July 2, 1853, is particularly deserving of notice:—

“At Taunton, Mr. White reports that vaccination has become almost extinct, and that *in a population of between 4000 and 5000, not one case has offered for vaccination in the last two and a half years.*”

Do not these facts suggest that there may be some protection against small-pox other than vaccination?

Many similar extracts might be made, but enough. Should further evidence be desired, the returns may be consulted with advantage. However, I cannot refrain from adding that, *during a period of sixteen years, ending in 1851, “rather more than half the patients admitted into the (Small-pox) Hospital had been previously vaccinated.”*—(*Medical Times*, August 27, 1853); and that out of 800 patients admitted into the same hospital in 1852, *only 230 were unvaccinated*, (*Lancet*, Feb. 12, 1853); in other words, 570, or considerably more than two-thirds of the whole, had been vaccinated; facts which of themselves strongly impugn the claims put forward on behalf of vaccination, but which seem scarcely less than conclusive when coupled with the following statement:—

“In the City of London Union, in which, in the year 1851,” (that is, in the year *preceding* the one in which the 570 vaccinated patients were admitted into the Small-pox Hospital,) “the births are returned 1311, only 61—*i.e.* about a twentieth of the whole number—were protected during the first year by the lancet of the Union surgeon. In St. James’s, Westminster, only 38 out of 973 births, and in St. Matthew’s, Bethnal Green, consisting chiefly of poor persons, only 817 out of 3589.”—*Lancet*, July 2, 1853.

It is asserted that, if vaccination “does not always [does it ever, except when it proves fatal?—J. G.] prevent small-pox, the attack is much milder.” So mild, indeed, is it, that, in illustration, it might be added (on the authority of Dr. George Gregory), that, out of 298 patients having small-pox after vaccination who were admitted in the course of a year into the Small-pox Hospital, 31 died; and (on the authority of the Registrar-General) that, out of 432 deaths from small-pox in an epidemic season, in a period of

ten weeks, in London, 135 deaths were returned as occurring after vaccination;—and this, be it remembered, in a population, of which it is complained by the advocates of this *antidote* (?) that it is much neglected.*

Indeed, so notorious are the failures of vaccination to afford protection from the ravages of small-pox, that the *Lancet* is forced to account for them by pleading that a supply of effective lymph has never been provided; that the extension of vaccination has hitherto been entrusted to parsimonious boards of guardians, who not only accepted the lowest tender, but were displeased if called upon to pay for many operations; and that vaccination has never formed part of the education of medical men, but that each practitioner is left to pick up his experience how, when, and where he can. In one place the *Lancet* asserts that “the best mode of vaccination is still undetermined;” and, in another, complains of a “want of agreement in the profession as to the essentially pathognomonic signs of genuine vaccine inoculation.” Be these accusations worth what they may, they fully justify the spreading disbelief in the efficacy of vaccination.†

But, possibly, another reason for the failures of vaccination may be found in the following extract from the “Destructive Art of Healing,” by Dr. Samuel Dickson:—

“Very different have been the reasons given by Professor Alison of Edinburgh for his adoption of a new course. With Dr. Copland, Dr. Watson, and other English physicians of mark, Professor Alison ascribes his change of practice to a change in the type of disease. According to these gentlemen, human nature has completely altered within the memory of the present generation; nay, within the last ten or twelve summers it is not what it was;—why or wherefore, no two of these three great doctors can agree. By one very distinguished physician we are called to believe, that the ‘malaria from wood pavement has caused all diseases to assume an intermittent type.’ Another will have it that the gradual substitution of ‘tea and potatoes,’ for ale and animal food in the diet of the people, has very considerably mitigated the ferocity of all complaints. Indeed, certain gentlemen, with the eminent Dr. Alison at their head, assure us that the diseases even of horses, asses, and horned cattle, have

* See Appendix C.

† See Appendix D.

also, within the present century, been materially changed. By 'tea and potatoes?' No; but 'somehow or other.' Many doctors, nevertheless, declare, with Dr. Watson, that the human constitution has been certainly altered since the cholera came to England in 1832. According to these last, the cholera has not only altered the constitutions of those it attacked, but it has, 'somehow or other,' completely changed the constitutions of those it never attacked at all." [Just as vaccination protects those who have never been vaccinated.—J. G.] "But whatever be the true theory of the cause of this change of type, nothing is more certain than that the people of these degenerate times cannot bear depletion as they formerly did; for that fever, *small-pox*, chick-pox, and the like, are no longer the inflammatory diseases they used to be. Even epilepsy, palsy, and apoplexy—according to certain gentlemen—can no longer be treated 'antiphlogistically.' So changed, in a word, has become the type of all diseases, the most sanguinary surgeons—Mr. Guthrie, perhaps, excepted—can by no possibility adopt the lowering measures they adopted within the last dozen years in cases of accident—broken heads and bones, for example—not in these islands only, but all throughout the civilised world."

If this be so, is the experience of Jenner of the slightest worth in determining the present value of vaccination? If the human constitution, type of disease, and action of remedies, be thus all changed, have vaccination and small-pox alone escaped the common fate? Nay, the question irresistibly obtrudes itself, has vaccination had as much to do with the deterioration of the human constitution as "malaria from wood pavement," "tea and potatoes," and "cholera?" Certainly one would expect its influence to be more widely diffused than some, and more permanent than others, of these causes.

What is the relative percentage of deaths from small-pox amongst the two classes, the vaccinated and the unvaccinated? The Epidemiological Society confess their inability to satisfy this inquiry.

It is not enough to investigate how far vaccination operates as a protection from small-pox. There are other points to be considered before pronouncing an opinion for or against the practice. The main question for the consideration of science is not whether vaccination be a protection against one form of disease, but what is its general influence upon the constitution? Does it militate against health and longevity? Does it lower the vital resistance, and predis-

pose the system to receive, or does it actually introduce into it, other forms of disease? In some cases, does it even predispose the system to succumb to the invasion of small-pox itself? How else shall we explain those facts of which the following is an example?—

“At 1, Adam’s-row, Lambeth, on 2nd April, the son of a smith, aged one year, died of ‘variola confluens (ten days).’ The child had been twice vaccinated, but without effect.”—(Reg. Gen. Weekly Return, No. 14, vol. xv., week ending April 8, 1854.)

What is the percentage of deaths before a given age, from *all* epidemics, amongst the vaccinated, as compared with the unvaccinated? What is the percentage respectively of cases of disease of the respiratory organs, of skin diseases, of scrofula, and of convulsions? What is the average duration of life amongst the vaccinated and amongst the unvaccinated? Of a thousand children vaccinated within a given time after birth, and of a thousand unvaccinated, the whole two thousand being placed as nearly as possible in like circumstances, what percentage in each thousand attain the age of puberty? These are statistics with which the advocates of vaccination have never grappled. Is it not, then, *rather premature* to decide that vaccination is an unmixed good—a boon, which we ought not only gratefully to accept, but which we should even combine to force upon the acceptance of others? If it should appear that, before a given age, the ratio of mortality, *from all causes*, be the same amongst a thousand vaccinated and a thousand unvaccinated children, of what avail is vaccination? Of what import is it, as a public question, in what shape death claims his allotted number of victims, whether by small-pox, scarlet fever, or hooping-cough? If the ratio of mortality should prove to be greater amongst the vaccinated than amongst the unvaccinated, should it not suggest some grave suspicions that vaccination is a curse, and not a blessing? *A priori* there is nothing in vaccination to recommend it as a prophylactic. Surely, then, the *onus* rests with the compulsory vaccinators themselves to prove both

the *efficiency* and *harmlessness* of their mysterious nostrum; to prove that the practice is something more than a game of chance, a throwing of the dice for life or death. This is only what *prudent people* would demand of the vendors of any specific. Vaccinators have no right to defy the laws of logic and common sense by requiring that those whom they fail to convince shall prove a negative.

First, then, is vaccination ever attended with risk, is it ever injurious, is it ever fatal to the recipient?

In the Registrar-General's Weekly Returns, No. 30, vol. xiv., for the week ending Saturday, July 23, 1853—a few days before the passing of the *Compulsory Vaccination Act*—we read:—

“In Bethnal Green, at 19, Warner Place South, on 15th July, the son of a cabinet-maker, aged seven months, died of *vaccination, erysipelas.*”

In the “Weekly Return,” No. 13, vol. xv., for the week ending Saturday, April 1, 1854:

“In Mile End Town Lower, the daughter of a gentleman, aged three months, died of ‘*erysipelas.*’ The medical man states that it supervened on vaccination.”

In the “Weekly Return,” No. 14, vol. xv., it is stated that—

“At the German Hospital, Dalston, both on 30th March, the son of a mariner, aged ten weeks, and the son of a sugar-baker, aged thirteen weeks, died of ‘*general erysipelas after vaccination, effusion on the brain.*’ The medical attendant adds, in his certificates, that ‘both these children were vaccinated on the same day in Whitechapel Road, and were in the hospital two days.’ The cases appear to be such as demand investigation. In Ratcliff, at 2, Devonport Street, on 6th April, the son of a coal-merchant, aged three months, died of ‘*erysipelas all over the body (one day) succeeding vaccination, which was considered to be fine.*’”

“Demand investigation!” Does not the whole question of vaccination “demand investigation?”

Other cases of legal infanticide are thus reported:—

“In Mile End New Town, at 1, George Street, on the 17th July, the daughter of a carman, aged three months, *erysipelas after vaccination (three weeks), convulsions (twenty-four hours).*”—Weekly Return, week ending Saturday, July 22, 1854.

"In the south sub-district of St. Giles, at 8, Parker Street, on 13th April, the daughter of a mason, aged one month, '*irregular vaccination when a fortnight old.*'"—Weekly Return for week ending April 15, 1854.

"At the Cock and Castle, Kingsland, on 1st May, the son of a licensed victualler, aged four months, died of *vaccination, inflammation of cellular tissue of arm and thorax.*' In Haggerston East, at 54, Union Street, on 1st May, the son of a hot-presser, aged four months, died of '*gangrene after vaccination*' (fourteen days)."—Weekly Return for week ending May 6, 1854.

Having seen that *vaccination is frequently an immediate cause of death*, let us next inquire whether it ever introduces other diseases besides cow-pox into the system.

Dr. Jones Quain, after describing the symptoms of cow-pox (Manual of Pathology, p. 366), thus concludes:—

"Every eruption after vaccine not presenting these characters is spurious."

From this it is evident that Dr. Quain discerns a connection between vaccination and spurious eruptions. Other medical writers are more explicit. The *Lancet* (a zealous advocate of vaccination) says:—

"There is a belief—it may be denounced as a prejudice, but it is not the less a deeply-rooted conviction, and one not confined to the poor or the ignorant—that if the vaccine disease may be transmitted by inoculation, other diseases, less beneficial, may be propagated in the same manner, and by the same operation. Many a parent of high and low degree dates constitutional disease in her offspring to vaccination with '*bad matter.*' *Who shall say that this etiological conclusion is always false?*"—*Lancet*, July 15, 1854.

"The poor are told that they *must* carry their children to be vaccinated by medical men who may be strangers to them. They apprehend—and *the apprehension is not altogether unfounded*, or unshared by the educated classes—that the vaccine matter employed may carry with it the seeds of other diseases not less loathsome than the one it is intended to prevent."—*Lancet*, October 23, 1854.

"So widely extended is the dread that, along with the prophylactic remedy something else may be inoculated lest the germ of future diseases may be planted, that *few medical practitioners would care to vaccinate their own children from a source of the purity of which they were not well assured.*"—*Lancet*, November 11, 1854.

If such be the opinions of medical practitioners in general, let us hear the sentiments of a few of them in

particular; and to avoid the imputation of partiality, let us select indifferently from opposing medical sects and various nations.

An American medical author, Dr. Shew, commenting on a case of death from vaccination, which was reported in the *New York Journal, Medical and Surgical*, gives a case of a lady whose health had been injured by vaccination, and adds:—

“In two other cases, large swellings took place; one in the arm-pit, the other in the neck, lasting for some days, and finally breaking out in running sores. By questioning closely, *we not unfrequently find that children never enjoy good health after vaccination, however firm it might have been before.*”

In another place, the same author says:—

“After all the recommendation that this practice has had for the last fifty years, there are yet those who entertain honest doubts as to whether it is, after all, on the whole, a benefit to the race. At any rate, the question, like all others, has two sides, both of which demand our most honest consideration. It is certainly true that vaccination does not merit the encomiums which its more early advocates put upon it; nor is it anything like capable of exterminating small-pox from the world, as was formerly maintained; but that it will, in a large proportion of cases, protect the system from variola, and that in those cases where it fails of this protection, it renders the disease a much milder one, no one will pretend to deny. *The only question is, whether, as a whole, it is of benefit to mankind.* It is maintained that vaccination, while it affords a good degree of protection from variola, yet renders the system more liable to other diseases. It is affirmed also, that other diseases are introduced into the system at the same time with the cow-pox. Long-continued and troublesome skin diseases appear to follow it, and, in not a few cases, the child seems never to enjoy good health after it has been performed. I think any one who has any considerable practice among children in any great city, will be struck with the number of cases he will find of this kind by questioning parents on the subject. . . . *Not only does vaccination cause subsequent unfavourable effects, but it sometimes endangers life at the time; and, in some instances, destroys the child. I have myself known most fearful convulsions to be brought on by it, and that in children apparently of the firmest health.*”

Again he says:—

“I have been for years so much a disbeliever in vaccination, that I would not be willing to have it practised upon a child of my own. I did not, however, know that there was high authority, even among the profession, for doubting the utility of the practice, till

the winter of 1850-51. At this time, Professor Bartlett, a very candid and able man, and lecturer on the theory and practice of medicine in the University of New York, quoted, in his remarks on the causes of pulmonary consumption, on the authority of two French writers, Barthez and Rilliett, the following facts in regard to vaccination. In 208 children that had been vaccinated, 138 died of tubercular consumption, and 70 of other maladies. In 95 that were not vaccinated, 30 only died of tubercular consumption, and 65 of other diseases. The circumstances connected with the two classes, the vaccinated and the unvaccinated, were, as nearly as could be, the same. Professor Bartlett did not himself, in consideration of these facts, venture an opinion as to the propriety or non-propriety of vaccination, but would simply be understood as referring to them as matters worthy of serious consideration."

The deduction from the facts stated by Drs. Barthez and Rilliett, according to the rules of common arithmetic, is, that in the 208 children *the mortality from tubercular consumption was increased fourfold by vaccination*. Surely this fact, were there no other, should of itself arrest the anxious attention of every man, and constrain our legislators to pause and inquire. But the appeal seems irresistible when supported by the additional fact, that *this same dire foe* of the human race (consumption) has widely spread since the introduction of vaccination, and within ten years (ending 1853) has slain its 68,204 victims in the metropolis alone.

On the whole, Dr. Shew seems to regard vaccination as a game of chance for life or death, with the chances against the former. This gambling cannot be justified by any considerations, and it is absolutely diabolical to compel any one to be an unwilling player at such a hazard.

Another American medical author, Dr. Trall, also appears to regard vaccination as a game of chance. He says:—

"Physicians are not at all agreed as to the propriety of resorting to vaccination as a protection from small-pox. . . . There is no question that it is, to a great extent, a protection from the virulence and danger of the natural small-pox; at the same time there is danger of inoculating the patient with some loathsome, and even worse disease, as s—s or scrofula, from the impossibility of always getting a supply of matter from healthy constitutions. In either way there is a risk to incur, and it is a delicate matter for a physician to

advise on a subject, when both sides are hazardous. I am fully convinced, that, if people could bring up their children in strict physiological habits, the non-vaccinating plan would be altogether the best; but in a city, this seems next to impossible, and in the country it is pretty generally neglected. Children reared healthily in relation to food, exercise, and ventilation, have little to fear from any disease, however contagious; they may have this (small-pox), but it will not endanger life, nor produce much deformity nor serious injury. I have seen, within the last year, a most horridly loathsome case of scrofulous disease, in which the patient *literally rotted alive* at the age of fifteen, from *unhealthy virus*, received when he was but three years of age. Parents often find some of their children tainted with morbid humours, unlike any other member of the family, and which they are wholly unable to account for, except on the supposition of foul matter taken into the system by vaccination. My own practice would be to keep children as healthy as possible, and if the small-pox happen along, let it have its natural course. Those who have the means to do the same, I would advise to act accordingly; those who live, move, eat, and drink after the ordinary manner, would have a better chance at times by resorting to vaccination."

Dr. Schiefferdecker, also an American author, is more decided in his opinions. He says:—

"Vaccination was, undoubtedly, an excellent expedient against the awful and merciless ravages of this disease (small-pox), but it is now, after Priessnitz's discovery of the use of cold water in curing disease, not only unnecessary, but even a great wrong, because it is insufficient as a preventive means, and a cause of many diseases which would have been avoided if vaccination had not taken place, as the hidden disease of one individual is often transferred by vaccination to the vaccinated one. The truth of this assertion is proved by daily experience; *thus I have seen a perfectly healthy young girl, born of healthy parents, soon after vaccination, infected with a skin disease, of which the parents of the child, who seemed very healthy, and from whom the vaccine matter was taken, secretly suffered, as afterwards was ascertained.*"

Demurring only to the inaccurate prefix "cold," I cannot withhold my testimony in corroboration of Dr. Schiefferdecker's assertion of the efficacy of water in the hands of the late Vinzenz Priessnitz in the treatment of small-pox. When I was at Græfenberg there were at one time thirteen small-pox patients, of different ages, from childhood to middle age, under treatment by the water-cure. Some of the cases were light, some confluent and severe. *All the patients recovered, not one of them was marked.* Here, then,

is a subject deserving the attention of our rulers, if they be sincerely desirous to disarm small-pox of its terrors.

Dr. Hering, another American author, is a firm believer in vaccination, and appeals to the practice thereof as "offering one of the most conclusive proofs of the truth of the homœopathic law;" but confesses, "It is a matter of great importance to obtain the virus from a healthy child; one that is free from scrofulous taint, and all other hereditary, and especially cutaneous diseases."

The Swedish doctor Liedbeck says:—

"I leave it undecided whether the vaccination of Jenner be attended with more good than evil; in my own family, I have seen both. We have known scurf and ulcers, in healthy children, to be the immediate result of vaccination, as well as eruptions and itch to be removed [? suppressed, J. G.] by the same."—*British Journal of Homœopathy*, No. 30, p. 479.

Let us next inquire of a few English medical authors:—

Dr. Chapman (a homœopath), in recording a case of eczema resulting from vaccination, says (*British Journal of Homœopathy*, No. 29):—

"It may be here observed that chronic diseases may be often traced back to the period of vaccination, in such a way as to show that the virus was communicated in that way."

Dr. Newman, an author favourable to vaccination, frankly admits:—

"It is of the utmost consequence that the child from whom the infectious matter is communicated be perfectly healthy, and have no inherent taint of constitution; for experience has taught us that the most terrible disorders have been communicated to healthy children from being vaccinated with lymph contaminated with s——s, herpes, scrofula, &c., which injurious consequences might have been prevented by taking proper precaution that the matter was pure and unvitiated."

The medical Editor of the *Botanic Record* observes:—

"I may say, in fact, that long experience with disease, in its most horrible forms, has taught me that this vaccine delusion is a most prolific source of glandular disease, secondary s——s, scrofula, &c., and that the sooner it is dispensed with the better it will be for humanity."

Two medical gentlemen, members of the House of Commons, are reported as having borne similar testimony in their places in the House:—

“He was opposed to it (compulsory vaccination) on constitutional grounds, as no parents ought to be compelled to have their children vaccinated. *He denied that vaccination was any preventive of small-pox, and (affirmed that it) was often the cause of blindness and scrofula.*” Speech of Mr. W. Michell (M.D., M.R.C.S.L.), in the debate in the Commons, July 18, 1854, on the Compulsory Vaccination Act Amendment Bill.—*Medical Circular*, July 26, 1854.

“Mr. Brady stated that the (Compulsory Vaccination) Act had proved to be an admitted failure. At the present time the operator had not the means of knowing with certainty whether what he used was the true vaccine lymph; and *many cases had come within his (the hon. member's) knowledge, in which children had imbibed loathsome, and even mortal diseases, from having been inoculated from unhealthy persons.*” Discussion in the Commons, May 7, 1855, on the annual vote of £2000 to the National Vaccine Institution.—*Daily News*, May 8, 1855.

