Smallpox Vaccine: Origins of Vaccine Madness

Jennifer Craig, BSN, MA, Ph.D

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Somewhere in medical education the idea that smallpox was eradicated by a vaccine took hold in students' heads and has remained there ever since. Would that more accurate information endure with such persistence? Even physicians who have explored vaccination continue to believe that the injection of pus from a cowpox sore prevented smallpox. For example, Cave and Mitchell, in What Your Doctor May Not Tell You About Children's Vaccinations, on page 10, say, 'A more scientific approach was used in the late eighteenth century when Edward Jenner, who discovered that inoculating people with the animal disease cowpox made people immune to the deadly human disease smallpox. This was an interesting concept, and fortunately for Jenner it helped save lives …"[1] Did they ever ask themselves how the inoculation of pus from a diseased animal could possibly prevent, rather than create, a disease in humans? This article explores the history of smallpox vaccination

and presents evidence that vaccinating people with cowpox pus did not prevent smallpox, did not save lives and did not eradicate smallpox. Instead it caused deaths and began a pernicious multi-billion dollar vaccine industry.

Smallpox

The word 'pox' is the plural form of 'pocke' (pocke meaning sac). Smallpox leaves small indentations, pocks, all over the body but particularly over the face. The name 'smallpox", which first occurs in Holinshead's Chronicles from 1571, was given to this disease to distinguish it from syphilis, the 'great pox'.

Michael Nightingale, a practitioner of Traditional Chinese Medicine, writes: "It is a matter of pure speculation as to when the condition first appeared, but it is unlikely to have done so prior to man's establishment of large townships coupled with poor nutrition, overcrowding, lack of sanitation and inadequate hygiene. Keeping people, such as slaves and prisoners, in disgusting and sub-human conditions may have been the necessary ingredient for the establishment of the virus but there is virtually no doubt that the aforementioned adverse conditions were responsible for the epidemics of smallpox as well as for its endemic nature in certain areas until its recent demise. It was recorded in Chinese history and was certainly prevalent in the west by the sixteenth century."[2]

Smallpox was a deadly disease though not quite as deadly as one medical historian, Haggard, suggests.[3] He writes, "Queen Mary II of England died of smallpox in 1694. In the century following her death 60 million persons in Europe died of smallpox." The population of Europe was 130 million in 1762 and 175 million in 1800. The death rate from smallpox in that period was 18.5%. If 60 million deaths occurred with an 18.5% death rate then it would require 319,148,936 cases of smallpox in Europe and that would be 144,148,936 more cases of smallpox than there were people living in Europe at the close of the 18th century.[4]

Inoculation

The idea of putting pus into a cut was first introduced to the West by Lady Mary Wortley Montagu (1689 “” 1762), daughter of the Marquess of Dorchester, a leading Whig politician, and wife of the British envoy to Turkey. She and her husband spent some time there and on her return in 1718 she was agog with excitement that she could introduce to England a cure for smallpox, a disease she had suffered from when she was nineteen. She writes, “*People send to one another to know if any of their family has a mind to have the smallpox; they make parties for this purpose. When they are met, an old woman comes with a nutshell of the matter of the best sort of smallpox and asks what veins you please to have opened.* (Matter means discharge or pus.)
“*The old woman rips open the vein that you offer her with a large needle and puts into the vein as much venom as can lie upon the head of her needle and after binds up the little wound with a hollow bit of shell. In this manner she opens four or five veins.*
“They are well for eight days. Then the fever seizes them and they keep their beds two days “” seldom three. They have rarely more than twenty or thirty pustules on their face, which leave no mark, and then they are as well as before their inoculation.”[5]

Barry, Iris. *Portrait of Lady Mary Wortley Montagu*. Ernest Menn Ltd. 1928

At the time, Lady Mary’s news of the technique of putting pus into a wound, a technique known as inoculation, caused less comment than the fact that she had brought home a mummy, or that she had dined with the Sultana and been bored or had visited the beautiful Fatima, wife of the powerful Deputy to the Vizier.