Mr. W. H. Borham, an allopath, who is not only a zealous but likewise a compulsory vaccinator, published in the *Lancet* of July 29, 1854, a letter addressed to another compulsory vaccinator—the distinguished author of the “Compulsory Vaccination Act”—in which he says:—

“I think, my lord, that every medical man ought to vaccinate those children that he has brought into the world, for many obvious reasons—it would make the object more complete. He can do so by your recent amendment; but the slight remuneration of one shilling will deter many from accepting it, and thus it will rather tend to the dissemination of other diseases *equally or more frightful than the small-pox.* To make this clear to you, I will illustrate it by cases that have fallen under my own observation, and *these are legion—viz., many children are born apparently healthy, and seemingly remain so for two or three months, when an eruption breaks out upon the region of the a—s, precluded from observation by the apparel, but the face and arms appear quite healthy. The district vaccinator is deceived by the appearances of these children; they are vaccinated, fine pustules are produced, and this vitiated virus is transmitted to scores of others, who shortly after suffer from fulsome eruptions, or the foundation is laid for scrofula or tuberculous consumption.* These children have been born of parents who were either suffering from primary or secondary s—s [it is a curious fact that ‘half the deaths registered from this disease were in children under one year’ (*Lancet*, March 17, 1855)]; and it is worthy of note that in many cases the disease was derived solely from the father,

the mother never having been afflicted with it.—J. G.] during utero-gestation; and this frightful disease, after the birth of the child, either lies dormant, or slightly shows itself about the third month, the time for vaccination. Such diseases are likely to be known by the medical attendant of the family, and I humbly submit it as a strong reason for the remunerating fee to be sufficiently large to induce him to vaccinate those he attends, so that such diseases may have *less chance* of being propagated.”

Why the “district vaccinator” should be liable to be deceived any more than “the medical attendant of the family” is not apparent. The fact is, that no surgeon or physician can be sure that any given lymph is unmixed with the seeds of some other disease besides those of cow-pox. There is no known medical test by which any human being can be pronounced free from the taint of some transmitted malady. What practitioner can positively assert that any given child is free from hereditary disease? Where is concealed the seed of scrofula, consumption, insanity, or other hereditary malady, for two or more generations, finally to break forth? What test is there to detect its presence? Can any practitioner pretend to the knowledge of such a test? Can the lymph be traced through some ten or twenty transmissions? Even if it could, if we adopt the opinion of Mr. E. Wilson, that every case of skin disease has its source in hereditary taint from the most horrible of all diseases, what lymph can be pronounced free?

The following extract forcibly illustrates the utter impossibility of deciding who does or does not carry within him the lurking seeds of some hereditary malady:—

“The doctrine of lineal consanguinity is sufficiently plain and obvious; but it is, at the first view, astonishing to consider the number of lineal ancestors which every man has, within no very great number of degrees; and so many different bloods is a man said to contain in his veins as he hath lineal ancestors. Of those he has two in the first ascending degree, his own parents; he hath four in the second, the parents of his father and the parents of his mother; he hath eight in the third, the parents of his two grandfathers and two grandmothers; and by the same rule of progression, he hath an hundred and twenty-eight in the seventh; a thousand and twenty-four in the tenth; and at the twentieth degree, or the distance of twenty generations, every man hath above a million of ancestors, as

common arithmetic will demonstrate.”—(*Blackstone, Com. b. ii. chap. 14.*)

It is asserted that from children apparently the most healthy, diseases the most horrible have been propagated in and by the vaccine virus. A gentleman, well known in the philanthropic world, informs me that, with lymph taken from a child supposed to be perfectly healthy, his grandchild, a healthy child of healthy parents, was vaccinated; from this child the virus was transferred to his cousin, another healthy child, the offspring also of healthy parents. Subsequently both children became afflicted with a loathsome disease, prior to the outward manifestation of which some twenty other children were vaccinated from them.

Dr. Laurie, of Dunstable, who kindly allows me to mention his name, thus writes to me:—

“I vaccinated a child with pure lymph (reputed to be) from the Royal Vaccine Institution. The child, though previously apparently healthy, has ever since been nearly blind; opacities of the cornea developing themselves immediately after the operation. This case, and several others from other vaccinators, at Edlesborough, where it was performed, have militated very much against the practice of vaccination amongst the poor.”

It would lengthen this paper too much to give other similar testimonies.*

Occasionally some unreflecting person may hastily assert, without assigning any reason, that it is impossible that two poisons can be deposited together in the vaccine vesicle. Why impossible? If two distinct poisons can circulate together in the blood, why is it impossible that they should be deposited together in the same exudation therefrom? If they preserve their distinctive properties in the blood, why not in the lymph? Should it be said that the one overcomes the other—that, for example, cow-pox masters scrofula—the cause of vaccination gains nothing by the argument, for the result must be the formation of a third something, which is neither cow-pox nor scrofula, and

* See Appendix E.

which cannot be innocuous, when transmitted to the circulation of another human being.

Another reason why vaccination sometimes proves injurious, and even immediately fatal, is said to be the use of "*decomposed*" lymph (*Lancet*, April 14, 1853). *But is it not possible for even the "purest" lymph to destroy health and life?* It is stated amongst the arguments against small-pox inoculation, that it is frequently followed by dire sequela, scrofula, blindness, &c. Now, as cow-pox and small-pox are identical (according to such high authorities as Drs. Ceely, Badcock, &c.), or cognate (according to others), why should not the one be as liable as the other to the same train of consequences? *May not, therefore, the evil results often attributed to a mixed virus, be due, in reality, in many instances, to the pernicious operation of the genuine vaccine lymph itself?*

By way of obviating all evil consequences, it has been proposed to take the vaccine lymph, in every instance, direct from the cow. But the constitutional disturbance would be greater; the liability to erysipelas, gangrene, and convulsions the same; and the risk of *scrofula* no less—"kine as well as swine being subject" to that disease.

It is difficult to believe that the "physical condition" of a *diseased brute* "is even purer than that of a human being" in the *normal state*. Does even a compulsory vaccinator labour under the delusion that the *vaccine virus* can be obtained from the cow *when in a state of health?* Does he hold that it is best communicated to the human being when in a *state of disease?* As to whether there be anything "repulsive" in *transferring corruption from a diseased animal* into the circulation of a *healthy human being*, that is quite a matter of taste.

The expectation of a contingent good cannot justify the risk of importing into a family any of those dread evils above enumerated, or reliance in the judgment of any man, much less of one, according to the *Lancet*, wholly without instruction, practical or theoretical, on the subject upon which the law empowers him peremp-

torily to decide. How, then, can any justification be pleaded for forcing upon others so dangerous a gift as vaccination, and, at the same time, outraging, in the most grievous manner, their best affections, natural rights, reasonable convictions, and religious scruples?

When medical authors, regularly educated, make such admissions as those quoted above, is it to be wondered at, that thinking men should recoil with horror from the very idea of vaccination, and conscientiously decline to jeopardise the health and lives of their offspring by the adoption of a *deceitful, disgusting, and unnatural practice*—a practice alike debasing to man and dishonouring to God? Is it not rather to be wondered at that any man professing Christianity should not only yield himself captive, mentally and bodily, to as mischievous a delusion as ever enthralled the human intellect, but that, failing in argument to disseminate his opinions, he should seek by force to propagate his obnoxious practice?

Apart from all considerations of the liberty of the subject, such authoritative statements should teach human lawgivers modesty, and make them shrink from legislating upon such perilously dark and ambiguous questions. Nay, to compel vaccination in the face of such statements is to incur the guilt of atrocious cruelty. Will it be said that they are undeserving of attention? They are the statements of medical men; of men much more likely to be biassed, by their professional education, in favour of vaccination than against it; and that is sufficient to justify the suspicions of laymen, especially corroborated, as these express testimonies are, by the oft-repeated injunction of medical writers, to be careful to choose lymph from a *healthy* subject. But whilst the injunction confesses the danger, of what use is it as a safeguard?

The arguments advanced in favour of vaccination may be thus briefly summed up:—

1. The majority believe in vaccination.
2. Sometimes, when small-pox appears in a house or a locality, vaccination checks its further spread amongst the inhabitants.

3. Some persons, who have been vaccinated, live and die without ever catching small-pox.

4. The average mortality from small-pox is less in countries where it is strictly enforced than in lands where it is optional. And,

5. Small-pox is not so rife and fatal, and there are not so many scarred visages, as there used to be fifty years ago.

To these arguments it may be replied:—

1. That the majority believe in vaccination is a mere assumption; but even if it should be true, it would scarcely afford sufficient data upon which to decide a debatable medical question. It would scarcely do to bow down to the will of a majority as a test of truth, or to accept an opinion merely because it should chance to be the popular one. Had such been the received criterion of truth in the days of the persecuted Jenner, we should not now be engaged in repelling the aggressions of his intolerant disciples. Who is so blind as to contend that truth shifts and changes with majorities, or that minorities have no rights, and must ever be in the wrong? After all, of what weight is the testimony of the credulous believers in a nostrum? There is no mysterious specific that crowds of unthinking fanatics do not trumpet forth its miraculous powers. If it should be said that by a majority is only meant a majority of the educated classes, I must ask of what utility is the education that fosters unreasoning credulity?

2. That the spread of small-pox, when it makes its appearance in a house or a locality, is frequently checked by the vaccination of the healthy, seems too hasty an inference from the facts adduced in proof. The truth appears to be that the contagion is encountered and successfully resisted by the innate conservative power in the human system, before recourse is had to the presumed prophylactic. The ordinary period of incubation of small-pox is fourteen days; and yet Dr. Geo. Gregory ("Eruptive Fevers," pp. 66) states, "*Contagious emanations* are given off from the human body

at every stage of small-pox, *from the first invasion of fever to the throwing off of the latest scabs.*"

There are various facts, too, which lend a colour to the belief that the merit frequently attributed to vaccination is in reality due to the innate power of the system to resist the invasion of disease.

Ida Pfeiffer was a passenger in a steamer in the East. The women and children of a harem came on board, and took possession of the cabin; they brought small-pox with them; five of them died. The pestilential vapour from the cabin was horrible; but the disease did not extend beyond the harem.

Captain Canot and his slave cargo were many weeks at sea when a case of small-pox occurred amongst the slaves. The wretch, with all the *sang froid* and good intentions of a compulsory vaccinator, perpetrates what he daintily calls "a necessary murder," and the disease did not spread.

If in these cases vaccination had been had recourse to, we should never hear an end of its praises as the blessed means of checking the spread of small-pox. Truly that must be a valuable prophylactic which offers a mock protection after the danger has been encountered and overcome.

3. As regards the fact that many persons who have been vaccinated pass through life without being seized with small-pox, it reminds one of Bacon's whimsical defence of the use of amulets, that the happy possessor only died once, and seemed to escape often; and it may be met and balanced by another fact—that a far greater number of persons who have not been vaccinated enjoy a like immunity.

4. Instead of drawing an inconsequent comparison between the mortality from small-pox in these kingdoms and in some down-trodden foreign States, in which, with dire consistency, vaccination has long been compulsory, it would be somewhat more to the purpose to state the respective annual average mortality, both from small-pox and from all causes, in the same foreign States, during comparative cycles of years,

embracing periods when small-pox was epidemic as well as when it was not so, both *before* and *after* the introduction of vaccination. Should we be presented with such statistics, it would be but considerate to accompany them with a caution, that "paternal governments" have peculiar facilities for cooking statistics to justify anything whatsoever that may furnish an excuse to treat their subjects as children or as slaves. It would be also wise to add that, notwithstanding the paternal care of such governments, there are seasons when small-pox will obstinately assail whole districts, and spread terror and devastation around.

The Swedish Dr. Berg, as quoted in the *British Journal of Homœopathy*, No. 30, from the German Journal, the *Hygiea*, part iii. p. 127, says:—"The small-pox epidemic which commenced in October, 1837, and ended in September, 1838, consequently of one year's duration, was the greatest that ever was known;" and he adds, that the percentage of deaths in the Royal Military Hospital, amongst small-pox patients, was $6\frac{1}{5}$. Further, it would by no means tend to hinder the drawing of just conclusions if two important facts were considered, namely, that in these kingdoms small-pox is much propagated by the pernicious practice of inoculation; and that, in many foreign States, in which vaccination is compulsory, *the deaths from all causes* are much in excess, *in some instances double*, as we shall presently see what they are amongst ourselves.

It would likewise be helpful, in drawing comparisons between the respective mortality from any given disease in these kingdoms and in any foreign State, to consider the influence of climate upon health in general, and upon the manifestations of epidemic disease in particular; and this important point might be illustrated by the following apt quotation from Dr. Gregory:—"There are some countries as yet unvisited by the exanthemata. Small-pox, measles, and scarlet fever, are to this day unknown in Australia and Van Diemen's Land." And yet—can it be believed?—instead of trying to ascertain, like rational beings, the

cause or causes of this happy exemption, overbearing fanatics who practise vaccination have not only introduced it into those hitherto highly-favoured lands, but have actually succeeded in making it compulsory there!

5. With respect to the relative number of scarred visages at the present time and at the distance of some fifty years ago, as my memory does not extend so far back, I can make no comparison; but, oddly enough, I can call to mind some instances of scarred visages, whose owners had been duly protected by vaccination. Moreover, some facts offer themselves to my judgment as accounting very satisfactorily for the decrease (if there be a decrease) in the number of "scarred visages," without compelling my recognition of the claims put forward in behalf of a disgusting nostrum. If it can be shown that the present comparative immunity from small-pox is mainly owing to vaccination, what need to legislate upon the subject? Do not thousands, who have never been vaccinated, escape the disease without taking any particular care to avoid contagion? Does vaccination protect them? Can it be even said to do so indirectly, by lessening the chances of contagion, when it is borne in mind that small-pox is always in the midst of us, and that it frequently springs up spontaneously in a locality? Are there no persons as insusceptible to small-pox contagion as to the action of the vaccine virus? What protects them? Is no account to be taken of that *vis vitæ* which resists the invasion of disease? To what else but to this conservative power is it due that so many individuals are insusceptible of the action of the vaccine virus? Cannot this power be exalted by due care to resist small-pox, as well as depressed by repeated assaults, until the system succumbs to the vaccine virus? Would not true science rather seek to strengthen than to weaken this innate power?—Can it not be strengthened by good food, pure water, fresh air, temperance, cleanliness, ventilation, exercise, regular moral habits, and a cheerful well-regulated mind? Dare any seriously maintain that it is best

sustained in its integrity and activity by *corrupting the stream of life*—the pabulum and “sum of all the organs?” Can the decrease in the ravages of small-pox be shown to have proceeded, *pari passu*, with the extension of vaccination? Are there no other causes to which to attribute the lesser mortality from small-pox at the present day? Has science done nothing towards bringing in a less irrational treatment than the murderous one of former days? Have sanitary regulations effected nothing towards checking *every* form of epidemic, or are they only powerless to restrain small-pox?

Dr. Southwood Smith, referring to the improved condition of the inhabitants of the “Model Dwellings,” at p. 17 of his “Results of Sanitary Improvements,” says:—

“There has been, in the improved dwellings, *complete exemption* from typhus, cholera, and it may be added *small-pox*; yet it must be admitted that other forms of zymotic disease—scarlet fever, measles, hooping-cough, and diarrhœa—have occurred, *though rarely*, and these maladies have in no instance spread.”

Do diseases never become acclimated, and thus lose much of their virulence? Dr. George Gregory states, “that epidemics are unusually severe when they first appear in any country, or are renewed after any long interval of time;” of the operation of which law he gives the following examples:—

“When cholera first invaded India, in 1817, it raged with an intensity which may have been equalled, but has never been surpassed. When the cynanche maligna first invaded Naples in 1618—when small-pox first appeared in America, 1518—when the putrid sore throat first invaded America in 1735, and London in 1747—the ravages of each disorder were terrific. It seems, then, to be a law of the animal economy that the susceptibility to any morbid poison is great in proportion as it has been little accustomed to the impression.”

To what is it owing that the plague does not now ravage this nation as of old—is this due to vaccination? Are not what are called epidemics only varieties of one great Proteus of disease? Is, or is not, in reality, the latent cause of epidemic disease emphatically one now assuming this form, now that form, according to accidental circumstances, and no one

knows why or wherefore? Has not this *fons malorum* its mysterious ebbs and flows? Have not the various forms which it assumes their occasional periods of appearance and disappearance, for which no one can account? Had not small-pox, before the time of Jenner, as well as after, its times of aggression and departure, and were they not noted by Sydenham? In the neighbourhood of Quebec, small-pox has thrice raged at intervals of one hundred years. (*Lancet*, April 7, 1855.) When the mortality from it is low, are not other forms of epidemic often fatally rife? How does it happen that the epidemic destroyer invades one locality or one house in one shape, and another locality or another house in another shape—nay, that, on one and the same day, it enters into one and the same house, and claims different victims under various forms? Are not these victims equally exposed to the contagion of each form of disease; or, rather, being exposed alike to the one unknown, latent cause of disease, what influences it to assume in each case a different form? Is the epidemic poison one and the same, no matter what form it may assume in each individual case? If so, what becomes of the boasted protection of vaccination, unless it protect from all epidemic diseases alike? Have other forms of epidemic in a great measure superseded plague and small-pox, and is their work of destruction now chiefly done by cholera, diarrhœa, dysentery, typhus, scarlatina, measles, influenza, and diseases of the respiratory organs? Have the varieties of this latter class of disease, especially, become more prevalent, virulent, and fatal; and why?

In the *Medical Times* of January 1st, 1854, p. 75, we find:—

“Extraordinary mortality in Glasgow in 1853;—deaths, 14,312; still-born, 976;—the deaths have been as one to 20·9; the last five years’ average of deaths in Glasgow was only 1 to 38·4.

Under 1 year 2353

1 and under 5 years 4693

—————
7046

or 40·23 per cent of the whole deaths.

	1852.	1853.		
" Small-pox	584	296	decrease	288.
Measles	241	1040	increase	799.
Hooping-cough ...	639	908	„	269.
Scarlatina	481	839	„	358.

“ Among the diseases affecting the adult population, the tubercular will be found, as usual, to have been the most fatal. *By consumption alone there were 2490 persons carried off. This distemper has greatly increased during the last 60 years.* In 1775, the population of Glasgow amounted to 43,000; the deaths by phthisis were only 161, or affecting one out of every 269 of the inhabitants, whereas, in 1853, there have died of consumption one in every 158.”

The alarming *increase* of mortality, in the above-mentioned diseases, in conjunction with the *decrease* in the mortality from small-pox, and, as regards the most fatal of them, contemporaneously with the introduction and spread of vaccination, together with the facts stated above by Dr. Shew, on the authority of Drs. Barthez and Rilliett, may fairly prompt the inquiry, how far this discovery is responsible for such results, separately and combined, and suggest the apprehension that, if, on the one side, the good can be traced to it, the other side could show a fearful balance of evil.

It may be in place to notice the increase of another scourge—insanity—of which the *Illustrated London News*, of February 17, 1855, says:—

“ In the City of London, without any increase of population, the number of lunatic poor has doubled within the memory of some of the guardians, and the cause has baffled their inquiries. Some are inclined to attribute this dreadful visitation to excess of eagerness and strife in commercial pursuits or in mental exertions; others to diet, and some partially to the effects of railway travelling.” [Why not to vaccination?]

In the first paragraph of his work on “Eruptive Fevers,” written in 1843, after “the experience which twenty years of official connection with the Small-pox and Vaccination Hospital had given him,” Dr. George Gregory asserts—

“The great principle that *there are no diseases strictly isolated from others; they are links in a chain—*

“ ‘ All are but parts of one stupendous whole !’ ”

They must be viewed in conjunction if we would hope to form just, enlarged, and legitimate views of the character and pathological affinities of each."

Dr. Gregory invites attention to "exanthematic or epidemic mortality," and inquires, "What is its amount? What proportion do deaths by the exanthemata bear to the deaths by all other diseases? Is this proportion constant or fluctuating? Is it alike in town and country?"

To these queries he replies as follows, at pp. 5, 6, 7 and 8:—

"Upon an average of years, 350,000 persons die throughout England and Wales, and 46,000 in the metropolis. The mortality by the four great epidemic maladies (small-pox, measles, scarlatina, and hooping cough) is very nearly 40,000 in England and Wales, and about 5000 in the metropolis, averaging one in nine of the total mortality, or eleven per cent. This is a very large proportion. That four diseases only should absorb one-ninth of the total mortality of this, and probably of all other countries, may well excite our surprise.

"If the exanthemata are considered independent of the hooping cough, considerable fluctuations will be perceived, the mortality by them falling sometimes as low as six per cent., at times rising to near thirteen; *but a very important principle comes into play here, which serves to equalise the amount of epidemic mortality.* This curious doctrine had long been surmised, but was never proved until the statistical inquiries of recent times showed its correctness. We may, for want of a better name, call it *the law of vicarious mortality*, by which is understood, that *whenever one epidemic diminishes, another increases, so that the sum total of epidemic mortality remains, on an average of years, nearly the same.*

"Table exhibiting the amount of epidemic mortality in England and Wales during the years 1838, 1839, and 1840.

	Year 1838.	Year 1839.	Year 1840.
Small-pox.....	16,268	9,131	10,434
Measles	6,514	10,937	9,326
Scarlet fever	5,802	10,325	19,816
<hr/>			
Total mortality by the } exanthemata	28,584	30,393	39,576
Hooping cough	9,107	8,165	6,132
<hr/>			
Total of epidemic mortality	37,691	38,558	45,708
<hr/>			
Total mortality through- } out England and } Wales.....	342,529	338,979	359,561

"We learn from this table that every year is distinguished by some master epidemic. In 1838, small-pox was the ruling epidemic throughout England. In 1839, measles and scarlet fever struggled for the mastery. In 1840, *scarlet fever was so general and so fatal that the mortality by it exceeded by one-fifth the ravages of small-pox during an epidemic season (1838), and more than doubled the mortality by that disease in 1839.*

"The following table, exhibiting the amount of epidemic mortality in the metropolis during a period of five years, shows that the same general principle applies to town and country, but is less manifest in the smaller population.

"*Table showing the epidemic mortality in London during five years—1838 to 1842.*

	1838.	1839.	1840.	1841.	1842.
Small-pox	3,817	634	1,235	1,053	360
Measles	588	2,036	1,132	973	1,292
Scarlet fever	1,524	2,499	1,954	663	1,224
<hr/>					
Total mortality } by the exanthe- mata	5,929	5,169	4,321	2,689	2,876
Hooping cough	2,083	1,161	1,069	2,278	1,603
<hr/>					
Total of epidemic } mortality	8,012	6,330	5,390	4,967	4,479
<hr/>					
Total mortality } throughout Lon- don	52,698	45,441	46,281	45,284	45,272

"From this table we learn that, in 1838, small-pox was the great epidemic in London as in the country. In 1839, measles and scarlet fever were both on the increase; while small-pox had sunk from 3817 to 634. In 1840, scarlet fever predominated. In 1841, hooping cough doubled its numbers, and shot above all the rest; while scarlet fever sunk to the low point which small-pox had reached in 1839. The year 1842 has been remarkable, first for the extreme infrequency of small-pox, one death only throughout this great metropolis being attributed to it for each day of the year; and secondly, for the uniform rate of mortality occasioned by its three great rivals. Everything teaches us that when one avenue to death is closed, another opens—

"'Noctes atque dies patet atri janua Ditis.'

"You will perceive from all this, that *vaccination*, great as its merits are [what are they?—J. G.] (and no one more fully appreciates them than I do), *does not and cannot do all that its too sanguine admirers promised. The blessings of vaccination are met and balanced by the law of vicarious mortality. How and why is this?*

The explanation is easy. The weak plants of a nursery must be weeded out. If weakly children do not fall victims to small-pox, they live to fall into the jaws of tyrants scarcely less inexorable. *Scarlet fever and measles are both advancing in respect of mortality, and the increase of death by hooping cough since this century set in [that is, since the introduction of vaccination.—J. G.] is quite extraordinary.*"

At p. 28 Dr. Gregory further says:—

"It is seldom that two diseases are epidemic at the same time in the same district. When the yellow fever raged with such violence at Gibraltar in 1804, it was remarked that all other diseases declined; and well they might, for in that fatal epidemic, out of a civil population of 14,000 persons, 28 only escaped an attack. We may hence learn why, during the presence of an epidemic which proves fatal at a high percentage, the sum total of annual mortality is often not sensibly augmented. The reason is obvious. Other diseases fall off; and if men die of cholera, or children of small-pox, they are not left to be the prey of pneumonia or of hydrocephalus, of asthma or of croup."

That, after such considerations as passed through the mind of Dr. Gregory, he should continue to feel any "zeal in behalf of vaccination" might well excite surprise, if he did not elsewhere (at pp. 25 and 67) intimate his conviction that the worse the general state of an individual's health the greater his security from the invasion of "zymotic miasms, especially small-pox;" a doctrine, indeed, which is the only consistent one for a vaccinator to hold.

Nine years later, Dr. Gregory wrote:—

"Small-pox does invade the vaccinated, and the extirpation of that dire disorder is an event as distant as when it was first heedlessly (and, in my humble judgment, most presumptuously) anticipated by Jenner. . . . I am driven to the conclusion that the susceptibility of the variolous miasm among vaccinated persons increases as life advances, the reverse of what happens in the unvaccinated portion of mankind, where the susceptibility of small-pox is greatest in infancy."—*Medical Times*, June 26, 1852.

A French author, Dr. Bayard, has just published a work—"Influence de la Vaccine sur la Population," &c., translations of a few passages of which will not be out of place here:—

"Since vaccination, mortality has doubled amongst the French youth. The military hospitals are doubly peopled. The number of

marriages has augmented in proportion double the number of marriageable females by the rapid succession of second marriages. Fertility has diminished. Constitutions and the public health have become worse. Mental and bodily infirmities have increased. Existing generations have deteriorated. The proportion of adults to minors is no longer what it was in the eighteenth century, consequently the tables of mortality of Duvillard and Deparcieux are no longer correct. The nation, by the daily loss of its best strength, overburthened with old people and children, beholds the public misery increasing and hastens on rapidly to decay."—*Preface*.

"Mr. Herpin and others had noticed this displacement of small-pox in the age of the vaccinated; which caused Mr. Serres to say:—

"Whereas, amongst the unvaccinated, mortality strikes the young under ten years, and afterwards declines; amongst the vaccinated, on the contrary, it is from this age up to 28 or 30 that the mortality is highest."—*De la Vaccine et de la Revaccination*, p. 13.

"To recognise this displacement, so clearly demonstrated by M. Serres, the Vaccine Board at London had only to open its eyes. Every year, in fact, it claims the public gratitude for its fluid-lymph, distributed so liberally to ships, garrisons, prisons, and wherever it finds a population adult and evidently vaccinated. It had only to remember what its learned and observant compatriot, Pringle, wrote in 1752:—

"Small-pox is rare in camps and armies. To-day, on the contrary, it is frequent there; last year, according to M. Ancelon, this disease, in company with its sister, typhoid dysentery, struck the fine garrison at Luneville; both this day, in the two hostile camps, decimate the armies, despite the propagation of vaccination."—*Beyrân, Gaz. des Hôpitaux*, 1^{er} Juin 1854.

"Thus, apart from all statistics, it is established, by the testimony of anxious observers, that external small-pox attacks the vaccinated, and at an adult age. M. Ancelon, struck with this displacement of small-pox in the age of the vaccinated, in a letter to the Minister of Public Instruction, proves from statistics:—

"That the vaccinated child of five years of age is more liable to small-pox than the unvaccinated child of the same age. He concludes that the certificate of vaccination, exacted on admission to public schools, is illusory, and that in this respect it is better to leave to parents an entire liberty."—(pp. 10, 11.)

"Every remedy for the maladies of children,' writes a member of the Institute, M. Villermé, 'in suppressing one cause of disease, gives more activity to others. Vaccination only postpones death.'—(p. 13.)

"Vaccination was introduced at Paris, in 1779, amongst its numerous rich classes. They vaccinated every one who had not previously had small-pox. Hence it is that in 1814 there were in the metropolis so many vaccinated individuals of from 18 to 20 years old. The year 1814 is, at Paris, exactly the epoch of transition. At all ages up to puberty, they had their preservative—small-pox or cow-pox; it was then at the maximum, and the reaction had not yet become evident. The deaths by external small-pox and the small-

pox convulsions of infancy having considerably diminished, this year is remarkable for diminution in the general mortality. But to commence from this epoch, we are seized with deep emotion. On one side, the invasion of small-pox on some of the vaccinated—the charm of Jenner's inoculation broken; on the other side, an increase of mortality amongst adolescents in consequence of gastro-intestinal diseases of unwonted severity. Thus, after the lapse of twelve or fourteen years, the Jennerian intoxication becomes shadowed with a funeral veil; the seed of small-pox is not exterminated; often it has but changed its form; mortality is only displaced; and lastly, deadly fevers condemn, without appeal, the pretensions of the Vaccine Committee of 1802; a great change has introduced itself into our systems. This did not escape the observation of the highest minds. 'A gradual diminution in the frequency of small-pox (wrote Roussillon-Chamseru), is to be remarked from 1800 to 1811.' But, in return, we behold intestinal affections appear,—'In Paris and its vicinity (says Roussillon-Chamseru), from 1806, certain inflammations of the stomach, more common from year to year, testify to the great change which the *constitution medicale* has undergone.'—*Geographie Medicale*, Le Pileur, pp. 14, 15.

"The epidemy of Pontin, comprising fevers, intermittent, remittent, continued, putrid, and malignant, made much noise in 1810: cases 281; deaths 10, (three of which were reported from other causes). This is what frightened Paris at that time! . . . On the other side, in time of peace, under a better régime, with hygiene better understood, and a staff of enlightened physicians in the military hospital at Lyons, one soldier in three, according to M. de Castelnau, is struck with typhus fever. This passes unnoticed; it is not called an epidemy; it is the ordinary state—the rule! In the last century, epidemics of putrid, malignant fever were rare, and seldom observed; they were only to be met at distant intervals in the great centres of population, and amidst masses of human beings. Immediately after the introduction of vaccination, these epidemics were still unfrequent, nevertheless a change in the constitution began to show itself, and, as the vaccinated attained to adult age, the maladies of the digestive organs became aggravated, and a '*constitution medicale*,' new and universal, began to predominate, notwithstanding the great progress of hygiene, both public and private, of agriculture, and of the ease arising from thence to the rural populations. . . Briefly forming an accusation against vaccination, I say that it has deprived small-pox of its ordinary form in depriving it of its cutaneous eruption. But, deprived or not of this leading symptom, the variolous gastro-enterite of the vaccinated is most frequently postponed in life."—(pp. 17, 18.)

"Typhus fevers have not become more frequent, but more deadly; a morbid element, left intact in the system, is become complicated with mucous, bilious, and putrid fevers and dysenteries, and imparts to them a character of unwonted severity. It is the same with cholera. . . Since vaccination, not only has cholera become much more frequent and dangerous, but, previously, it was not contagious,

and now it is impossible not to recognise in it this symptom amongst the vaccinated. Further, its progress has altered, and, like all the maladies of spring, raging more violently from 1st of April to 1st of November, in the damp and humid season, it is become that described by Boërhåave and Stoll: 'Verno tempore primo incipiens, æstate crescens, languens autumnno, hyeme sequenti fere cadens'—a progress which was that of small-pox."—(p. 20.)

"The typhus of armies and prisons is epidemic. It is propagated in the one locality; but, if the sick be removed to a healthy locality, they do not spread their disease, because it is not contagious. Small-pox and measles, on the contrary, carry the pustulous enteritis wherever the sick may go, from the hut to the palace. They are contagious, and inevitable, although sporadic. It is thus that contagion differs from the epidemy of the air or the water: moreover, epidemics are liable to complications with contagious maladies. . . Dry cholera, without diarrhœa, is become more frequent in summer by the epidemic and contagious element that vaccination has left intact in the human system."—(p. 23.)

"It is asserted that this discovery is a progress in medicine. Hear M. Duché: "There is not one of the great principles of the healing art which harmonises with this practice—the offspring of empiricism—or which can be answerable for its errors and its condemnation. It may disappear at once, without destroying anything with it; it may fall as a pernicious parasite, too long attached to the great tree of medical science.' (*Gaz. des Hôp.*, 28 Mai, 1853.) Once for all, let us do justice to this other error, that the diminution of small-pox is accompanied with a diminution of infirmities. I will not repeat after M. Ancelon, that, in the train of typhus fever, may be noticed deaf-and-dumbness, loss of voice, chronic gastritis, deteriorated constitutions, and crowded lunatic asylums; I will produce the official returns:—

"In the seven classes, from 1834 to 1837, there are 459,000 exempt, owing to infirmity, and 504,000 admitted fit for service.

"In the seven classes, from 1839 to 1845, 491,000 are exempt, only 486,000 are declared fit for service.

"Thus, in the first period, amongst 100 conscripts, 45·5 are infirm, or dwarfs; in the second, 50 are in this sad condition. It would seem that, after so many exemptions, at least the young soldiers of our army would be strong and fit for service. Well, according to the Report of April 5, 1849, presented to the National Assembly, by General de Lamoriciere, in the name of the commission for organising the public force, there is a mean loss on every 100 men

Having 1 year's service, 7·50

" 2 " " 6·50

" 3 " " 5·50

" 4 " " 4·50

" 5 " " 3·

“ ‘After the sixth year, there is a loss of 20·0, which continues throughout the following years. Such is the condition of the French youth—its strength diminished, and its health deteriorated. By the condition of the French youth of 21 years of age, thus authenticated, a correct judgment may be formed of the state of weakness of a great part of the French population, and the progress of decay.’—*Randot de l’Yonne, de la Decadence de la France*, p. 24.

“ M. de Watteville, Inspector-General of Charitable Institutions, in a Report to the Minister of the Interior, after stating the mortality is nearly the same in 1847 and 1780, notwithstanding the great ameliorations of every kind introduced in the régime and managements of charitable institutions, adds: ‘The number of military in our hospitals surpasses all experience. In 1847, the army did not reckon, in France, more than 300,000 men. The military hospital treated, in the course of this year, 63,000 invalids, the civil, 87,500; which gives a total of 150,500 soldiers in hospital, or one in two. This seems nearly impossible for men in the prime of life.’ ”
—(pp. 26, 27.)

At p. 28, Dr. Bayard quotes M. Carnot, an eminent actuary:—

“The babe just born had, in the 18th century, a probability of living 16 years; in the 19th century, 26 years. On the other hand, in the last century, the young man of 20 years had a probability of adding 37 years to his life; to-day, the young man of the same age can only hope for 26: the budget of death has not diminished, it is filled with the corpses of the youth of from 18 to 30 years old.’

“M. le Docteur Noirot, after stating the general increase in the duration of middle life, in the half-century, adds:—

“ ‘Notwithstanding that the mortality of all ages has successively diminished, that of the period from 10 to 30 years has considerably increased. A disturbing cause has, therefore, appeared in our day, not only to arrest, during that period of life, the progressive decrease of mortality, but even to give it an impulse in the opposite direction.’ This disturbing cause (M. Noirot names it elsewhere) is vaccination.—*Etudes Statistiques sur la Mortalité*,” p. 29.

“ ‘Death, in forms unknown in the 18th century, levies to-day on youth the tribute formerly imposed on infancy by small-pox.’—*Carnot, Essai sur la Mortalité*,” p. 45.

“Before 1789 the mortality was 1 in 30 in the military hospitals; after the great war, from 1st January, 1816, to 1st January, 1821, it was also 1 in 30 at Val-de-Grâce. These are positive facts. Now what is not less so is, that from 1st January, 1838, to 1st January, 1848, it was 1 in 15 at the military hospital of Gros-Cailion, Paris—that is, *double*. Why is this? If reforms are numerous, the soldiers better treated, the military physicians more able, than before, which no one disputes, why is it that the soldier born in 1817 is more

liable to death than he who was born in 1795, all other things being equal?" (p. 50).

"On the 25th September, 1849, in the Academy, one of its most learned members, in an address which remains without reply, the Honourable M. Castel, attributed the recent outbreak of cholera to a humoral infection resulting from the want of purification of the system, in consequence of small-pox being suppressed by the action of vaccination; and he continued:—

"How much this practice (on which we had built the most flattering hopes) has left of taint in the animal juices, has caused of dissolution in the elements of life, is manifest; *so great is the temerity to oppose an obstacle to an eruptive malady, so difficult is it to supply the place of nature.* The opinion of M. Castel, who saw in small-pox, if one may say so, an original taint, and, in its manifestation, a necessary cleansing of the system—an opinion also that of M. Villermé—which has been consecrated by time, and openly professed by Buchan, Dupuytren, and all informed physicians, finds especially in the masses an echo the most powerful; their hostility to vaccination is most instructive. From its introduction to this day they repel it passively and openly. To propagate it, to make it common, it was necessary to organise vaccination committees, and to pay the vaccinators and the vaccinated; in the country the doctor must take it to the house. Persuasion often fails—then comes the menace: 'Your children shall not enter the school unless they be vaccinated!' That was not enough at Paris; a mayor of the capital proclaimed that 'the indigent who refuse to vaccinate their children shall be deprived of relief.' In spite of the requirements of colleges, the threat of deprivation, and official reports, each year signalises the indifference of the people, some of whom even repulse it. Small-pox still has its victims; the last yearly report counts 364 at Paris in 1854. The vaccination commissions pass from zeal to wrath, without any regard to the duration of life in those who have had small-pox, which testifies to a grave phenomenon supervening on the progress of this disease; they demand a law which shall impose by force their favourite practice:—'*Compelle intrare,*' cries M. Aran in the *Union Medicale* (June, 1853). The Academy approves a Report, in which it is said that 'the people, not being enlightened as to their true interests (which is not the affair of a moment), there must be a law to compel parents to vaccinate their children. It would be to assail personal liberty it is said; singular assault that. In waiting for light, we should not fear to use force.'—*Rapport*, 1853, p. 8.

"What, more than half a century has not sufficed for you to make light? What can you reply to those who say, that in your darkness, in place of salutary medicaments, your hands have only dispensed poisons to the people?

"M. Ancelon, who sees and judges for himself, for whom experience is not a sealed book, after having largely sketched the sufferings of the present generation, and shown to us its rapid progress

towards decay, cries out, 'One is moved at the thought of a vaccine constitution;' 'vaccination is an error which has had its turn,' says M. le Professeur Trosseau; 'government,' according to M. le Professeur Chrestien, of Montpellier, 'will perhaps be obliged to repel it with as much energy as they have propagated it.'—(pp. 59–61.)

At pp. 64, 65, Dr. Bayard quotes M. Ancelon:—

“‘The German populations, astonished at having to confide in the assertions of a few vulgar milkers, have never yielded with a good grace to the interested zeal of the vaccinators; the medical police, armed in this country with all the rigour of a Draconian law, could never make them comprehend that inoculation with the product of the morbid secretions of cattle should be without danger, when the same police forbids them, under pain of hideous and mortal diseases, to use the flesh of these same contaminated animals. They have instinctively divined, even before M. le Docteur Boissot (1815), before MM. Teuffer and Berlan, before the publication of those satires, the orders for re-vaccination in the Prussian army, that cow-pox has its errors, weakness, and eccentricities, and that far from causing variolous epidemics to recoil a hair's breadth, it only facilitates their development. This sentiment of popular hostility, partaken successively by a considerable number of learned physicians in different States of Germany, found on the borders of the Rhine a worthy interpreter in Dr. E. Schreiber, who wrote an eloquent argument against vaccination in 1832. In his opinion, “the vaccine juggleries have been accepted too carelessly, and without examination.” But it is especially since 1849, since the memorable labours of M. Carnot, that public opinion, long asleep, has taken a form, in consequence of the discussions sustained by Drs. Linguerle of Dangen, Schaufele of Ælningen, Zeller of Kochendorf, Ritter of Rottenbourg, Dün, Heinerdinger, Nittinger of Stuttgart, in medical assemblies, official and otherwise, in political journals, in scientific and various kinds of works. A list of all these writings would be too long; here are the titles of a few: *La Vaccine est un Abus* (par Ritter, 1851.)—*L'Empoisonnement*, avec cet épigraphe—*Scientiam profanasti, populum occidisti, terram perdidisti*, (par Nittinger, 1852.)—*Cinquante Ans d'Empoisonnement du Peuple Wurtembergeois*, avec l'épigraphe—*Quod odi hoc facio*. In fine, this last winter the *Gazette Universelle* of Augsburg, the *Moniteur* of Germany, published a series of articles, of which the conclusion is that they “have had too much of vaccination.” The adversaries of vaccination have on their side good faith, knowledge, and experience; to back them, the impatience of Rhenish Bavaria, Westphalia, Wurtemberg, and, if we may believe the vaccinator (authority little to be suspected here), Dr. Hæser of Greifswald, the anger deeply founded in Swabia; against them only the stipendiaries, to whom they indignantly replied, as in France, that for them the cow-pox was a pretty milch-cow.’”

Dr. Bayard quotes M. Carnot :—

““ From 1800 to 1845, in less than half a century, mortality has doubled in the population between the ages of 20 and 30.”—(p. 73.)

““ In 24 years, from 1818 to 1842, the proportion of deaths to the sick has doubled amongst the French youth between the ages of 20 and 30.”—(p. 75.)

““ The doubling of the mortality of the young since 1800 acknowledges, for its immediate principal cause, gastro-intestinal diseases.”—(p. 77.)

““ The acute continued fevers called typhoid terminate fatally much more often amongst the vaccinated than the unvaccinated.”—(p. 78.)

““ Gastro-intestinal diseases have acquired excessive gravity since the adoption of vaccination.”—(p. 80.)

At p. 89 Dr. Bayard quotes Dr. Serres :—

““ Since 1825, small-pox has become mortal amongst the vaccinated. At the Hospital of Pitz, in 1825, of 162 vaccinated attacked by this epidemic, 25 fell.”—(Dr. Serres, 3rd memoire, § 17.)

Upon this Dr. Bayard observes,—

“The proportion 25/162 is that of the ordinary mortality from small-pox amongst the unvaccinated. There is then no modification.

“The natural progress of small-pox is reversed by vaccination. The exception is become the rule and the rule the exception. Thus,

“1stly. Natural small-pox attacks infants, adults seldom. It is the contrary amongst the vaccinated.

“2ndly. Natural small-pox is more frequently external than internal. It is the contrary amongst the vaccinated.”—(p. 89.)