Princess Caroline, daughter-in-law of George I and later queen of England, was impressed by Lady Mary’s assertions, and was determined to test inoculation. In the summer of 1721 six condemned prisoners in Newgate were allowed to volunteer for the operation, with freedom as their reward. Five of the six developed a mild attack of smallpox and the sixth, who had previously had smallpox, showed no change. Encouraged, the Princess had a group of orphans inoculated. While the criminals were pardoned as a reward for their participation, the orphans received the satisfaction of making a contribution to science and were rewarded, in some instances, with blindness, lameness and death.[6]

After grave consideration and more than a few protestations of horror, the Royal children and Lady Mary’s daughter were inoculated. Just as royalty and the famous set the fashion today so they did in the 1700s and the idea of inoculation spread among the upper classes. Then two people died: a young servant in a Lord’s household and the small son of the Earl of Sutherland.[7] The church deplored the intervention in God’s will, physicians deplored the influence of “ignorant women” and the public deplored the spread of the disease.

Inoculation was not, of course, a cure or preventative for smallpox as it usually induced an active case of the disease. Unfortunately, there are no records of how many people were inoculated, how many developed smallpox as a result, or how many did not. The trouble was that inoculated people were fully contagious during their brief illness so that they could, and did, start epidemics. Dr. Lettsom, writing in 1806, tells us that whereas smallpox deaths for 42 years before inoculation were 72 per thousand, there were 89 per thousand in the 42 years after its introduction.[8] Furthermore, conscientious physicians could see the connection between inoculation and the increased incidence of worse diseases than smallpox, such as syphilis, tuberculosis and erysipelas.

Councillor Asbury, Chairman of Sheffield’s Health Committee, wrote in 1927, “It has been calculated that from 1721 to 1758 smallpox inoculation was responsible for the deaths of no less than 22,700 persons from smallpox in London alone. It is not therefore surprising that when Jenner proposed that smallpox inoculation should be given up and cowpox inoculation substituted for it “” thus covering the retreat of the (medical) profession from an untenable position, his ideas were accepted by all whose interests were not conspicuously bound up with the older form of treatment.” [9]

Eventually an Act of Parliament was passed in 1840 forbidding the practice of inoculation, largely because, as Asbury mentions, Edward Jenner offered an alternative.

Edward Jenner

Edward Jenner was born in 1749 and died in 1823.[10] The son of a prosperous family in the Church who owned a small, landed estate, Jenner grew up in the Gloucestershire countryside where he enjoyed the study of natural history. In 1788 he was elected as a Fellow of the Royal Society, not because of his experiments with cowpox, as some writers would have us believe, but because of a paper he wrote, "The Natural History of the Cuckoo."

At 14 years old he was apprenticed to an apothecary and surgeon. Precursors of today's pharmacists were apothecaries, who themselves started as wholesale merchants and spice importers. In Jenner's time surgeons were nothing like modern surgeons. The United Company of Barber-Surgeons had been formed in 1540 and its members were legally restricted to setting bones, healing outward wounds with topical preparations, carrying out bleeding and undertaking the limited operations in this pre-anaesthetic era, such as amputations and removal of bladder stones.[11] It is in recognition of the past association with barbers that British Fellows of the Royal College of Surgeons relinquish the title of 'Doctor' for that of 'Mister'.

Jenner set up practice as a surgeon in Berkeley but despite descriptions of him as a country physician he did not earn the title of "doctor". Walter Hadwen, JP, MD, LRCP, MRCS, LSA., said during an address in 1896, of which a verbatim report exists, "Now this man Jenner had never passed a medical examination in his life. He belonged to the good old times when George III was King, when medical examinations were not compulsory. Jenner looked upon the whole thing as a superfluity " It was not until twenty years after he was in practice that he thought it advisable to get a few letters after his name. Consequently he communicated with a Scotch university and obtained the degree of Doctor of Medicine for the sum of ?15 and nothing more."[12]