Thus throughout the civilised world resounds the mournful impeachment of vaccination as the only cause to which, in diverse climes, and under varied conditions, can be imputed a host of rapidly accumulating evils which afflict the human race, and cast a deepening gloom over its future prospects.*

It short, vaccination is not an *antidote* to anything but health and good manners. It is confessed that it *does not diminish the sum total of human mortality, and that it adds to the sum of human suffering.* What is it, then, but a great sham, a wicked delusion, which could have emanated only from the “father of lies;” and to advocate which is, at best, but to preach, “Let us do evil that good may come?”

* See Appendix F.

What would be thought of the tinker who should knock a hole into the bottom of his saucepan lest one should be burned therein in the ordinary way? And yet this is just what the vaccinator does; and when he finds, as he might have foreseen if he had been governed by common sense, that his saucepan does not wear a bit the better, but rather the worse, he gravely endeavours to excuse the failure by asserting that, unfortunately, he made the hole too big or too little, too much on this side or on that, or by offering some other equally wise excuse.

The propositions advanced by the Epidemiological Society (at page 5 of their Report to the Lords) in support of compulsory vaccination are capable, for the most part, of a direct negative. It is not true that "small-pox is a disease to which every person is liable who is not protected by a previous attack or by vaccination;" many persons are manifestly insusceptible of small-pox. It is not true that "every case of it is a centre of contagion, and every unvaccinated or imperfectly vaccinated population is a nidus for the disease to settle in and propagate itself;" single cases of small-pox occur in "unvaccinated, or imperfectly vaccinated" populations, and the disease does not spread. It is not true "that vaccination is a perfectly safe and efficient prophylactic against this disease;" cases of small-pox, and of death from small-pox, are constantly occurring amongst the vaccinated, and cases of death from vaccination itself are frequent. The following tables (compiled from figures paraded in that Report) contrast the mortality, *from all causes*, in different parts of Great Britain and Ireland, *vaccination being voluntary*, with the mortality, *from all causes*, in different parts of the Austrian Empire, *vaccination being compulsory*, and assuredly lend no countenance to either compulsion or vaccination.

Mortality from all causes in various parts of Great Britain and Ireland.

Town or District.	Year.	Population.	Deaths from all causes.	Deaths per thousand.
London	1851	2,373,799	55,354	23·3
England and Wales .	...	17,922,768	395,933	22
Liverpool	1850	253,236	7,500	29
Manchester .....	...	228,433	6,680	29
Birmingham .....	...	173,951	4,056	23·3
Leeds .....	...	101,343	2,502	24·6
Dublin	1851	258,361	6,931	26·8
Cork .....	...	85,745	2,002	23·3
Galway .....	...	34,057	789	23
Limerick .....	...	53,448	1,418	26·5

It is worthy of notice, that the rate of mortality in these *towns* is highest in two English towns and lowest in an Irish town.

Mortality from all causes in various parts of the Austrian Empire.

Town or District.	Year.	Population.	Deaths from all causes.	Deaths per thousand.
Lower Austria	1850	1,538,047	54,970	35·7
Upper Austria	852,323	23,646	27·7
Styria.....	...	1,006,971	30,534	30·3
Illyria	783,180	34,630	44·2
Trieste	82,597	3,283	39·7
Tyrol	859,706	25,276	28·2
Bohemia.....	...	4,409,900	170,432	38·6
Moravia	1,799,838	55,637	30·9
Silesia.....	...	438,586	12,123	27·4
Gallicia	4,555,477	140,329	30·8
Bukowina	380,826	11,070	29·0
Dalmatia	393,715	9,442	23·9
Lombardy	2,725,740	92,550	33·9
Venice	2,281,732	76,150	33·3
Military Frontier, with- out the 7 burghs	1,009,109	44,610	44·2

How the once extravagant pretensions of vaccination have dwindled down! And this is the thing in favour of which we are required to surrender our liberties! Alas, for medical science!—how pitiful it looks, as it beseeches the secular power to sustain it!*

It seems to require no small degree of modest assurance on the part of benevolent gentlemen whose amiable ambition it is to undertake the regulation of

* See Appendix G.

our nurseries, and to relieve parents of the burden of responsibility, to persuade us that we have neither the right nor the capability to act for our families in important domestic concerns, and that on public grounds, we should resign some of our most sacred duties into the hands of volunteers. Such hardihood is much as if some eccentric burglar were to assure us that he had a moral right to dispose of our worldly goods, under the plea that the disposition he contemplated was essential to the "welfare of others."

But, assuming that vaccination is entitled to all the credit claimed for it, let us endeavour to estimate the gain to the nation if it should be generally enforced. The yearly average of deaths from all causes in England and Wales is about 370,000, of which about 7000 are from small-pox. This, then, is the limit of gain which enforced vaccination could confer. But from this should be deducted about one-third, for the deaths from small-pox amongst the vaccinated; and from the remainder should be deducted an equivalent to the deaths caused immediately and remotely by vaccination; and another equivalent for the deaths resulting from the law of "vicarious mortality." It would then require no little ingenuity to discover a balance in favour of vaccination.

If men would but cast away their superstitions and intelligently examine this question, they could scarcely fail to perceive that a belief in vaccination is at variance with the theories of all the "pathies" and "isms;" that it conflicts alike with the *contraria contrariis* of the allopath and the *similia similibus* of the homœopath—it being neither *contrary* nor *similar*, but "*the same*." The consistent disciple of Priessnitz (who taught the *purification* and *strengthening* of the system by water and hygienic means), the follower of Thomson (who rejected all but simple remedies *capable of assimilation*), the pupil of Graham (who would not permit the introduction of even *healthy animal matter* into the human system), the hygeist, and the believer in the anti-septic theory, must alike reject the medical use of this diseased and poisonous animal product.

Even the isopath cannot justify its employment, inasmuch as it is introduced into the healthy, not into the diseased body, and is exhibited *not as a remedy, but as a disease—not as a cure, but as a charm*. Every thinking mind should reject the irrational doctrine, that to disseminate disease is to propagate health, and must condemn the equally irrational practice of giving *everybody* a malady, because *somebody* may possibly catch it. When men shall venture to think for themselves, vaccination cannot fail to be rapidly numbered with other obsolete medical superstitions and quackeries.

The *Compulsory Vaccination Act* is said to be for the protection of the public. What public? Surely they who reject vaccination do not ask for this enforced protection—they want information, and they are insulted with a Coercion Act. Cannot they who believe in vaccination protect themselves? Nobody seeks to hinder them—nobody presumes to dispute their right to adopt any medical practice, however questionable it may be. Why cannot they act with like forbearance to others? When will men learn to do as they would be done by? When will they exhibit becoming modesty as regards their own convictions, and forbearance towards even the follies of their fellows? When will it be universally understood and acknowledged that all men have rights, to rob them of which is also to deprive them of the sense of responsibility and to paralyse the spirit of self-reliance? Surely, if freedom be more than a name, it implies the right of the freeman to reject not only that which other men may choose to regard as an evil, but even that which they may combine to urge upon him as a good. When will men cease to be selfish and to prefer self-interest to principle? How would any noble lord or honourable gentleman like to have this or that peculiar medical practice forced upon himself? What right has he to force his favourite prophylactic upon any one else? Why should I accept his decision in a matter which chiefly concerns myself? What qualifications does he possess that I should bow to him as an authority in

medical matters? What right has any individual whatever to inflict his medical creed, or practice, upon another? Could there be a greater outrage? Could there be a more dangerous precedent? The day may come when they who violate the sanctity of private and individual right may invoke it in vain, and bitterly bewail the legitimate consequences of their short-sighted legislation! But why do the advocates of vaccination really seek to force the practice upon others? Let them pretend as they may that they are moved by feelings of kindness towards, and a desire to benefit, those whom they would coerce, their real motive is as patent as it is futile and selfish. Knowing that their prophylactic affords but a doubtful protection, they hope, by extending this same doubtful protection to others, to obtain, indirectly, additional security by lessening the chance of contagion. But what principle of equity requires that one person should be compelled to incur an immediate risk, in order that another person may derive from thence a chance of protection from a remote danger? How ridiculous to offer a protection which cannot protect even from one of the most prevalent and prolific causes of disease—*fear*! How absurd that a man should attempt to visit with punishment the want of belief in a scientific (or rather unscientific) dogma, *when and because* he cannot prove it to be true, and that he should pretend to the possession of a prophylactic of such potency, that he is impelled, by philanthropic motives, to proffer it to the acceptance of all; and yet, if it be not immediately accepted, should threaten force under the plea of self-preservation, when, if he speak the truth, it is so easy for him to protect himself, and at the same time to give evidence of his honesty, by directly applying the nostrum to his own person? Compulsory vaccinators prove, at least, this much, that they are so smitten with a dread of small-pox as to exhibit their distrust of their prophylactic by their anxiety to coerce others. Who can hope to banish small-pox and the risk of contagion from the world by vaccination? From whence did

small-pox first spring? Is it not frequently sporadic? Writing of the small-pox epidemic of 1839, the Registrar-General thus expresses himself:—

“Will the simple principle of contagion explain the rapid propagation of the epidemic?—Not exclusively; for the disease is always contagious, and a certain number of deaths are caused by it at all seasons, and in every county of England. The facilities of intercourse, and the frequency of contact with the sick, are not greater when the disease is increasing, or at its height, than when it is stationary or declining.”

The Registrar-General draws attention to the fact, that the average weekly mortality from small-pox in the metropolis is five, and moots the question, which is left unanswered, “Why do the five deaths become ten, fifteen, twenty, thirty-one, fifty-eight, eighty-eight weekly, and then progressively fall through the same measured steps?” It may not be out of place to suggest another question,—Why does the mortality at all decline, whilst there is left untouched, in the metropolis, one person who is “*unprotected*” by vaccination?

But to resume.—There are many persons avowedly insusceptible of vaccination. The Annual Report for 1854 of the National Vaccine Board records the entire failure, on a grand scale, at Loanda, of vaccination,—“white, negro, and mulatto” having all alike, without a single exception, exhibited insusceptibility to the action of the vaccine virus—which the Board is disposed to attribute to some peculiarity in the climate. There are many others whom vaccination fails to protect. There are still others who are liable to repeated attacks of small-pox. Who, then, I repeat, can hope to banish from the world small-pox, and the risk of contagion therefrom, through the instrumentality of vaccination? Have they succeeded in banishing it from other countries by enforcing vaccination? By no means. Hear Dr. Brady’s confession as regards Sweden:—

“Whether or not the Act, as a compulsory measure, be in accordance with the spirit of the British constitution, I will not discuss; but the very able and excellent ‘Report on the State of Small-pox

and Vaccination in England and Wales, and other Countries, of the Vaccination Committee of the Epidemiological Society,' clearly shows, that in those countries, such as Sweden and Denmark, where vaccination is compulsory, the percentage of deaths from small-pox is much higher than in those countries, such as France and Belgium, where honorary distinctions and rewards are held out to medical men as inducements to exertion in furthering the object of vaccination; and this important fact I strenuously brought before the House, and endeavoured to point out the inference that it would be found impossible to fully carry out the provisions of this Act, however desirable general vaccination might be considered, unless the operatives were treated with some degree of courtesy, and were somewhat better remunerated than a cab-driver."

I venture to draw a different inference to that deduced by Dr. Brady,—I venture to infer that the voluntary principle is every way the best.

On the first introduction of vaccination, the wags jocularly asserted that it would change the vaccinated into horned cattle. A truth is often concealed beneath a jest. This much is apparent: no man with the slightest pretension to refinement or gentlemanly feeling—not to mention that divine courtesy which distinguishes the true Christian, and influences him to do as he would be done by—could think of forcing his way, in person or by proxy, into his neighbour's dwelling, to commit violence upon, and to communicate disease to, the persons of its inmates.

Thousands object to vaccination on religious grounds. Are they to be dragooned out of their objections? Religious liberty means something more than the establishment of what we hold to be truth; it implies even the tolerance of what we may condemn and pity as error, and in that consists its essence. Surely, in a nation professing to be foremost in its attachment to the cause of civil and religious freedom, and the most tender and consistent in respecting the rights of conscience and private judgment, and to regard aggressions on either, in foreign lands, with a holy indignation, it will be sufficient to draw attention to the fact that, as one of the local registrars expresses it, "parents frequently refuse to have their children vaccinated, as they say they will suffer the Lord to work

his will, and that vaccination is bringing sickness upon their children."

That such objections are not confined to the lower classes, we have the admission of the *Lancet* :—

"There is one [objection] which assuredly would not yield to the Bill in question [the *Compulsory Vaccination Bill*]. We refer to the so-termed religious objections to vaccination, which we happen to know are not confined to the poor and ignorant, having met with them in quarters where very different views might have been expected. They are of two kinds. Some are of opinion that we have no right to expose ourselves to the evils and dangers resulting from vaccination, in order to prevent a future, probably a distant, and certainly a fortuitous evil. Others object on the broad ground that we should leave to Providence to determine the nature of our corporeal afflictions."

The *Lancet* has "no sympathy with this morbid morality ;"—possibly not. Let us accept the evidence, not the spirit, of the writer. But surely this same "morbid morality" will not be without much sympathy, especially if it be subjected to persecution, unless the universal profession of devotion to the principles of religious liberty is only so much cant and hypocrisy.

How much it were to be wished that, on a question like this, certain religious professors and spiritual pastors, instead of bullying their neighbours into compliance with their crude belief in an obscure point in medical practice, would imitate the Christian humility of the excellent Rev. John Newton, as evidenced in his letter on inoculation to the Rev. Mr. R——, in his "Cardiphonia ;" he says :—

"I am not a professed advocate for inoculation [vaccination] ; but if a person who fears the Lord should tell me, 'I think I can do it in faith, looking upon it as a salutary expedient which He in his providence has discovered, and which, therefore, it appears my duty to have recourse to, so that my mind does not hesitate with respect to the lawfulness ; nor am I anxious about the event, being satisfied that, whether I live or die, I am in that path in which I can cheerfully expect his blessing,'—I do not know that I could offer a word by way of dissuasion.

"If another person should say, 'My times are in the Lord's hands ; I am now in health, and am not willing to bring upon myself a disorder, the consequences of which I cannot possibly foresee : if I am to have the small-pox, I believe He is the best judge of the

season and manner in which I shall be visited, so as may be most for his glory and my own good; and, therefore, I choose to wait his appointment, and *not to rush upon even the possibility of danger without a call.* If the very hairs of my head are numbered, I have no reason to fear that, supposing I receive the small-pox in a natural way, I shall have a single pimple more than He sees expedient; and why should I wish to have one less? Nay, admitting, *which, however, is not always the case,* that inoculation [vaccination] might exempt me from some pain and inconvenience, and lessen the apparent danger, might it not likewise, upon that very account, prevent my receiving some of those sweet consolations, which I humbly hope my gracious Lord would afford me, if it were his pleasure to call me to a sharp trial. Perhaps the chief design of this trying hour, if it comes, may be to show me more of his wisdom, power, and love, than I have ever yet experienced. If I could devise a mean to avoid the trouble, I know not how great a loser I may be in point of grace and comfort. Nor am I afraid of my face; it is now as the Lord has made it, and it will be so after the small-pox. If it pleases Him, I hope it will please me. *In short, though I do not censure others, yet as to myself, inoculation [vaccination] is what I dare not venture upon. If I did venture, and the issue should not be favourable, I should blame myself for having attempted to take the management out of the Lord's hand into my own, which I never yet did in other matters without finding I am no more able than I am worthy to choose for myself. Besides, at the best, inoculation [vaccination] would only secure me from one of the innumerable natural evils the flesh is heir to; I should still be as liable as I am at present to a putrid fever, a bilious colic, an inflammation in the bowels or in the brain, and a thousand formidable diseases which are hovering round me, and only wait his permission to cut me off in a few days or hours; and, therefore, I am determined, by his grace, to resign myself to his disposal. Let me fall into the hands of the Lord (for his mercies are great), and not into the hands of men.'*

"If a person should talk to me in this strain, *most certainly I could not say, 'Notwithstanding all this, your safest way is to be inoculated [vaccinated].'*

"We preach and hear, and I hope we know something of faith, as enabling us to entrust the Lord with our souls. I wish we had all more faith to entrust Him with our bodies, our health, our provision, and our temporal comforts likewise. The former should seem to require the strongest faith of the two. How strange is it, that when we think we can do the *greater*, we should be so awkward and unskilful when we aim at the *less!* Give my love to your friend. *I dare not advise; but if she can quietly return at the usual time, and neither run intentionally into the way of the small-pox, nor run out of the way, but leave it simply with the Lord, I shall not blame her. And if you will mind your praying and preaching, and believe that the Lord can take care of her without any of your contrivances, I shall not blame you; nay, I shall praise Him for you both.*"

That eminent Christian, the Rev. John Newton, *dared not even to advise, where some meek and humble pastors of the present day do not hesitate to coerce;* thus—

“Fools rush in where angels fear to tread.”

If ever it be expedient to observe the divine injunction, “Take no thought for the morrow,” it is with reference to this question. For my part, I freely confess to some reliance upon nature—nature’s laws and nature’s God. I believe that temperance, cleanliness, exercise, cheerfulness, and courage are the best prophylactics; and I see in the facts we have been considering, sufficient reason to exclaim with Newton, “Let me fall into the hands of the Lord, and not of men!”*

Surely, to maintain that the creature whom an all-good, all-wise, all-powerful Being formed in his own image, is so ill-adapted to fulfil the conditions of existence, that the performance of a filthy operation, *of which he is allowed to remain in ignorance for tens of centuries*, is essential to his well-being, is to imitate the logic of that audacious blasphemer, who wished that he had been present at the creation to have saved the Creator from the commission of so many blunders. The laws of God are fixed: in them there is ever visible a design, and a means adapted to the end. Doubtless, if it were his will that corruption should be infused into the human circulation, He would have gifted his creature with the needful instinct and the corresponding organ. Food is taken into the stomach through the mouth, air into the lungs through the nostrils; but there is no orifice prepared by Divine wisdom for the insertion of the vaccine virus. The newborn babe breathes and sucks instinctively, in obedience to natural laws, without any knowledge of them. The vaccine virus—the baneful discovery of man’s perverted reason—is introduced into the system in defiance of natural laws, and every such violation brings its punishment.

* See Appendix H.

After all, is physical force the rule of right? *magna est veritas* but a figure of speech? and the assertion that an Englishman's home is his castle, a mockery? Are we going backwards or forwards? In 1813, Lord Boringdon proposed to render vaccination compulsory; so soon after its discovery did the idea of coercion occur to the human mind: but, even in those days of Toryism, our rulers would not consent to violate so outrageously the liberty of the subject. Wherefore is it that it is less tenderly cared for now? What fatuity seized the minds of our panic-stricken rulers, to impel them to commit such an outrage upon our liberties? What nightmare, the offspring of small-pox and the medical profession, stupified the people, while their rights were being voted away? Are men who are held incompetent to be trusted with the care of their own persons, or of those of their children, competent to be trusted with a share in the government of the body politic and of the complicated affairs of a mighty empire? Once begun, where is such legislation to end? Is every presumed good thing in medical practice to be forced upon us? If one thing, why not another? Are we to be leeches, bled, blistered, burned, douched, frozen, pilled, potioned, lotioned, salivated, not only *secundum artem*, but by Act of Parliament? The glorious uncertainty of law wedded to the inglorious uncertainty of physic! What an union! Shall we be compelled to adopt that famous scientific remedy for enlargement of the heart, which cures the disease and kills the patient; or the wonderful remedies of any eminent specialist, that is, when the learned gentleman shall have finally made up his mind what those shall be? It has been gravely proposed to inoculate with scarlatina, as a protection from this disease; and also with the virus of the most loathsome of all diseases, as a protection likewise from it; shall we have forced upon us these blessings, too, by Act of Parliament? Imagine Parliament the arena for discussing the merits of the conflicting doctrines and practices of the medical schools and sects! If you would have some idea of the scenes likely to

ensue, attend any one of the great gatherings of the medical profession. But are our legislators the best authorities to decide upon points of medical practice? How have they become qualified, if, as the Vaccination Act must presume, laymen generally be incompetent? Will medical men admit that any assemblage of laymen is competent to decide a medical question? Not they! What, then, is Parliament merely to register the edicts of the medical profession, that is, whenever the gentlemen of that profession can manage to arrive at an agreement amongst themselves? What a position that would be for the Parliament of Great Britain to occupy! If governed thus, what decision would it have come to upon this very question of vaccination when Jenner first propounded his discovery?*

Ethically, it may be very true that "the best known remedies must be used until better ones can be discovered;" but, considering the increasing number of conflicting medical schools and authorities, the constant fluctuation of medical doctrines, and the various antagonistic remedies zealously proposed for any one given disease—small-pox itself for example—it can scarcely be hoped that a parliamentary pharmacopœia could give much satisfaction, or that Parliament could be prevailed upon to undertake one. And then what would be thought of a parliamentary dietary?