Living in rural Gloucestershire, Jenner heard about the local superstition that those who contracted cowpox did not get smallpox. How the superstition arose is dealt with at length by Dr. Charles Creighton in Jenner and Vaccination: a Strange Chapter of Medical History, published in 1889 and recently republished.[13] In this book Creighton says, "The single bond connecting cowpox with smallpox was the occurrence of the word "pox" in each name; it was a case of the river in Macedon and the river in Monmouth. The jingle of the names had the effect that it often has upon credulous people, whose acquaintance with any matter is more verbal than real." Creighton also goes on to observe: "To a pathologist or epidemiologist, it is as truly nonsense to speak of cowpox becoming smallpox as it is legitimate nonsense to prove that a horse-chest¬nut is a chestnut horse. It was reserved for Edward Jenner to take up that surprising legend, and make it scientifically passable, despite the impatience and ridicule which his prosaic medical neighbours in the cowpox districts had met it with."

Cowpox is a disease that occurs on the teats of cows only when they are in milk. The causative virus is said to be orthopox vaccinia; it results in an ugly chancre; it is not infectious; it is, of course, found only in female animals. People who milked infected animals developed pustules on their hands, which in turn, led to swollen glands and general malaise.

Smallpox, on the other hand, is not limited to the female sex nor to one portion of the body. The causative virus is said to be orthopox variola; it is found only in humans; it is highly infectious.[14]

There is no correspondence between cowpox and smallpox as legitimate scientists of Jenner's day were well aware. Nevertheless, based on the superstition of dairymaids, on May 14, 1796, Jenner conducted the famous experiment that is the foundation of the practice of vaccination. If a rational person wanted to test the theory that a previous dose of cowpox prevented smallpox, he would surely have conducted a survey. But Jenner proceeded to experiment on an eight-year old boy, James Phipps by inserting cowpox pus from a dairymaid, Sarah Nelmes, into incisions in his arm.

Two months later, on July 1st, 1796, Jenner made more incisions into the arms of James Phipps but this time he smeared the cuts with smallpox pus. The boy did not contract smallpox. As no figures were kept in this era it is impossible to say whether insertion of smallpox pus under the skin inevitably produced a case of smallpox. Many people, including children, were immune to smallpox anyway having encountered it without developing a case of the disease. Furthermore, Two months later, on July 1st, 1796, Jenner made more incisions into the arms of James Phipps but this time he smeared the cuts with smallpox pus. The boy did not contract smallpox.

Creighton tells us that James Phipps, even if her were "perfectly well on the ninth day" as Jenner wrote, had ulcers on his arms which took weeks to heal. Some writers claim that James Phipps died from tuberculosis at the age of twenty-one but one source states that he recovered and lived until 1853.[15] Jenner's son, who was also vaccinated more than once, died at twenty-one from tuberculosis. Tuberculosis is a condition that some researchers have linked to the smallpox vaccine.[16] In fact, Dr. A. Wilder, Professor of Pathology and former editor of The New York Medical Times, went so far as to say, "Consumption (TB) follows in the wake of vaccination as surely as effect follows cause." [17]

Jenner continued with his experiments and in 1798 wrote about them, describing each case in detail in a text he called, An Inquiry into the Causes and Effects of the Variolae Vaccinae, a Disease Discovered in some of the Western Counties, especially Gloucestershire, and Known by the Name of Cowpox. This is an interesting title because Variolae Vaccinae means 'smallpox of the cow'. The term is never mentioned again in the text nor is there any rationale for labelling cowpox in this way but by using it in the title, readers are led to believe that cowpox is smallpox. Furthermore, one could take issue with the word, 'discovered' as cowpox had been well known for years.

Jenner presented his booklet to the Royal Society who turned it down. Thus scorned by his peers, Jenner published the book himself. If a researcher today failed peer review and then self-published, how would the work be received?