To attempt to place in the same category the *infliction* of compulsory vaccination and the *enforced drainage of a house*, is a glaring absurdity. The two cases have not one point in common, but many points of strongly-marked dissidence. The enforced drainage of an undrained house deals with a *present and palpable* evil—an undeniable reservoir of filth, and source of offensive effluvia, disease, and death—and *the evil is effectually corrected*. The compulsory vaccinator has *not* the excuse of dealing with a *present and palpable* evil; but takes alarm at "*a future, probably a distant, and certainly a fortuitous evil*;" an evil of

* See Appendix I.

which he dare not assert that it will *ever* arise, even should the precaution upon which he insists be neglected; an evil, of which he dare not assert that it will *never* arise, even should his vaunted precaution be adopted. Moreover, the compulsory vaccinator, contemptuously trampling upon the rights of private judgment, outraging conscientious convictions, and violating the sanctity of the person, *rudely tampers with the secret springs of life, in a being "fearfully and wonderfully made,"* and violently exposes that being to dire dangers—the very dangers against which he pretends to be anxious to guard him—*disease and death.* *The drain* removes filth *from* the habitation of the body; the *compulsory vaccinator* conveys filth *into* the dwelling of the soul.

If it be too much for a British *freeman* to claim to be the owner of his own body and the conservator of his own health, to have his house held sacred from the forcible intrusion of insolent quacks, and his family protected from the violent infliction of disgusting diseases, patriotism is but an empty sound, principle an unmeaning word, "civil and religious liberty" a cuckoo cry, public religious observances a solemn mockery, and England no longer a land worth loving or living in.

Has England become an Austrian province? or have our rulers imported an Austrian police?

Our streets are daringly placarded, and our churches desecrated, with insulting, revolutionary notices, headed,

"COMPULSORY VACCINATION!"

Will Englishmen tamely allow themselves to be thus *bullied* by the tools of a medical faction? Or can it be that an Englishman's appreciation and love of freedom are limited to the exercise of a noisy, but empty privilege—the roaring out of drunken and lying songs, ending with

"Britons never shall be slaves?"

The enemies of freedom are cunning, active, and

watchful. Bit by bit they eagerly strive to steal away those liberties which, as yet, they dare not attempt to ravish openly and at once.

Englishmen were wont to boast that their constitution assured the *inviolability of the person*. That security no longer exists. *The constitution is daily violated in the persons of the most innocent.*

English justice used to demand proof of an *overt act* as essential to the commission of a crime. The dangerous, the fatal principle has been imported into English legislation, that the penalties of the law may fall where *no overt act* is committed; and a novel doctrine of *passive* criminal aggression is propounded, as justifying *active* aggression on our liberties.

"The first and primary end of human laws," says Blackstone, is to maintain and regulate those absolute rights of individuals.

"Besides those limbs and members that may be necessary to a man, in order to defend himself, or annoy his enemy, the rest of his *person*, or *body*, is also entitled, by the same natural right, to security from the *corporal* insults of menaces, *assaults*, beating, and *wounding*; though such insults amount not to destruction of life or member."—*Commentaries*, b. i., ch. 1.

"To make a complete crime cognizable by human laws, there must be both a will and an act. . . . In all temporal jurisdictions an *overt act*, or some open evidence of an *intended* crime, is necessary, in order to demonstrate the depravity of the will, before the man is liable to punishment. And, as a vitious will without a vitious act is no civil crime, so, on the other hand, an unwarrantable act without a vitious will is no crime at all. So that to constitute a crime against human laws, there must be, first, a vitious will, and secondly, an unlawful act consequent upon such vitious will."—*Ibid.*, b. iv., ch. 2.

Strange that the first sacrifice of British freedom should be offered up at the shrine of quackery!

Surely a wise government may perceive that there are greater evils than the occasional outbreak of an epidemic. The systematic violation of human rights and natural affections—the uprooting, from the human breast, of feelings of self-reliance—a state religion in physis—coercion, which may well be regarded as odious persecution—the poor believing that what they hold dearest is sacrificed to the selfish prejudices of the rich—any one of these is far worse than a pesti-

lence. To do violence to conscientious convictions is ever productive of disaster. It is unwise to treat the masses as children. It is perilous to legislate too much for a people; over-legislation is the chief curse of despotic countries, and such it threatens, also, to become in free countries. While men suffer under oppression, and before they become enervated by luxury, so long does the love of liberty glow purely in their breasts; but when they have obtained all that they can reasonably desire, and have no grievance of which to complain, then, with the natural petulance of prosperity, and the restlessness inherent in human nature, they affright themselves with imaginary ills, until, in the very wantonness of freedom, as an escape from the wearisome burden of thought and the toilsome cares of independence, they hasten to seek a refuge in the apathy of voluntary slavery, and forge to themselves fetters more galling than any which their forefathers ever rent asunder.

It should not be forgotten that the Compulsory Vaccination Act levies a tax upon every English babe for the benefit of the medical profession, and causes much expenditure of public money.*

On the whole, it need excite no surprise that many local registrars should report this measure as a "nullity," owing to the resistance of the people; that the Act is "very unpopular," and the labouring classes are "very violent" when served with notices (Ipswich); that parents are "prejudiced" against vaccination (Henley); that the Act is a "total failure" (Mitford); that the lower orders are "prejudiced" (Wells); that it is "utterly impossible to work the Act" (St. Giles); that "many parents have a great dislike to vaccination" (Erpingham); that "there is an aversion to the Act, and people endeavour to avoid having their children registered to prevent their receiving the notice requiring vaccination, and this is common to other districts" (Mitford), &c. &c. &c. Will it be easier to enforce this odious statute when

* See Appendix J.

the law of settlement is abolished, unless the passport system be introduced? If the avowed object were to bring all legislation into contempt, could a measure more ingeniously adapted to the desired end be devised?

The *Medical Circular* condemns compulsion as "tyrannical," and adds,

"How it could be expected that any Act of Parliament so obviously repugnant to the feelings and habits of Englishmen could meet with success, surpasses our powers of imagination to conceive."

The *Lancet* says:—

"It is in consequence of the universal prevalence of this feeling [the dread of other diseases being propagated by vaccination], that the compulsory clauses of the Act are doubly and *justly* obnoxious."

The organs of Medical dissent—the *Journal of Health*, *Scottish Herald of Health*, *Botanic Record*, *Botanic Journal*, *Hygeist*—all denounce compulsion, and most of them vaccination.

Private letters, breathing indignation and defiance of the Act, have reached me from more than thirty individuals of respectability—some of them of high station. A few extracts will illustrate the feelings of the writers.

A very learned and religious man, a conservative and ex-professor of English literature at one of our Universities, thus writes:—

"The attack upon the liberty of private action is, in my eyes, to the utmost degree at once impertinent and atrocious. I cannot imagine two (honest) opinions upon the subject. To let a medical man come with a warrant of inoculation into your nursery, to forbid my asking a sensible druggist what salve I shall put on my chapped hands [in reference to another proposed enactment, J. G.], is giving up the name of an Englishman."

An eminent London solicitor thus writes:—

"It seems incredible that such an Act as that rendering vaccination compulsory, should have received the sanction of the three estates. I am no great believer in vaccination myself, having been attacked with small-pox, notwithstanding the supposed antidote had been duly poked into my arm when a child, and though I might have submitted to the remedial (?) process with reference to my baby, had the Act not passed,—now that no option is left me on the subject, my repugnance to the operation is very much increased. I do not

know to what purpose the fines, when levied, are to be applied, but the erection of a monument to medical intolerance would be an appropriate method of disposing of them."

A lady says :—

"In different families, who from great fear of infection have had their children vaccinated many times, I perceive the colour of the skin is so altered from its natural hue, that as they grow up, they have youth without bloom, and very feeble health. This Act of Parliament is an Act of compulsory cruelty, disease, and death."

Another lady thus writes :—

"Has any man the right to enter my house, and uncovering my shoulder, insert the point of his lancet beneath my cuticle, that lancet being soiled with the scum of the fermenting blood of even the loveliest infant in the world? If no man dare act so, as regards myself, how dare any man assume to act so as regards my helpless infant? We occasionally see fear overwhelm the human intellect in a pitiable degree. I recollect in Bengal, a few years ago, the natives of a certain town were panic-stricken on discovering the leaves of some mango trees in the neighbourhood all covered with excrescences, in size resembling the pustules of small-pox; they immediately spread an alarm, and the wisest amongst their leaders declared that the trees would infect the district, and depopulate the country, unless proper precautions were adopted to check the spread of the disease. Accordingly the credulous assembled round the tree in which the Shitann [evil spirit], who propagates small-pox, was supposed to have located, and, with tomtoms and horns, raised such a discordant din about his ears, that he was glad to escape to some other place where the people were less wise and prudent. This was the 'precaution' of heathens; at least it has the merit of being harmless, and, to a thinking mind, is not one whit more absurd than compulsory vaccination. The Compulsory Vaccination Act is an Act against which every mother in the kingdom ought to raise her voice. Men will doubtless cry out, and with truth, that women ought not to interfere in politics, but when men throw down the gauntlet by interfering in the nursery, they must only blame themselves for the turn affairs may take."

A respectable London tradesman writes :—

"My wife and I are determined that no child of ours shall be vaccinated."

A gentleman, writing from a manufacturing town, says :—

"There are many here determined to resist."

A northern magistrate, the head of an extensive manufactory, and a large and influential family, says :—

"We are all opposed to compulsion."

An eminent author characterises the Compulsory Vaccination Act as "the commencement of an aggression which threatens to become more systematic, and to deprive us of some of our most sacred rights. . . . When I read," he adds, "that vaccination in England is *compulsory*, I felt an indignation that I should fail to express against such a monstrous interference with the right of a parent."

"A District Vaccinator" writes:—

"I am certain that this odious, this most cruel and wicked law, cannot long remain in force; it is worthy only of the Emperor of all the Russias, or the King of Dahomey."*

Similar sentiments have also been frequently expressed to me, *vivá voce*, by persons of various ranks.†

The Royal Jennerian Vaccine Institution condemns all legislative interference with the cause of vaccination as injurious to it.‡ Indeed, such interference can have but one of two results: if it be submitted to, it must lower the standard of independence and degrade the national character; if it be repelled, it must foster a spirit of bitter hostility against the State. Accordingly, while in some districts the people slavishly bow to the yoke, in other districts they threaten violence—and who can affect surprise? Resistance is the natural reply of the free to aggression, and how could the upholders of physical-force science hope that *it* should prove an exception to the rule? Even if vaccination were a good, the loss of liberty would be too heavy a price to pay for it. Without liberty all other blessings are of no value. The man who can think otherwise deserves to be a slave. As it is, the chief consequence of compulsory legislation has been to provoke inquiry and resistance, and to bring vaccination into greater abhorrence. A "Public Vaccinator" complains (*Lancet*, June 16, 1855,) that since the Act rendering vaccination compulsory, the "prejudice" against the operation has increased. The argument, "if you won't, I'll make you!" may be very imposing

* See Appendix K.

† See Appendix L.

‡ See Appendix M.

on the lips of a public school-monitor to his fag, or of a slaveholder to his slave, but there are tens of thousands of independent, inquiring minds, which will not be thus answered, and will not accept the knock-down argument of an Act of Parliament in lieu of facts. What a time at which to tamper with the constitutional rights of the people! Accustomed as the partisans of legalised quackery are to commit blunders, they never committed a greater than when they resolved to force their nostrum upon those who have seriously determined not to have it.

In 1851, Mr. Herbert Spencer wrote:—

“The measures enjoined by the Vaccination Act of 1840, were to have exterminated small-pox; yet the Registrar-General’s reports show that the deaths from small-pox have been increasing.”—*Social Statics*, p. 387.

In the debate, July 18, 1854, in the Commons, on the Vaccination Act Amendment Bill, Dr. Brady

“Urged that the small-pox was more prevalent than usual this year, and that arose from the Act of last session absolutely operating to prevent medical men from vaccinating with the necessary facility.”—*Medical Circular*, July 26, 1854.

It is difficult to believe that vaccination is less practised now than before the passing of the Act of 1853; but, whatever be the cause, the fact that small-pox is becoming more prevalent is worth noting, and the obvious deduction is, that Parliament is powerless to dispense health. Any man not a lunatic, nor an idiot, is the best, and should be the sole, guardian of his own health.

Deficient in modesty, logic, and common sense, is it strange that compulsory vaccinators should find their arrogance repulsed, their claims to infallibility derided, their treacherous nostrum rejected, and their attempt to arbitrate on questions “social, political, and theological,” laughed to scorn?

If this wicked legislation, involving such sinful violation of natural rights, the fundamental principles of the constitution, and the plainest precepts of the Gospel, be persisted in, we may expect that the me-

mory of Jenner will become more odious than ever it has been honoured.

If it can be proved that vaccination is a blessing worthy of universal acceptance, let it be done. As a parent, I for one, shall greatly rejoice; and, doubtless, amongst those who now oppose it, will arise some of its most zealous and active advocates; but, in any event, let us have no un-English and unchristian legislation. Let us leave compulsion to countries like Austria, where the number of hens a man may keep in his yard, or the number of bakers or butchers in a town, are alike regulated by law, and where the subject may be forcibly seized by the police, and carried off, and vaccinated; or like Sweden, where prayers out of church, or out of canonical hours, are illegal; and where children are forcibly torn from their nurses' or parents' arms and triumphantly borne away to church and baptized. Compulsion does not suit England. Filth is the hotbed in which small-pox thrives, and from whence it oftentimes springs spontaneously; and it is to comprehensive sanitary measures that a wise government must look for the eradication of this, as of other epidemics. If Jenner were living now, I believe that he, who himself suffered persecution, would be the first to raise his voice against compulsory vaccination. Be that as it may, let us remember that we do not derive our liberties from the sufferance of our rulers, and that our rights are inalienable and cannot be confiscated by any earthly power. We had ancestors who so loved liberty that they would not surrender it for any material interests whatever; from the moment that we begin to weigh the one against the other, and to falter in our choice, future historians will date the commencement of the decadence of public spirit and national greatness.

Let us jealously guard our hard-won precious rights, and not surrender even that one, which, in the immensity of our riches, may appear of but trivial value. We must keep our medical liberties intact. We must preserve them all, or lose them all; and with them must be lost, or preserved, no small portion of our

civil and religious liberties as well; they are all intimately and inseparably united. May no unhallowed tongue beguile us! may no unhallowed hand despoil us!

“Let me,” says Junius, “exhort and conjure you never to suffer an invasion of your political constitution, however minute the instance may appear, to pass by without a determined, persevering resistance. One precedent creates another. They soon accumulate and constitute law. What yesterday was fact, to-day is doctrine. Examples are supposed to justify the most dangerous measures, and where they do not suit exactly, the defect is supplied by analogy.”

I have the honour to be, Sir,
Your obedient Servant,

JOHN GIBBS.

P.S.—The question of the desirableness of vaccination is now for discussion before the first medical school in Europe, the French Academy of Medicine. This bare fact sufficiently condemns the policy of compulsion.

I am just informed that, in a recent blue book, it is stated, on the authority of Dr. Farr, that “there is a constant tendency in the general mortality of the country to an increase.” This in spite of all the vaunted discoveries of modern medicine, and all the improvements in sanitary science. What is the counteracting cause? Can it be any other than vaccination? When will men of science cease to experiment on the human body, and learn to respect the laws of nature?

J. G.

APPENDIX A.

The following extract may throw some light on the manner in which a system of certification is likely to work:—

“CAUTION TO MEDICAL MEN.—On Tuesday Mr. Wakley held a lengthened inquiry, at the Euston Arms, Melton-street, Euston-square, into the circumstances attending the death of Mary Meredith, a single woman, aged 25, whose death was certified by Dr. Murphy, of the University College Hospital, who never saw the patient, but merely went by the symptoms described, as having resulted from cholera, although it was distinctly proved by the evidence of Dr. Glover, of the Royal Free Hospital, that it was a simple case of peritonitis. It appeared from the evidence that deceased was attended in her confinement by Mr. Michel, a student in midwifery of the University College Hospital, who, after her death, described the symptoms to Dr. Murphy in such a manner that led that gentleman to give the certificate of ‘Death from cholera—duration of the disease, twelve hours.’ The coroner, in summing up, severely commented upon the practice of medical men giving certificates of death in cases where, as in that, they never saw the deceased party, either alive or even after death. It was a practice fraught with great danger, as the most foul murder might be enacted and go undetected and unpunished. If such a system were continued, the registration office was a useless expense to the country. Several very singular cases, in which certificates of death were given as resulting from ‘Natural disease,’ notwithstanding they were produced by violence, had come under his notice while holding the office of coroner. In one case a medical gentleman, unknown to the deceased, gave the usual certificate of ‘Natural death’ when applied to by the friends; but, upon an inquest being held in the case, it was discovered that the deceased party had destroyed his life by cutting his throat. He could adduce many other instances to show the abominable system that was at present carried on as regarded the certifying of deaths; *and he could assure the jury that, if he pleased, he could procure, in a very short space of time, certificates of all their deaths, and have them registered as easily.* The jury, in returning a verdict of ‘Death

from natural causes,' strongly commented upon the conduct of medical men giving certificates of death without having personal experience of the case, and expressed a hope that such a system would be abolished."—*Weekly Times*, April 3, 1854.

APPENDIX B.

I extract the two following cases from the medical journals :—

"The following case, by John Smith, esq., M.R.C.S.E., Sheerness, will, I hope, possess sufficient interest to excuse me for trespassing on your space :—

"Mrs. C——, aged 40, was confined on the 21st of April last, being about eight months advanced in pregnancy. At that time one of her daughters was laid up in the same house with small-pox, and another daughter had just recovered. My patient had been feverish, and had suffered from pain in the back two or three days previous to her confinement, and on the following day the eruption of small-pox appeared. I immediately removed the child from the mother, and vaccinated it. On the 29th, notwithstanding there were two well-formed vaccine vesicles on the left arm, variolous papulæ appeared plentifully on the face and chest, and in a day or two all over the body. The pustules, though very numerous, were small and discrete.

"Unlike the case related by Mr. Dendy (the *Lancet*, June 17) in which there was an entire absence of secondary fever and maturation, both were present here ; for although, up to the 6th of May, the child appeared to promise recovery, on that day fever set in, evidenced by great restlessness and refusing to be fed. During the next two days many of the pustules burst, and the little patient died on the 8th.

"During the last three months I have attended twenty cases of small-pox. They had all been previously vaccinated, but in each fatal or severe case there was only one vaccine cicatrix."—*Lancet*, August 12, 1854.

"Report of a case of vaccinia and variola occurring simultaneously. By John Clarke, M.C.R.S., and J.A.C., Kenilworth.

"Having read in the *Lancet*, a short time since, the report of an interesting case of vaccinia and variola in an infant, I am induced to relate a very similar case which occurred in an adult, considering that the *quæstio vexata* of the present day can only be settled by authenticated facts. I must be excused mentioning more than the general

outline of the case, owing to my having omitted to take notes when it occurred. E. C—, aged 22, who had been *vaccinated* in her infancy, was *re-vaccinated* by me, Dec. 6. On the fourth day no small red spot was visible, consequently I concluded either that the vaccine disease would be retarded in its course, or would not be produced at all. In two or three days afterwards I was called in a great hurry to see this patient. I found her in bed very much alarmed, suffering intense pain in the loins. On the third day an eruption appeared, which in two days assumed a somewhat livid aspect, the throat at the same time being highly inflamed, and so constricted that it was with the greatest difficulty she could swallow even fluids. She likewise aborted, and had considerable hæmorrhage afterwards. On inspecting the eruption on the vaccinated arm I discovered two genuine vaccine vesicles, such as you would expect to see from primary vaccination; this was about the twelfth day after the insertion of the lymph. I was certainly surprised and somewhat dismayed at seeing the worst form of variolous disease occur simultaneously with that of the vaccinia; suffice it to say, this poor woman died after an illness of six days.' (1853.)"

If vaccination cannot neutralise a present virus, how can it neutralise, at a far distant date, one which the system has not yet imbibed?

APPENDIX C.

A few recent instances of the failure of vaccination are here added, extracted from the returns of the Registrar-General.

"Greenwich; Woolwich Arsenal.—At Royal Ordnance Hospital, on 28th December, a private in Royal Sappers and Miners, aged 18 years, 'small-pox (24 days), exhaustion, marks of vaccination indistinct.'

"In the same sub-district, at Royal Ordnance Hospital, on 1st January, a gunner, Royal Artillery, aged 18 years, 'small-pox (10 days), after vaccination.'

"In the same sub-district, at Royal Ordnance Hospital, on 4th January, a sergeant, Royal Artillery, aged 28 years, 'small-pox (18 days), after vaccination.'—[Return week ending January 12, 1856.]

"Greenwich; Woolwich Arsenal.—At Royal Ordnance Hospital, on 14th January, a gunner, aged 19 years, 'small-pox (12 days), after vaccination.'

“ In the same sub-district, at Royal Ordnance Hospital, on 15th January, a gunner, aged 26 years, ‘small-pox (13 days).’ Had marks of vaccination.

“ In the same sub-district, at Royal Ordnance Hospital, a bombardier, aged 20 years, ‘small-pox, confluent (20 days).’ Vaccinated.” —[Return week ending January 19, 1856.]

“ Greenwich ; *Woolwich Arsenal*.—At Royal Ordnance Hospital, on 28th January, a gunner, Royal Artillery, aged 20 years, ‘small-pox (22 days), after vaccination.’

“ In the same sub-district, at Royal Ordnance Hospital, on 28th January, a private in Queen’s Own Light Infantry Militia, aged 16 years, ‘small-pox (21 days), marks of vaccination distinct, phlegmon et abscessus (11 days).’

“ In the same sub-district, at Royal Ordnance Hospital, on 3rd February, a gunner, Royal Artillery, aged 19 years, ‘small-pox (1 month), after vaccination, abscesses in the thigh.’

“ In the same sub-district, at Royal Ordnance Hospital, on 28th January, a driver, Royal Horse Artillery, aged 18 years, ‘variola confluenta (13 days), marked with cow-pox.’ ”—[Week ending Saturday, February 16, 1856.]

APPENDIX D.

The following whimsical excuse is offered as accounting for the failure of vaccination.

“ Dr. Tinsley, of Cuba, is said to have discovered that ‘vaccine virus, after passing through a negro’s system, is valueless for the white race.’ ”—*Medical Times*, August 3, 1855.

What absurdity will be the next? Will nobody discover that the vaccine virus is inoperative when taken from a *black cow*?

APPENDIX

In his work on homœopathy, Dr. E. C. Chepmel states :—

“The vaccine matter should be taken from the arm of a perfectly healthy child—one that is free from any hereditary or acquired constitutional taint, such as scrofula or other kindred diseases, &c. . . . From a neglect of this precaution most serious and even fatal diseases have been communicated to previously healthy children.”

Captain Claridge, author of several scientific treatises, says, in his latest work on the Water-Cure:—

“In the water-cure, judiciously treated, the small-pox is, under no circumstances, attended with danger, nor is the patient reduced in strength, as under any other treatment. ‘Small-pox,’ Priessnitz says, ‘instead of being suppressed, ought to be encouraged, as it relieves the system of humours that ought to be carried out of it, and is a healthy process.’ At one period the profession were as much at fault in the treatment of small-pox as they now are in that of cholera. No means were left untried; but they failed in arresting its ravages. Jenner’s discovery was hailed as an intervention of Providence, and he was voted two grants in parliament. If Priessnitz is right, this discovery may be hailed as a curse rather than a blessing. He states that the insertion of poisonous matter into the blood of a healthy subject produces poisonous consequences, is repugnant to our feelings, and at variance with the laws of nature. . . . This young lady (a small-pox patient) had been twice vaccinated. Another friend of mine, 46 years of age, caught the small-pox, though he had been vaccinated twice.”

Mr. George concludes his treatise on the “Treatment of Small-pox” with this admission:—

“My own experience would declare, that during the prevalence of mild varieties of small-pox, the occurrence of modified cases, after vaccination, is very frequent; so frequent, indeed, as to make it a *subject of anxious conjecture, whether the vaccinated would escape with such impunity during the prevalence of a malignant and fatal epidemic.*”

Several able letters condemning compulsion—some of them denouncing vaccination—have appeared in the Medical, London, and provincial papers, from the pens of Drs. Ceeley, Hor. Johnson, &c., and Messrs. Rose, Stephens, George S. Gibbs, Simkins, Hibbert, Fraser, &c. One writer states:—

“I was nearly killed, when an infant, by vaccination, and afterwards brought to death’s door by small-pox.”

I add an extract or two from Dr. Hor. Johnson’s able letters in the *Brighton Guardian* and *Brighton Examiner*.

“About 1741, a lady introduced inoculation as a remedy; and, according to Pringle’s and Lettsom’s tables, in London alone 24,549 more children died after the introduction of inoculation in 42 years than in 42 years before; and yet thousands were ready to swear to the good effects of this same remedy, or prophylactic, that now is branded by the Legislature under the name of felony.

“It was in 1775 that Dr. Jenner made his first observations, and about 1810 to 1820 that vaccination became general over Europe, and enforced by despotic kings and emperors. Now, it is important to bear in mind that the great epidemic was in 1796, so that Jenner’s ideas were promulgated just exactly at that moment when the scourge was declining. We have it laid down as a natural law that plagues or epidemics are subject to be worn out, as are all mundane affairs. The lepra went through the degrees of commencement, violence, and gradual decrease. The same with the sweating sickness, with the black death, with the plague, properly so called, with cholera, and others. Had any one proposed vaccination, and have had the experiment tried for cholera in 1837, or in 1848, undoubtedly it would have proved as potent in the intermediate periods as vaccination between 1796 to 1838, and more or less since. Before proceeding to compulsory laws, it would be desirable, as Dr. Val. Müller expresses himself, ‘to prove a causal relation between vaccination and small-pox.’ I have selected a few tables, almost hap-hazard, to show that there is no connection of a causal character.

“Dr. Gregory’s evidence before a Committee of the House of Commons in 1832:—

“IN SMALL-POX HOSPITALS:

Years.	Cases.	Deaths after Vaccination.
1826	168	63
1827	305	105
1828	202	71
1829	328	109
1830	259	84
1831	193	66
1832	330	121
	1785	619
1833	242	89
1834	165	63
1835	401	144
1836	329	128
1837	251	95
1838	712	298
1839	155	83
	2255	900

" BRITISH ARMY :

Years.	Cases of Small-pox after Vaccination.
1834	38
1835	55
1836	98
1837	160
1838	237
	—————
	588

"Table of the amount of mortality of small-pox in the well-vaccinated population of Copenhagen, from 1824 to 1835 :—

	Total cases.	After Vaccination.
1st Epidemic—January 22, 1824, to February 28, 1825	412	257
2nd Epidemic—September, 1825, to August, 1826	623	438
3rd Epidemic—March, 1828, to July, 1830	562	457
4th Epidemic—August, 1832, to December, 1834	1045	898
5th Epidemic—May 15 to December 31, 1835	1197	1043
	—————	—————
	3839	3093

"Admitted in Small-pox Hospital in 1838, 298 cases of small-pox after vaccination."

"It is right enough for those who admire vaccination to be vaccinated themselves, and cause their children to be vaccinated; but it is a palpable violation of our constitutional liberties to drive vaccination down the throats of those who reasonably object to it. The bulk of our present medical authorities have lost faith in the permanent protection contained in the vaccine matter, and before very long their little remaining faith will be also gone. This subject but requires examination to be at once despised and cast aside for ever as a filthy rag. The opponents object in several ways to submitting themselves to become depôts of the scabby pus of others. 1st. By transfusion of animal matter from one to another, the seeds of all the hereditary complaints of the first are sown in the second, and thus phthisis, scabies, lepra, scrofula, mollities ossium, spinal affections, madness, and a host of complaints, are propagated from the impure into the systems of the pure. 2ndly. The voluntary introduction of disease is interfering with the wise administrations of the providence of Him who will direct what is best for man to suffer. 3rdly. Vaccination is certainly no permanent protection, and indeed no protection at all. Instances constantly occur of individuals who are vaccinated, and have the vaccine eruption going through all its stages, whilst, before the eruption has faded away, the true small-pox commences its attack, and positively the two diseases run their course at

one and the same time. 4thly. That vaccinators themselves are but gulling the public for the sake of the vile money it draws into their treacherous pockets, and that *Jenner himself vaccinated his first child, but refused to vaccinate the second.* 5thly. And although there are many others, I shall finish with this, that in no few cases death is positively the direct and immediate result from this terrible prejudice and bigotry.

“M. le Docteur Verdé-Delisle says, ‘It is perfectly well known that often injurious principles have been inoculated and developed instead of the vaccine matter. How many cases of inflammation of the arm, with swellings of the axillary glands, how many abscesses, how many ulcers of malignant character, have been the consequence of vaccination! How many children have there not died in convulsions a few days after the insertion of the virus! Where is the medical man who, in the course of his practice, has not had to deplore this sad termination? At other times it is glandular subaxillary swellings that supervene seven or eight days after the inoculation of the vaccine, and sometimes in a period much less long.’ This French savant goes on to say, ‘that besides these glandular swellings, another consequence is to be feared, and Jenner himself brought forward the first examples, viz., one sees the vaccine eruption extending itself, deepening, and forming a true phagedenic ulcer, whose irritation causes an inflammatory swelling so severe as to extend to the neck and terminate in true erysipelas.’ Dr. Husson, secretary to one of the vaccination societies, and one of the most obstinate believers and defenders of the glories of vaccination, in his ‘Treatise upon Vaccination,’ says, ‘I have seen extremely distressing ulcers produced by vaccination; at first the redness was very angry, the heat great, the swelling and hardness of the arm considerable, and a fever was lit up. The ulcers, at the end of the sixth day, assumed a gangrenous character that sank deep into the thickness of the arm, and that was only detached at the termination of a month. An acid and fetid serosity came from its edges, which caused an irritation to the neighbouring parts.’ Dr. Husson goes on to say that ‘it often happens that the inflammation is very extensive from the operation, and that the tissues become very dense and raised above the ordinary level. This inflammation, which much resembles phlegmonous erysipelas, penetrates deep in the cellular tissue, and forms a chain of swellings and inflammation, from the puncture to the arm-pit, of a most painful character; there is much heat, movement is impeded, the skin is tender, and the individual becomes attacked with fever. Often also much pain and enlargement of the subaxillary glands. Often this erysipelatous part is covered with an eruption that does not suppurate.’ ‘I have seen,’ he adds, ‘this erysipelas cover the whole chest and back; and Dr. Odier says, that in one of his cases, it not only covered the whole arm, but gained the neck and face so as to shut up the eye and produce much fever.’

“Professor Henké (Henké’s Zeitschrift) announces that he has seen at Stuttgart many hundred vaccinated persons attacked by small-pox.

“ Professor Otto, of Copenhagen (Rust's Magazine), observed, that of 613 attacked with small-pox, 438 were vaccinated. Again, in the period between September, 1828, and June, 1830, 557 cases of small-pox were admitted into the hospital of this town, of those *four hundred and forty-six had been vaccinated.*

“ At Hamburg, Dr. Simon publishes that he is certain that small-pox develops itself upon the best vaccinated individuals.

“ Dr. Shoen saw a great number of persons bearing the most perfect cicatrices, with small-pox; and in many the small-pox pustules were upon the very vaccine cicatrices themselves.

“ Professor Pfaft, of Kiel, had 191 cases of small-pox, and one-quarter had been vaccinated. In four cases, he says, the vaccine and small-pox eruptions occurred together—the small-pox pustules appearing among those from the vaccine poison.

“ The best authority that ever existed on vaccination is Dr. Gregory, and he says, page 209 of ‘Gregory's Lectures on Eruptive Fevers’ :—

“ ‘ In the years 1818–19, an epidemic small-pox pervaded Scotland, the first that had occurred in these countries since the great epidemic of 1796. During this epidemic, many vaccinated persons passed through a mild form of small-pox. The general confidence in vaccination was in no degree shaken. In 1824 small-pox prevailed epidemically in Sweden, and attacked a considerable number of vaccinated persons. In 1825 this epidemic visited London; a great increase of the deaths by small-pox appeared in the bills of mortality, and many persons vaccinated in early life took the disease. In 1826–27, France suffered from an extension of the same epidemic, which fell with great severity upon the population of Marseilles. Many vaccinated persons went through the modified disease. In 1829, the same epidemic invaded the north of Italy, and was particularly severe at Turin. In the same year, the governments of Germany, who had always encouraged and even enforced vaccination, seeing the steady advance of the disease towards them, took alarm; and then began that practice of RE-VACCINATION which has formed so striking a feature in the medical history of the German States for the last twelve years. It commenced in the Royal armies of Wirtemberg. Then succeeded the re-vaccination of the Prussian, Danish, and Baden armies.

“ ‘ In 1835, the government of Wirtemberg, satisfied with the results of the military trials, extended the plan, and ordered the re-vaccination of the entire civil population of the kingdom.

“ ‘ Ceylon was a British colony when the Government earliest interfered and most vigorously encouraged the practice of vaccination. Salaried vaccinators were scattered over the whole island. So successful were their labours, that, up to the beginning of 1819, it had often been said that the experiment of exterminating small-pox had been made and successfully carried out in Ceylon. In July, 1819, however, a severe epidemic small-pox broke out there. In 1830, a second epidemic overspread the island; in 1833, a third; and in 1836, a fourth. In these four epidemics 12,557 persons

were attacked, of whom 4090 died, being at the rate of 33 per cent., or one out of every three. In each of these epidemics, a certain number of vaccinated took the small-pox. The proportion of the vaccinated to the unprotected varied: in the third epidemic, out of a total of 460 attacked, 341 represented themselves as vaccinated.

“Denmark has undergone several visitations of epidemic small-pox; yet in no country in Europe has more attention been paid to vaccination, both as respects numbers and purity of lymph. The first was in 1824, the second in 1826, the third in 1829. Copenhagen suffered also in the years 1833 and 1835.

“England experienced the second visitation of this century in 1838, and again many vaccinated persons suffered attacks of this malady. This epidemic commenced in the summer of 1837, and did not terminate till December, 1839. The total deaths throughout England and Wales during that period (two years and a half) by small-pox amounted to 30,819, or an average of 12,200 deaths per annum. Calculating that the rate of mortality ruled about 20 or 25 per cent., it follows that in these thirty months there occurred in England and Wales not fewer than 154,000 cases of small-pox.”

“In a table by Dr. Heim, there occurred 1055 cases of small-pox after vaccination in Wirtemberg and (in a table by Dr. Mohl) 653 in Denmark.

“In Small-pox Hospital, in the

Years.	Small-pox cases after vaccination.
1826—32	619
1833—39	900
1840—42	333
	<hr/> 1852

“In 1829 the invasion of epidemic small-pox and failure of the vaccination induced the Sardinian government to try a variety of new lymphs; and Dr. Griva, chief of the vaccine establishment of Turin, says not any difference was observed in the new and old. In Wirtemberg, between 1831 and 1836, FORTY new varieties of lymph were tried, but without any obvious advantage. In other parts of Germany the same trials were made. In France a new variety, from the dairies of Passy, near Paris, was tried by M. Bousquet in 1836; and about the same period the stock at the small-pox hospital was changed. In France, a commission to investigate re-vaccination, comprising some of the most talented men, pronounced against it.

“Heim calculates that three-fourths of the inoculations made with lymph direct from the cow fail altogether. When they do take effect, it OFTEN happens that severe local inflammation is excited, producing irritable sores and glandular swellings. Dr. Gregory adds: ‘Nor are we at all sure that the ultimate effect, the security of the patient in after life, will be sensible augmented.’

“To these I will add a few more cases and authorities, principally from those same countries where there has been so long an experience

of compulsory laws. The Dr. Schreiber says, in his 'Gründe gegen die Allgem. Kuhpockenimpfung:' 'In the division of Schiffner in the hospital at Vienna, I have observed, upon the same individual, the vaccine eruption and the small-pox pustules.' He adds a detailed description of some cases.

"Five cases at Oebisfelde, being vaccinated the 19th June, took at the same time the vaccine and small-pox disease.—Hufeland, Journal der Pract. Heilkunde.

"At Marseilles, in 1828, a vaccinated child was seized with confluent small-pox, and lost an eye.—Robert, Blattern Varioloiden Kuhpocken.

"In September, 1828, three children who had been vaccinated died of the small-pox, and in June nine persons vaccinated took small-pox and died.—Robert, Tabell. Uebersicht.

"In July, on the corpses of three individuals were seen vaccine and small-pox pustules.

"Schoenlein says ('Vortellungen über Allg. und spec. Path. und Therapie'),—'By the side of one another the small-pox and vaccine pustules are seen, each modifying the other.'

"At Marseilles, in 1848, 40,000 persons took small-pox, of which number 30,000 had been vaccinated.—Rapport fait à l'Académie de Médecine au nom de la Commission de Vaccine pendant l'Année 1828.

"At Salon, in an epidemic, the small-pox attacked 200 persons vaccinated.—Robert, Blattern, &c.

"At Dingen, in 1827, 664 persons fell ill of small-pox, of whom 478 were vaccinated.—Même Rapport.

"In the Hospital of St. James's, at Leipzig, were remarked in 1832, 66 cases of small-pox, in which upon 12 the distinct marks, and upon 29 the indistinct marks of vaccination, were visible.

"According to Clarus, 500 persons were attacked at Leipzig, of whom more than 200 were vaccinated.—Wochentliche Beiträge zur med. und chyrur. Klinik von Radius und Clarus.

"Dr. Schreiber, at Eschwege, treated in the same year 40 cases, the greater part of whom were vaccinated.

"In Scotland, in 1818, Thompson observed 484 cases, all vaccinated.—Opinions des Méd. d'Edimbourg sur la Petite Vérole et la Vaccine.

"According to Gregory's communication in Froriep's 'Notizen für Natur und Heilkunde,' the vaccination neither softens the violence of the first attack of fever, nor diminishes its period; but often makes it more serious, and the vaccination seems to make the eruption more marked.

"Schreiber and others affirm that if the poison be carried about the system, especially to the brain, it becomes mortal.—Gründe gegen die Allg. &c.

"At Vienna, in Austria, in 1831, Clarus says, 195 persons died, and 74 out of 500 individuals at Leipzig.—Clarus und Radius Wochentliche, &c.

"In the epidemy at Copenhagen, five out of each 46 vaccinated

died, so that, according to Schreiber, the mortality remained much the same after as before vaccination.—Funke, die ursprüngliche Vaccine.

“Numberless observations of eminent physicians prove the fact of small-pox occurring after vaccination the most perfect. Villant alone has collected 60 examples; Michaelis, Rauch, Dahlenkamp, Schreiber, Henké, Julius, Guntz, and others attest the same, as may be seen in Hufeland’s Journ. der Pract., &c.; Kleinert’s Report, 1833; Juli, p. 131; Archiv. für med. Erfahrungen, 1832, Sept., Oct.; Gründe gegen die allg. Kuhpockenimpfung; Henké’s Zeitschrift für Staatsarzneikunde, 1832–33; Froriep’s Notizen, bd. vi. p. 149; also, 1833, p. 12, April.

“Already Prussia and Wirtemberg are commencing repeated vaccination, and Heim, Wagner, Funk, Moehl, Rublack, and others, trying to push the same after every ten or fifteen years, although small-pox has been observed, even a FEW DAYS after this process.

“And after re-vaccination, also, Albers, Henké, Edelmann, Locker, Clarus, and others, have still found small-pox, although so comparatively few cases have been tried. I might quote numerous others; but, feeling enough has been said, I will only add the names of Reil, Pearson, Sedfearn, Ballhorn, Val-Müller, Stromeyer, Hufeland, Jarandt, Jörg, and Michaelis, who will abundantly attest numerous cases of violent inflammations, ulcerations, fevers, &c., more or less severe, after this operation, as well as paralysis, furuncle, nervous degeneration, erysipelas, and, in fact, diseases of the most loathsome and frightful character.”

APPENDIX F.

Another recent French pamphlet, entitled, “*La Vaccination est non seulement inutile, mais dangereuse,*” is a translation by Dr. Zimpfel of a German pamphlet by Dr. Lutze, with a preface by the translator. Here are translations of a few extracts. Dr. Zimpfel says:—

“Every practical physician whose conscientious efforts are directed, not to treat the maladies of his neighbours superficially, but to cure them radically (which can only be done by discovering the cause of the evil, as far as the fundamental laws of nature permit), is forced to confess that, notwithstanding the immense progress of medical science in every country, the general infirmities increase more and more, in a dreadful manner, amongst all civilised people.”—*Preface.*

Dr. Zimpfel attributes this deterioration of the human race principally to the practice of vaccination, and ranges himself without reserve on the side of Dr. Lutze, who says:—

“ Fifty years have passed since Edward Jenner employed cow-pox as an *anti-variolique*, and Woodville, Pearson, Odier, Decarro, and others taught, with unrelaxing zeal, to spread the discovery. Beneath our eyes there is a rich harvest of observations and experiences—rich, abundant, and for a long time examined sufficiently to permit the examiner to form a decisive judgment on a preservative which during all that time has been regarded as one of the conquests of science, so salutary, that unhappily the voices of clear-sighted observers were lost in the general jubilation. But science does not stop; she follows with serenity, but without rest, the path marked out by knowledge, and enlightens us at every step by progressive discoveries on the defects of hitherto vaunted acquisitions.”—(p. 7.)

“ Although inoculation with small-pox partly produced the desired effect, by diminishing the violence of the malady, the evil attending it was not less weighty, that is, the tendency of the persons inoculated to spread small-pox by contagion made itself not a little felt, so that, according to the tables of Pringle and Lettsom, there died of small-pox in London, during the 42 years subsequent to the introduction of inoculation, 24,549 children more than in the previous 42 years. Well, the magistrate of the city of Dijon ended by forbidding inoculation, under a penalty of 300 livres. At the same time a degeneration of the virus, and a transmission of other maladies, clearly showed that inoculation was as dangerous as useless.