Jenner continued to experiment. Creighton summarizes these experiments including one performed on March 16, 1798. Jenner took pus from a horse with 'grease', the term for an infection of horses' hooves. He inoculated it into John Baker, age 5. Although well on the 8th day, John developed a sloughing ulcer. Jenner was never able to test whether he developed smallpox as "the boy was rendered unfit for inoculation by unhappily becoming a corpse."[18]

Jenner continued to promote the idea that cowpox prevented smallpox. "Morbid matter of various kinds, when absorbed into the system, may produce effects in some degree similar; but what renders the cowpox virus so extremely singular is that the person who has been thus affected is forever secure from the infection of the smallpox; neither exposure to the various effluvia, nor the insertion of the matter into the skin, producing the distemper."[19] Jenner is not using the word "virus" to mean a microscopic organism as we understand it but to mean "poison or venom"; the Latin for "poison" being "virus".

Not everyone agreed with him. As Hadwen said, “The cow doctors (vets) could have told him of hundreds of cases where smallpox had followed cowpox.”[20] Jenner wrote in a later paper, “I have lately been favoured with a letter from a gentleman of great respectability (Dr. Ingenhousz), informing me that, on making an inquiry into the subject in the county of Wilts, he discovered that a farmer near Calne had been infected with the smallpox after having had the cowpox and that the disease in each instance was so strongly characterized as to render the facts incontrovertible.”[21] Unwilling to believe that his theory was false, Jenner called these cases “spurious cowpox,” but, as Creighton writes, the “spuriousness ” had no other ground than the failure to ward off smallpox”.[22]

Undaunted, Jenner looked for another source of vaccine and found it in the oozing pus of infected horses’ heels, a condition known as “grease”. His reasoning about why grease was the precursor of cowpox makes interesting reading

“From the similarity of symptoms, both constitutional and local, between the cow-pox and the disease received from morbid matter generated by a horse, the common people in this neighbourhood, when infected with this disease, through a strange perversion of terms, frequently call it the cow-pox. Let us suppose, then, such a malady to appear among some of the servants at a farm, and at the same time that the cow-pox were to break out among the cattle; and let us suppose, too, that some of the servants were infected in this way, and that others received the infection from the cows. It would be recorded at the farm, and among the servants themselves wherever they might afterwards be dispersed, that they had all had the cow-pox. But it is clear that an individual thus infected from the horse would neither be for a certainty secure himself, nor would he impart smallpox. Yet were this to happen before the nature of the cowpox be more maturely considered by the public my evidence on the subject might be depreciated unjustly.” [23]

Having reasoned that the source of cowpox lay in the condition of “grease”, he wanted to make a vaccine from its discharge. The public was appalled and given a choice, preferred the diseased secretions from cows’ teats over the oozing pus from horses’ heels.

Variolation, introduced by Lady Mary, was still going strong and Jenner used the opportunity to deliver people from “the inconveniences, uncertainties, disasters, and horrors of variolation.”[24] He petitioned the House of Commons in 1802, and again in 1807, for large sums of money to promote smallpox vaccinations promising that his product had the “singularly beneficial effect of rendering through life the person so inoculated perfectly secure from the infection of smallpox.” [25]

Parliament granted his request by a vote of 59 to 56 and gave him the equivalent of half a million of today’s dollars. How different public health would be today had the figures been reversed.

Vaccination Campaigns

Vaccination campaigns began. It didn’t take long before cases of smallpox among the vaccinated were reported. The first response was denial but when the vaccinated were obviously afflicted, Jenner and his supporters said that the disease was milder in form. But when the vaccinated caught the disease and died, they had to come up with another explanation. Re-naming the disease did the trick “” they didn’t die of smallpox, they died of the re-named disease: spurious cowpox

Despite increasing evidence that vaccination with cowpox pus did not prevent smallpox, the practice continued. Physicians, for the first time, attended the healthy; 100% of their catchment areas could now be treated instead of the 10% who had contracted smallpox. As Dr. Hadwen so aptly remarked in 1896, “What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% of the fools in the world “” the vast majority “” into buying vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great discovery “” worth thousands of millions. That is why this kind of blackmail is still kept going.”[26] Over a century later his words still ring true.