“ In 1775, Dr. Edward Jenner was struck with the experience of some peasants, that is, of persons who, having milked with wounded hands cows affected with cow-pox, were infected with this malady, but, on the other hand, were not afflicted with cow-pox. He succeeded, with indefatigable zeal, in spreading this discovery far and wide, notwithstanding the repulsive idea to inoculate with the humour of a diseased brute. The seeming success raised a hope of the complete extirpation of small-pox, so that at length, in some States, the law enforcing vaccination was passed, certainly in opposition to reason, by infringing the inviolability of the person and constitutional principles. Likewise, vaccination encountered, from the first, the most conflicting opinions.”—(p. 8.)

“ Dr. Schreiber says in his work, *Gründe gegen die Allgem. Kuhpockenimpfung*. Eschwege, 1834, p. 15:—‘ In the ward of Schiffner, in the hospital at Vienna, I observed on the one individual cow-pox and small-pox; both appeared concurrently without being imparted by wilful contagion. The two exanthemata reciprocally modified each other in their course. I experienced a second case of this kind in 1833, in an infant, aged one year, who came to be vaccinated. At first, pustules formed in the incisions; a little later,

small-pox supervened, covering all the body with small red spots. The pustules of the incisions progressed as usual, attaining their height on the eighth day, and then drying. The small-pox took eleven days before arriving at perfection, after which it dried. Five children at Oebisfelde, having been vaccinated on the 19th of June, 1801, took at once cow-pox and small-pox. Similar experiences occurred during the epidemic which prevailed at Marseilles in 1828. A vaccinated child lost an eye from confluent small-pox. In September in the same year, three children who were vaccinated died of small-pox; also in June, nine persons having the same disease had been vaccinated. In July, there were visible on three corpses the pustules of cow-pox besides those of small-pox."—(p. 9.)

"As to the diminution of the virulence of the malady, it is observed that all epidemics gradually diminish in violence as they reappear at intervals, as the example of cholera shows. Considering also the influence of a heightened culture, and the redoubled and more extended care of physicians, we shall not at all find the results of vaccination satisfactory, as we shall see by and by. Although it is asserted that vaccinated persons seldom have small-pox, experience, based on conscientious observations, sufficiently shows the contrary."—(p. 10.)

"According to a letter of Swift, small-pox broke out in September, 1831, at the Port of Mahon, in the American frigate, the *Constellation*; 59 of the crew were seized with it, of whom 54 had been vaccinated. At Marseilles, in 1828, 40,000 persons took small-pox, of whom 30,000 had been vaccinated; 2000 had also had the same disease. At Salon, a variolous epidemic prevailed, which attacked 200 vaccinated persons. At Digne, in 1827, 664 persons fell ill of small-pox, of whom 478 had been vaccinated. In the hospital of St. Jacob, at Leipsic, they observed, in 1832, 66 persons ill of small-pox, of whom 12 bore the distinct marks of vaccination; on 29 the marks were imperfect. According to Clarus, 500 persons were attacked by natural small-pox at Leipsic, of whom more than 200 had been vaccinated, and Dr. Schreiber, of Eschwege, treated in the same year 40, of whom the greater part had been vaccinated. During the epidemy which raged in Scotland in 1818, Thompson observed 484 individuals on whom small-pox manifested itself, although they had been vaccinated. As, according to these examples (of which we could cite many more), the anti-variolous virtue of vaccination is very doubtful, so the pretext has been refuted that small-pox is less violent after vaccination."—(p. 11.)

"The mortality also appears greater in the variolous epidemics observed of late. At Vienna (in Austria), 195 persons died in 1831. According to the reports of Clarus, 74 persons out of 500 died at Leipsic in 1832. During the epidemy at Copenhagen, 5 persons died of 46 vaccinated, so that, according to the estimate of Dr. Schreiber, given in his book, mentioned repeatedly, (p. 37,) the mortality has remained at very nearly the same point since the employment of vaccination."—(p. 12.)

"Those who believe in the infallibility of vaccination pretend also

that the exanthem which follows it, and answers to that of the natural small-pox, is essentially different therefrom. Attributing to vaccination a palliative influence on small-pox, they name that form of small-pox which they say is modified by vaccination, 'varioloid.' In return, a number of physicians believe that they have demonstrated the identity of varioloid with small-pox. Neuberg, Sauter, and Robert, *observed cases of varioloid which had not been preceded by vaccination.* According to Albert, *the exanthem named varioloid has been noticed before vaccination.* This has been reported by Pittschaff, Schneider, Naumann, James, Franke, Vogel, Morton, and Van Swieten. Schoenlein also says: 'The epidemics in Italy and Holland, in 1547, were in the category of varioloids. The numerous cases in which varioloids spring from the infection of small-pox, likewise in which small-pox shows itself by the infection of varioloid, manifest again very clearly the identity between these two maladies. It often happens that it is not possible to distinguish the varioloids, which follow vaccination, from small-pox, the which has been frequently observed by Radius, during the epidemic of 1832-3, at Leipsic. Dubois, Dugos, and many others, make the same observation.

"The frequent appearance of small-pox, likewise of varioloid, after vaccination, causes the presumption that the prophylactic virtue is limited to a certain space of time. Heim, Wagnes, Funk, Moehl, Rublack, and others, pronounce for re-vaccination after 10—15 years, although they remark varioloid and small-pox some weeks, and even some days, after vaccination. Schreiber, p. 16 of his book, quoted repeatedly, mentions nine children who, vaccinated on the 20th July, took small-pox in August, September, and October; Neabes, Robert, Gregory, Plarus, and Radius mention similar cases. 'As there is not the lapse of a day, a week, a month, a year,' says Schreiber, A.D.O., 'that small-pox does not appear after vaccination, what period then should be fixed on for re-vaccination?' But even re-vaccination has shown its insufficiency. Without insisting that it often only half succeeds—of 80 re-vaccinations performed by Robert, there were but two that perfectly succeeded—it should be mentioned that varioloids and small-pox have been seen to appear after successful re-vaccinations, as Albers, Edelmann, Locher, Clarus, and others attest."—(pp. 12, 13.)

"If, by these communications, we are satisfied that there is sufficient proof of the inutility and absolute uncertainty of vaccination, another question arises, namely, as regards the danger of the proceeding. Without regarding particular and local accidents, violent inflammations, ulcerations of the skin, ulcers, fever more or less ardent, after vaccination, Reil alleges that malignant cow-pox is accompanied by violent inflammations, fevers more or less violent, and ulcers difficult to cure."—(p. 13.)

"It should be mentioned, at the same time, that exanthematic cow-pox displays, in its diverse modifications, scurf, corroding scabs, erysipelalous inflammations, &c., noticed by Pearson, Sedfearn, Balhorn, Val. Müller, and Stromeyer. Hufeland, Reil, Jarandt, and

others, make similar mention of this exanthem, and Jörg communicates several cases where it degenerates into furuncle, ending in death. Michaelis gives several cases of scurf and corroding scab. Schreiber gives many cases of metastases from this exanthem;—inflammations of the eyes, affections of the glands and bones, of which even Schoenlein makes mention as the consequence of vaccination.

“That during dentition vaccination carries off many children is a fact proved beyond the least doubt, although they attempt to place it to the account of the teeth. The Court physician, Rublack, at Dresden, although a zealous partisan of vaccination, warns respecting this period. This important act, says he, should be allowed to pass tranquilly, unless variolous epidemics should cause every other consideration to be disregarded. *At this time it is greatly to be feared, lest, exacting too much activity from the system of lymphatic vessels by means of vaccination, and the disturbing consequences thereof, a vicious weakness be engendered of which scrofulous diseases are somewhat later the injurious consequences.* Also Schoenlein, as well as Aken, pronounce similarly, and, nevertheless, so many children are vaccinated at that period!

“Moreover, every year we have distinctly recognised that the vaccine lymph not only is the principle of contagion of simple cow-pox, but that it propagates darts, scab, scrofula, s—s. Reil has had the same experience—‘*The true cow-pox,*’ says he, ‘*can never be transmitted to children who have bad blood, or who suffer from sporadic or herpetic eruptions, producing thereby an exanthem from which proceeds a lymph impregnated with those vicious humours.* Schoenlein is likewise of opinion that by vaccination scrofula and s—s are transmitted to infants in good health.’ At any rate, the superabundance of scrofula spread everywhere is partly due to vaccination; for, according to the registries of deaths, scrofula carries off more victims than ever small-pox did. For example, at Berlin, in 1833, there were an average of 800 deaths per month, 75 being the prey of scrofula.”—(pp. 14, 15.)

From the foregoing we may infer that vaccination only protects healthy children, who do not need the protection; and that it fails to protect children who have impure blood and who need protection, while it daily adds to their number. One more extract from Dr. Lutze:—

“There are also numerous examples of the communication of s—s by vaccination. Dr. Evertzen relates a very remarkable one: ‘An infant, apparently full of health, who had not a single defect in his whole body, but whose mother had been attacked with s—s, evidently communicated this disease to six children by means of its cow-pox. These children infected their mothers, who nursed them. French doctors, especially Ferguson and Raspail, furnish abundant similar examples. Raspail alone observed 60 cases in 1845.’—(p. 15.)

“Very recently, November 10, 1853, many cases in which, through the medium of vaccination, s——s had been transmitted to children, and by them to their mothers, were tried before the tribunal at Bamberg, putting beyond doubt the gravity of the danger of vaccination. Similar cases which occurred at Cologne were communicated by the public press.”—(p. 15.)

Dr. Verdé-Lisle, another French writer, strongly condemns vaccination in his recent work entitled “*Dégénérescence physique et morale de l’Espèce Humaine déterminée par la Vaccine.*” I make a few extracts :—

“The human species degenerates: to the powerful races of past ages has succeeded a generation dwarfed, lean, fragile, bald, purblind, whose character is gloomy, imagination dry, wit poor.

“Vainly the governments of all countries pursue the work of amelioration, physical and moral, with the most praiseworthy, the most admirable, solicitude. The species is deteriorated, nature seems to have been arrested in her march, and not to have acquired due development.

“The present generation is the prey of new maladies, and a number of old ones have become much more frequent, more grave, more deadly.

“The intellectual faculties have suffered the consequences of this disorganisation.

“The efforts of government are useless; progress is paralysed; there is a radical evil which no one sees, which no one desires to see.

“Let us then trace the origin: the sole cause of multiplied *disasters is vaccination.*

“The mode of action of vaccinating, which its propagators have exhibited in a manner the most capricious and varied, but of which they have always been ignorant, we expose it proof in hand.

“Those consequences which the introducers of vaccination could not foresee, on which their followers persist in shutting their eyes; we lay them bare in their desolating multiplicity.

“To discover the origin of evil is to show at once the only means to arrest its progress in the present—to preserve the generations to come.

“In short we trust to give the final stroke to an imprudent invention, which now throughout three generations has weighed in a manner the most cruel on the human species.

“This doctrine is strange, and above all it is difficult to cause its acceptance amidst the pretensions of the nineteenth century, to counsel science to retrace its steps sixty years.

“Doubtless the vaccinators will resist; they have on their side sixty years of practice (tragical it is true, but official), and the stupid admiration of the schools; they have, amongst our brethren, routine—in families, custom.

“ We shall have on our side men of intellect, learned physicians, eager for knowledge, who read and study without prejudice; we shall have every man who reflects.

“ This book is addressed to schools, to physicians, and also to men of the world.

“ For there is a certain number of men of science, some ignorant, others sometimes greatly enlightened, whose logic, instinctively obstinate and methodically contradictory, resists, on principle, every new assertion, every idea opposed to received notions. This class, always too numerous, seizes public confidence, relies on the duration of errors, if not to propagate them, at least to maintain them, in spite of the progress of reason. They claim, but in an imposing, vain, and often perfidious manner, the merit of having well matured their decision: they oppose a barrier to new researches, which public conscience has often much trouble in overcoming. . . .

“ The fact of degeneration is evident. . . .

“ In truth, what can be more extraordinary? Every day the general conditions of existence improve. The government of every country, especially of France, shrink from no sacrifice where hygienic amelioration is at stake, and yet the race degenerates.”—*Preface.*

I had hoped to be able to add further extracts from Dr. Verdé Lisle, and also from the able works of Drs. Schreiber, Heim, Nicolai, and Nittinger, but can only find room for the titles of those works:—

“ Erforschung der Alleinigen Ursach des immer häufigern Erscheinens der Menschenblattern bei Geimpften, &c. Von Dr. A. H. Nicolai, &c., Berlin, 1833. (Inquiry into the sole Cause of the ever more frequent Appearance of Small-pox in the Vaccinated, &c. By Dr. A. H. Nicolai, &c., Berlin, 1833.)”

“ Gründe gegen die Allgemeine Kuhpockenimpfung. Von Dr. Karl Schreiber, Eschwege, 1834. (Reasons against Universal Vaccination. By Dr. Karl Schreiber, Eschwege, 1834.)”

“ Resultate der Revaccination, &c. Von Prof. Heim, Ludwigsburg, 1836. (Results of Revaccination, &c. By Prof. Heim, Ludwigsberg, 1836.)”

“ Ueber die 50jährige Impfvergiftung des Württembergischen Volkes. Von Dr. Nittinger, &c., Stuttgart. (On the 50 Years' Poisoning by Cow-pox of the People of Wurtemberg. By Dr. Nittinger, &c., Stuttgart.)”

“ Die Impfvergiftung. Von C. G. G. Nittinger, M.D., &c., Stuttgart. (The Poisoning by Cow-pox. By C. G. G. Nittinger, M.D., &c., Stuttgart, 1852.)”

“ Die Impfung ein Missbranch, &c. Von C. G. G. Nittinger, M.D., Stuttgart, 1853. (Vaccination an Abuse, &c. By C. G. G. Nittinger, M.D., Stuttgart, 1853.)”

APPENDIX G.

It is doubtful if there ever was a society so incompetent to deal with statistics as the Epidemiological Society. It is manifest that they are totally ignorant that the figures upon which they rely as proving the efficacy of their nostrum show clearly that there was a *gradual decrease in the ravages of small-pox for some years prior to the general adoption of vaccination*, and that since vaccination there has been an increase in the ravages of small-pox, and that those ravages are greatest in countries where small-pox is most rigidly enforced.

Further, how absurd are many of the statements which this *learned* society advance as furnishing proof of the value of vaccination! Take an example or two:—

“In the year 1849 small-pox invaded the village of Road, a wretched place, ill-vaccinated; it attacked 48 out of 800 inhabitants. Four villages, all within two miles of it, with populations of 1200, 230, 190, and 170, respectively, and all in constant communication with it, but *where the poor are in better circumstances*, and all vaccinated, entirely escaped.”

“In better circumstances!” what a pregnant sentence! suggesting ideas of better food, clothing, houses, cleaner habits, and better health. Again:—

“Mr. Pollock, of Kensington, some years ago saw small-pox introduced into a village in Northamptonshire by a disorderly woman who brought it from Northampton. She died. All the inmates of the house were immediately vaccinated, not having been so before. *Two were attacked with small-pox, while the vaccine vesicle was going through its course apparently well; both recovered.* The whole parish was vaccinated, and the disease spread no further. *There had been no small-pox in that village for 30 years previously, and scarcely any vaccination; many of the elderly people had neither had small-pox nor been vaccinated.*”

Surely there can be nothing strange in the death by small-pox of a “disorderly woman”—that is, a woman of habits injurious to health—although it may be

strange that two persons should recover from the combined virulence of small-pox and cow-pox. But how could vaccination be said to have protected the other inmates of the house when it had not been employed until after they had been exposed to the contagion of small-pox and had escaped? And what protected the inhabitants of the village for 30 years? Once more:—

“ In most of the large towns of Scotland, the pauper and labouring population live in what may be termed barrack-houses ; these consist of large blocks of buildings, of four, five, six, or seven floors, which, for economy’s sake, have very commonly but one staircase common to two blocks. Most of that class have but one room per family, or at most two rooms ; so that it is not an uncommon circumstance for from 15 to 50 families to enter by the same common staircase. When an epidemic breaks out in such a block of buildings, it rarely fails to attack all predisposed to it ; and owing to this cause, even during the past year (1852) we heard of one instance in which no fewer than four deaths from small-pox occurred in one block of houses entering from the common staircase, whilst almost every individual unvaccinated took the disease. *When to this faulty construction of the houses for the poor is added, as is the case in most of the towns in Scotland, the want of ventilation, the crowding of human beings into too confined a space, the faulty supply of water to the houses of the poor, and the consequent want of cleanliness, and in especial the carelessness with regard to vaccination, we cannot wonder that this loathsome disease continues to exist and spread amongst the population.*”

What, gentlemen and doctors, do you really regard vaccination as capable of neutralising the combined evils of “ want of ventilation,” “ the crowding of human beings,” the want of “ water” and “ cleanliness ? ” Do you really believe that you can successfully combat dirt with dirt? *Risum teneatis !*

APPENDIX H.

The following will show that Mr. Newton was not alone amongst divines in his sentiments :—

“ Our text (Job ii. 6, 7), indeed, ascribes Job’s distemper to the power of the devil ; but the foregoing verse shows that power to have been

delegated to him, and limited by Almighty God, who alone being Omnipotent, the powers that be, whether natural or political, must all be derived from Him. It is true He has communicated several parts of his sovereignty to the sons of men, but still the exercise of it will ultimately be resolved into his permission. And it is as true that there are several branches of authority, which He has reserved to Himself, in displaying of which He acts upon prerogative, and without human intervention. I choose to instance the infliction of diseases, which I will attempt to prove are utterly unlawful to be inflicted by any who profess themselves Christians. Indeed, where the doctrines of salvation are not known, and a regular dependence upon Providence is postponed to the absurd belief of a fatality, there it is no wonder to see men give in to impious or unreasonable practices; but in a country where better principles are established, where God's government of the world is for the most part undisputed, and slavish implicit belief happily superseded by rational inquiries; in such a place, methinks, men cannot easily be reconciled to a practice which abuses their understanding, as well as insults their religion, and, if the received notions of God's providence be just, has its foundation in ignorance, and must be maintained (if at all) by presumption. The Holy Scriptures give us frequent instances of God's giving power unto men to heal diseases, and, by his blessing, a power is still continued; but that one was ever granted to inflict diseases will, I think, hardly appear; unless in the case of Moses with the Egyptians, and Elisha with his servant Gehazi. But both these cases were miraculous, and of God's own immediate appointment, to vindicate the honour of his servants the prophets, and for the punishment of sacrilege and idolatry, and cannot be drawn into precedent by any not invested with the same character and authority. Men may, and have, invented racks and tortures for each other, but no man, let his crimes be what they will, was ever yet condemned to an immediate sickness, or sentenced to lie languishing in a fever, for want of a sufficient authority, which nobody but a present set of adventurous practitioners have of late pretended to assume. It will easily be granted, therefore, that such a procedure, for want of a competent authority, is unlawful: that if diseases, as before mentioned, are sent unto us for the trial of our faith, or the punishment of our sins, He alone to whom our faith must approve itself, and our sins are manifest, has properly the power of inflicting them. Remembering, then, our text, I shall not scruple to call that a diabolical operation which usurps an authority founded neither in the laws of nature or religion, which tends in this case to anticipate and banish providence out of the world, and promotes the increase of vice and immorality. That a modern practice has a direct tendency to all this, I offer the following considerations to evince. A natural or physical power does not always infer a moral one: that is to say, a man cannot lawfully do everything that is in his power to do. Thus we abstain from acts of injustice and oppression, although they may be gainful to ourselves, out of regard to morals, notwithstanding they lie within the compass of our abilities. Thus the Apostle

adviseth us, 'Not to let our good be evil spoken of : ' that is, not to do any unwarrantable action for the sake of any subsequent benefit, because the end, however good intentionally, can never justify in law, nor sanctify in religion, the use of means that are bad to come at it. But, on the contrary, the use of bad means designedly corrupts the morality of the intended good ; for, to make an action good, it is necessary that all its parts be lawful, innocent, and good also ; whereas the depravity of any one is sufficient to denominate that whole action evil. Now the Apostle forbids us to do evil, though good should come of it, upon pain of damnation, which absolutely prohibits all unjustifiable arts and practices, be the event ever so beneficial and desirable ; so that, although we have a power to give a man a disease, that is, though we know the way how it may be done, since a bare power or knowledge does not infer the morality of so doing, till that is ascertained, we ought to forbear all experiments of that sort ; for even uncertainty and doubting, in moral or religious cases, lays a positive, or, at least, a prudent restraint upon practice, because, as the Apostle says, ' Whatsoever is not of faith, is sin.' The patient of our text, at the verse but one following, refuses to procure a good to himself at the price of a sin. Had he followed the advice there given him, it might, perhaps, have eased him of his present pain, and freed him from future apprehensions, but still the remedy would have been worse than the disease, and what the foolish prescriber would have given for good physic the unhappy patient would have found miserable divinity.

"The good of mankind, the seeking whereof is one of the fundamental laws of nature, is, I know, pleaded in defence of the practice I contend against. But I must profess myself at a loss to find or understand how that has been, or can be, promoted hereby : for if by good be meant the preservation of life, it is, in the first place, a question whether life be good, or not ; but if it be, the preservation of it will be found as little beholden to this practice as any other invention whatsoever. The confessed miscarriages in this new method are more than have happened in the ordinary way ; and if this be our case now, how much worse must it needs prove if God, for our presumption and contemptuous distrust of his good providence, should suffer this delusion to gain ground, and these physicians of no value, these forgers of lies (as Job expresses it), to obtain and grow into credit among us. Such, I fear, they may be accounted who so confidently tell us what is impossible for them to know ; namely, that they who undergo their experiment are for ever thereby secured from any future danger and infection. This is a bold assertion, indeed, and if such experiment were lawful, and consistent with the rules of Christian practice, I could wish to God it were true also. But if neither of these be the case, if the two requisites, prevention and lawfulness, be wanting, I believe I may venture to affirm that the most learned and judicious among the professors of physic will never give in to so destructive a scheme. And I hope the time is coming when these venefici, these spreaders of infection, will be distinguished from those of the faculty, who deserve honour, and not permitted to

mingle with them, as the devil among the sons of God, lest, like the disease-giving practitioner, the harlot whom Solomon describes, they entice us till a dart strike through our liver, and we haste to their snare, not knowing that it is for our life. Besides, I cannot apprehend how it conduces to the preservation of mankind to force a dangerous distemper upon them, which possibly may never happen unto them, and, if it should, may probably be attended with very little, if any, inconvenience, and, as before has been hinted, is no security against future contagion.

“ This is unequally to stake a substance against a shadow, to make men run into a real danger lest they should happen to fall into an accidental one, and contributes no more to the preservation of mankind than it would redound to the honour of a well-provided city to invite the enemy and surrender now, for fear lest some time hence they should possibly be surprised and taken. If we now, thirdly, well weigh this matter in a religious balance, it will certainly be found wanting, and deceitful upon the weights. I look upon this matter to be forbidden by the sixth commandment, as lascivious thoughts are by the seventh. For it is always to be supposed that a law which forbids a great evil forbids also everything that has a tendency thereto; for which reason, the very next chapter forbids all voluntary and causeless wounding, mutilation, &c. Because these things go often further than they are designed, even to the taking away of life; when this happens, they are to be considered as no other than a breach of the commandment; and it is but reasonable to imagine that when God forbade to take away life, He forbade also the commission of any violence whereby loss of life might probably ensue. Though the homicide be casual, yet if the cause of it be criminal, surely it will be no excuse for it; for it is observed, that although the effect which follows (if mortal) is beside the intention, yet the cause of it being not so, is sufficient to make a man guilty before God; men being justly chargeable with those effects which are the natural results of those inordinate actions from whence they proceed. It is written, ‘Thou shalt not tempt the Lord thy God;’ this was our Saviour’s answer to the devil, when he would have persuaded Him to the commission of a presumptuous action. ‘There are angels,’ says the tempter, ‘to take care of you, so that you cannot possibly come to any harm; then make the experiment, and cast thyself down.’ Now there is no great difference between this of the devil and the temptation which lies before us; both intimate the safety of the practice, and both pretend the blessing of God; our Lord’s reproof, then, will serve them both. ‘No,’ says he, ‘we must not presume upon God’s protection, to expose ourselves to any unnecessary danger or difficulty.’ If trials overtake us, he to whom we pray not to lead us into temptation will make a way for us to escape, that we may be able to bear them; but if we overtake them, if we seek for a disease, and so lead ourselves into temptation, we can have no rational dependence upon God’s blessing; it is with difficulty we can sanctify our afflictions in the course of Providence, in the way of our duty, and it is odds but we miscarry under them

when we bring them upon ourselves. If God's blessing be withdrawn, it must unavoidably be so; and such circumstances wherein we have no reason to expect his blessing are, I think, by no means to be run into. There is also a tempting of the Lord our God, when men rely too much upon themselves, and put their trust in one another, without calling upon God for his assistance, or praying to Him to guide and direct them. Under these two temptations the practice I condemn is fairly to be ranked; in the former, we throw ourselves off the pinnacle; in the latter, we lean upon a broken reed, which will go into our hand and pierce it. And it is but just in Almighty God, when we presume too far, to punish our rashness; when we misplace our confidence, to visit us for our idolatry. . . .

“And now, upon the whole, what is all this discourse but a persuasive to depend upon the good pleasure of an all-wise God rather than throw ourselves into the presumptuous hands of foolish and unskilful men; and with David to say, ‘Let us now fall into the hand of the Lord, for his mercies are great, and let us not fall into the hand of man.’ If we believe that He who made the world does still guide and govern it, and sees and knows every action of our lives; if we believe the Apostle, who says, God careth for us; or our blessed Saviour, who assures us that the very hairs of our heads are all numbered; that is, the most minute circumstances of life happen not unto us without God's permission or appointment;—if we believe this, the sense of living under such a kind and watchful government should give us a suitable awe of it, a reverential regard for it, and a firm and steady dependence upon it. Let me ask the Apostle's question—Do we provoke the Lord to jealousy, or are we stronger than He? Shall we presume to rival Him in any instance of Providence, find fault with his administration, take the work out of his hands, and manage for ourselves? A dangerous experiment this, and not to be made with impunity, unless, as we thus pretend to be wiser, we prove ourselves mightier than He. But let us not be deceived with vain expectations; He who perfectly knows our frame, knows what is fittest for us to endure; He who knows our virtues, knows the properest time to try them; and He who knows our sin, knows also the best manner how to punish us for it. Nothing becomes us like submission, which, if it be voluntary, will be graciously accepted and rewarded as a virtue; if involuntary, it will become our sin, and even at last we must submit. Let the atheist then, and the scoffer, the heathen and unbeliever, disclaim a dependence upon Providence, dispute the wisdom of God's government, and deny obedience to his laws; let them inoculate [vaccinate] and be inoculated [vaccinated] whose hope is only in and for this life. But let us, who are better instructed, look higher for security, and seek principally there for succour where we acknowledge omnipotence; let us not sinfully endeavour to alter the course of nature by any presumptuous interposition; let us bless God for the afflictions which He sends upon us, and the chastisements wherewith He intends to try or amend us, beseeching Him to grant us patience under them, and in his good time a happy deliverance from them. Let us remember

that with Him alone are the issues of life and death, health and sickness. Let the ignorant and the transgressor place their confidence elsewhere, but let us evermore believe, and practise as if we believed, that the salvation of the righteous cometh of the Lord, who is also their strength in the time of trouble; that the Lord shall stand by them and save them, that He shall deliver them out of the hand of the ungodly (and unskilful), and shall save them, because they put their trust in Him."—*A Sermon preached at St. Andrew's, Holborn, July 8th, 1722, by Edmund Massey, M.A.*

APPENDIX I.

An example of the mode in which medical conferences are conducted will not be out of place.

"Yesterday Professor Syme spoke at the conference no less than *fourteen times*, and each time his harangue contained its customary amount of egotism and dogmatism.

"If the manner in which the business was conducted yesterday be a fair specimen of the way in which medical men manage reform matters, no wonder we are so long without reform. Every two were at issue as to the objects of the meeting, and proposed all kinds of illegal and informal resolutions; most of the speakers flatly contradicted themselves, and each other; many spoke at least a dozen times, and often five or six were speaking at once. Sir C. Hastings proposed that the conference should nominate a committee; the resolution was *carried*, but no committee *was nominated*. The greatest incoherence and confusion prevailed, when Sir John Forbes, who might have known better, proposed that the meeting should adjourn till nine o'clock, in order that the gentlemen assembled might *have their dinners*. It struck me most forcibly that they *had already dined*.

"Dr. Paris attempted to read letters he had received; he could not make out the writing, and no one could understand his interpretation of them. Would it not be as well, in order to avoid the waste of valuable time, to have 'a *reader*' possessed of a clear vision, and with an articulate tongue, on the next occasion of a conference? and ought not the members of it to be admonished not to intrust the papers on which the discussion is to take place to the care of a clerk who is not to be found when the papers are wanted and the gentlemen are assembled? Half an hour was lost in this manner yesterday.

"After three hours' sitting, and a great deal of talking and wrangling, when it seemed utterly impossible that any definite un-

derstanding could be come to, and when the speakers did not seem very well to know what they were talking about, or for what purpose they were assembled, Dr. Paris abruptly adjourned the meeting *sine die*, and in this manner ended the great 'conference' of 1854."—*Lancet*, April 29, 1854.

APPENDIX J.

The 26th clause of Mr. Cowper's silly and atrocious Bill proposes to give arbitrary powers to the Board of Health "to issue special regulations and directions with respect to the steps to be taken for preventing the spread of the disease (small-pox) *by re-vaccination or OTHERWISE!*" Here is a modest demand, and a nice little job contemplated by a Board which pockets some eleven thousand a-year of the public money for doing nothing, and proffers to do a great deal of mischief by way of showing its activity.

I may add that the annual cost to the country of the working of the abortive Vaccination Act of 1853 is estimated by an advocate of compulsory vaccination at 80,000*l.*; a writer in the *Darlington Times* estimates it at 100,000*l.* What would the proposed new Act cost?

APPENDIX K.

I have received many additional letters to the same purport. The following extracts will suffice:—

"Since small-pox appeared in the city (Cork) there has been a good deal of agitation with the view of pressing the people to get their children vaccinated. The *medical priesthood* appear most eager to give their lancets employment, although it appears from our fever

hospital report for the past year, that out of *sixty* small-pox patients, no less than thirty-six had been previously vaccinated." (14th March, 1856.)

" Westcott, near Dorking,
" March 15, 1856.

" SIR,—Having heard of your worthy exertions to remove the prejudice which generally prevails in favour of vaccination, as a preventive or mitigator of small-pox, I feel it a duty to give you a few facts in confirmation of your opinion that vaccination is not the good which some people think it to be.

" I was vaccinated *directly from the cow* by a 'duly-qualified medical practitioner,' who considered that I had the cow-pox so fine, and thought me so safe, that he said of me to my mother, ' If ever he catches the small-pox I will be hung.'

" The doctor's assertion as to my safety has proved utterly false, for in the year 1849 I caught the small-pox, and had it so dreadfully bad that two of my medical attendants declared my case to be the worst they had ever known. For some time my life was despaired of; I, however, rallied after great suffering, with considerable injury to my right eye, and much pitted and scarred.

" I had one brother and five sisters, one of the latter of whom was also vaccinated. She, too, caught the small-pox about five years ago, and had it very bad indeed. My unvaccinated sisters have been exposed to the infection of small-pox, but have never caught it, nor has my brother, although *unprotected* by vaccination. When a play-mate of his was once suffering from that disease, my father, being desirous that my brother should have small-pox, sent him to play with his companion for some hours on several successive days, but my brother never took the infection, nor has he had small-pox to this day.

" You are welcome to make what use you please of this letter, the statements of which I am ready to attest before any of the authorities of the realm.

" Wishing you much success in your attempts to undeceive the public on this important question,

" I beg to subscribe myself,

" Yours most respectfully,

" GEORGE BOXALL."

" John Gibbs, Esq."

" Dorking, March 18, 1856.

" SIR,—It has given me pleasure to hear of your endeavours to expose the fallacy of vaccination as a preventive of small-pox. An experience of twenty-eight years in the treatment of that disease has proved that, in hundreds of cases which have come under my notice, vaccination has neither prevented, nor mitigated, the virulence of small-pox. In too many instances I have known it to be the cause of blindness and scrofula, of scurvy, and other loathsome skin diseases. For these reasons, and for the sake of personal liberty, I most strongly object to compulsory vaccination. During the years

stated, I have treated more than 3000 cases of small-pox (1000 inoculated, and the remainder from infection) by a remedy as simple as it has proved uniformly efficacious, and might be universally applicable; but one death from small-pox has occurred under my care, that of a child who had whooping cough at the same time. Were my remedy generally adopted, small-pox would be robbed of its terrors, and of its fatality. It was submitted to the notice of Government through the late W. J. Denison, Esq., who was well acquainted with its success, in 1848, and again in June last, but treated with neglect. I now intend to publish it for the general good, through a petition to the House of Commons, with a hope that it may prove a universal blessing; this to me would be the reward I have hitherto had in relieving suffering,—‘the luxury of doing good.’

“Wishing you much success in your attempts to promote the truth on this important subject,

“I am, Sir,

“Yours very respectfully,

“THOMAS ROSE.”

“John Gibbs, Esq.”

APPENDIX L.

An intelligent working man indignantly exclaimed to me,—

“Why, sir, they might as well brand us!”

APPENDIX M.

The Royal Jennerian and London Vaccine Institution.

“A meeting in connection with this institution was held on the 24th of January, 1854, at the Freemason’s Tavern, W. H. Ashurst, Esq., in the chair. The chairman introduced the subjects to be

brought forward, by remarking that in all matters connected with human progress every man had a right to that amount of liberty which was consistent with the enjoyment of the same amount by others, and no legislation had a right to interfere to limit that freedom. It would appear from the report that a limitation had been attempted in the Vaccine Act of last session, and it must be inferred, as all such limitations were injurious, that this attempted limitation would also be. The longer man lived, and the more he observed, added the chairman, the more it was found that the agency of conviction was the great agency by which all mighty movements, permanently beneficial, must be brought about. After the usual routine business was gone through, Dr. Epps read the following Report. During the last year, legislation has been trying to effect what individual conviction alone has the power of legitimately realising. Vaccination is a good. A majority agree that this is a fact. Like everything that is good, its goodness, if left to work by its own agency, appealing as it does to man in the necessities connected with his bodily conditions, will effect its own diffusion. The misfortune, however, is, that no sooner does a good present itself, and by its goodness gain itself a place in public estimation, than legislators interfere, and determine to give to goodness a legal status. These unwisely active men practically declare, we will add to the omniscience of Heaven—embodied in the making the good a good, and in its goodness all potent—the omnipotence of Parliament. The Board of Managers of the Royal Jennerian and London Vaccine Institution have the belief that a sanction derivable from a good—the good itself being a manifestation of the benevolent will of the Creator, that sanction being strengthened by the benefits to man, from it thus derived—needs not any parliamentary attestation. The only additional sanction is to be found in the conviction resulting from the good, which conviction, once established, is potent for all useful purposes; and the Board of Managers further believe that any legislative imprimatur on a good of Heaven's creation and appointment cannot be needed, since a conviction of benefit from the good must in time be established; and if such conviction has not as yet been established, such legislative imprimatur will tend to delay the diffusion of the good by means distinct from its own goodness—by means which, of necessity compulsory, render impure and ineffective the agency of that goodness. In the year 1841 the Board of Managers protested against the Vaccination Act then passed by the Legislature: this Act enabling parishes to enter into contracts with medical men to perform vaccination on the poor. In this protest, the venerable Dr. Labatt, the manager of the Vaccine Institution in Dublin, joined. Both protesting parties predicted the result would be that many persons vaccinated by these vaccinators would be certified as protected by vaccination when they really were not so: and would thus, if exposed to small-pox, become, by the carelessness resulting from the belief of their safety, easy victims to the disease, and thus would do damage to the cause of vaccination, inasmuch as they would receive small-pox after vaccination, but improperly so called. It was

imagined by the advocates of the Act that it would fulfil every object connected with the diffusion of vaccination. The result not having tallied with the expectation of these zealots, who seek to make people healthy by Act of Parliament, they forthwith seek additional legislative interference, and proceed to make people take the benefit which Parliament, in its omnipotence, had provided, and they, during the last session of Parliament, hastened through the Legislature another Act, by which every child is compelled to be vaccinated. It seems strange that Lord Lyttelton, who parentaged the Vaccine Act of last session, should have acted so contrary to the teachings of his late chief Sir Robert Peel. This great statesman, when some one proposed to make vaccination compulsory, as it is made in some despotic countries, objected, remarking that such a proceeding would be so opposite to the mental habits of the British people, and the freedom of opinion in which they rightly gloried, that he could be no party to such compulsion. Who, however, can doubt that, of late years the belief in the efficacy of vaccination has been shaken? The Board believe the existence of this doubt has arisen from the circumstance that modern vaccinators have not exhibited the care, and have not pursued the directions, of Jenner, and of his successor Walker. The Vaccine Act of 1840 further added to this disrepute, as it put into the hands of individuals who did not understand perfect vaccination the act of vaccinating. It is now attempted to set aside this disrepute by compulsory legislation, instead of trusting to the re-establishment of the excellence of vaccination by re-establishing vaccine in all its perfectness. The futility of legislative interference in establishing a good is seen in the result, that such interference is generally unwise and frequently ineffective. This ignorance on the matter of vaccination on the part of legislators when presuming to legislate on the subject is highly disgraceful. This legislative ignorance has a worse character: it is tyrannical. What a lamentable state of things is exhibited here! If Lord Lyttelton brought in this Act without obtaining medical advice, how deficient in the care requisite in a legislator was he; if he had advice, how ignorant must have been his medical advisers! The Board of Managers protest against such legislation. It has been asked, Why should not Parliament interfere in reference to vaccination? Parliament interferes and makes people construct sewers and drains. It is so; and Parliament has caused by its legislation all the manure of great cities like London—manure which might fertilise the acres of England, and render those acres tenfold more productive—to roll into the river Thames, and thus, as has been rendered probable by the elaborate statements of the Registrar-General, has made the river the poisoner of those that drink its waters, the poisoning power being in exact relation to the quantity of manure poured in—the Thames water supplied from the river above Kew being less destructive than that supplied from the river at Chelsea, and that being less destructive than that supplied from the river near London Bridge. Another point of view in which the injuriousness of the Act of last session becomes apparent is this:—

the Act requires the Registrar of Births to give to the parent or guardian who brings the child to be registered as to its birth a notice to have the child vaccinated. The effect of the registry of births being identified with the vaccination notice will injure the operation of the Act of Registration of Births. Any parent who disapproves of vaccination (*and it is worthy of note that Dr. Gregory, who for nearly half a century practised vaccination, and presided as well over the Small-pox Hospital, had, before his death, great doubts respecting vaccination and its protective efficacy*) will avoid registering his child, and thus a most valuable agency will be interfered with. It may be urged, that if a parent does not have his child's birth registered, and thus escapes the reception of the notice from the Registrar of Births to have his child vaccinated, some neighbour will inform the Registrar of his neglect, and thus the law will lay hold of him. What, then, will result? The establishment of a system of espionage, and the consequent creation of an immense amount of ill-will. Such a state of things is quite unsuited to the horizon of Great Britain. It may pass in despotic countries, where the size of coffins, and the route the funeral *cortège* must travel, are laid down by bureaucratic interference, but this meddling of the executive—this spy system—is not as yet recognised in England. Supposing such a system should spread, and a parent refuses to have his child vaccinated. He is informed against; he is fined; he will not pay; his goods are seized; they are not sufficient to pay the fines (and the fines laid in the Act are cumulative): he is imprisoned. The child is deprived of his parent; the wife of her husband. What happens? A reaction in his favour is produced; the informer is hated; the law is looked upon as oppressive; a dogged resistance is created against the law; and vaccination, that has worked its way hitherto, and will work its way if properly practised, gets an injury that years will not heal."

In their Report for 1855 the members of the Institution reiterate their objections to compulsion; one extract will suffice:—

"The Board have watched with considerable interest the operation of the Vaccine Acts; and though they have tried to view them in an unbiassed point of view, their conviction, already expressed in previous reports, that legislation in reference to vaccination is an evil, has been more and more confirmed."

Dr. Epps, in addressing the meeting, spiritedly demanded—

"Are we to have another Wat Tyler insurrection, produced by the dissatisfaction created by medical spies forcing their way into family circles and baring the arms of children, determined to inspect these arms whether or not the parents be willing? Are we to be driven to the necessity of being subjected to the meddlesome interference of officials? Are our doors no longer to be shut against all but whom we choose to admit? Are we to have Austria transferred to Eng-

land? . . . The late *Sir Robert Peel thought differently*: he maintained, when application was made in Parliament to make vaccination compulsory, that such a procedure was not in accordance with the spirit of the institutions under which the people of Great Britain lived, and was in opposition to the freedom of action so characteristic of the British people."

CONCLUSION.

I now take leave of this subject in the words in which, more than two years ago, I began this discussion in the columns of the *Morning Herald*:—

"Passing by the facts that the advocates of vaccination have never proved that small-pox is necessarily a fatal disease; or that vaccination is an assured and the sole preservative against small-pox; or that vaccination is a safe operation, unattended with permanent injury to health, or loss of life; and also setting aside the facts that no statistics have been presented to us, showing the relative average mortality *from small-pox* and *from other diseases*, and the average *duration of life* amongst the vaccinated and the unvaccinated respectively;—setting aside all these facts, surely it is manifest that it would be a gross injustice, a grievous domestic tyranny, and a dangerous precedent, to force upon those who dissent from it, not ignorantly, but upon thoughtful and anxious inquiry, the adoption of any peculiar medical practice, although its advocates should be sustained and incited by a profession once as violently clamorous *against* it as they now are in demanding its enforcement."

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