When Jenner died in 1823, three kinds of smallpox vaccines were in use: 1) cowpox “”promoted as “pure lymph from the calf,” 2) horsegrease “” promoted as “the true and genuine life-preserving fluid,” and 3) horsegrease cowpox. [27]

Following Jenner’s death the vaccine establishment used one excuse after another to explain the failure of vaccination: the number of punctures was incorrect, or that re-vaccination was necessary or that the lymph was impure. The smallpox deaths of vaccinated patients in hospital were recorded as “pustular eczema.”

Tebb wrote in 1884, “Vaccination was made compulsory by an Act of Parliament in the year 1853; again in 1867; and still more stringent in 1871. Since 1853, we have had three epidemics of small-pox, each being more severe than the one preceding.”[28]

Epidemics	Dates	Increase population	Increase in Smallpox	Deaths from Smallpox
1st	1857 “” 58 – 59			14,244
2nd	1863 “” 64 – 65	7%	50%	20,059
3rd	1870 71 – 72	10%	120%	44,840
Deaths from smallpox in first 10 years after compulsory vaccination, 1854 – 1863				33,515
In second 10 years, 1864 – 1873				70,458

Claims that vaccination is responsible for the decline in smallpox deaths are facile. The incontrovertible fact is that smallpox deaths increased with vaccination and declined with declining vaccination rates.

In answer to a parliamentary question by the British Minister of Health on July 16th, 1923, a written list of figures of vaccinations and deaths from 1872 “” 1921 was presented. [29] The figures here are averaged into 10 year periods.

Years	Vaccinations percent of births	Deaths from Smallpox	Deaths from Smallpox per 100,000 population
1872-1881	85.5	1999	15.2
1882-1891	82.2	923	34.1
1892 “” 1901	68.0	436	1.4
1902 “” 1911	67.4	395	1.2
1912 “” 1921	43.5	12	0.1

You can see from these figures that as compliance with vaccination went down so did the death rate.

The report of Dr. William Farr, (1807 “” 1883), Compiler of Statistics of the Registrar General of London and considered to be the first developer of vital statistics, stated: “Smallpox attained its maximum mortality after vaccination was introduced. The mean annual mortality for 10,000 population from 1850 to 1869 was at the rate of 2.04, whereas after compulsory vaccination, in 1871 the death rate was 10.24. In 1872 the death rate was 8.33 and this after the most laudable efforts to extend vaccination by legislative enactments.” 30

The compulsory vaccination law was repealed in 1907. By 1919, England and Wales had become one of the least vaccinated countries and had only 28 deaths from smallpox out of a population of 37.8 million people.31 According to official figures of the Registrar General of England, 109 children under five years in England and Wales died of smallpox between 1910 and 1933. In that same period 270 died from vaccination.32 Between 1934 and 1961 not one smallpox death was recorded but 115 children under five years died from smallpox vaccination. 33

Apart from killing people the literature abounds with examples of the failure of smallpox vaccination to prevent the disease.

One of the worst smallpox epidemics took place in England between 1870 and 1872, nearly two decades after compulsory vaccination was introduced. Leicester, with nearly 200,000 inhabitants, boasted a 95% vaccination record but it suffered more deaths than less-vaccinated London. Faced with this obvious evidence of the uselessness of vaccination, Leicester’s citizens rejected the program in favour of cleaning up the city. Under the leadership of James Briggs, Town Councillor and Sanitary Inspector, clean streets, clean markets and dairies, efficient garbage removal, sanitary housing and pure water supply replaced vaccination scars.34 In 1892-3 Leicester had 19.3 cases of smallpox per 10,000 population; similar-sized Warrington, with 99.2% vaccinated, had 123.3 cases. 35

In Japan, in 1885, 13 years after compulsory vaccination, a law was passed requiring re-vaccination every seven years. From 1886 “” 1892, a total of 25, 474,370 revaccinations were recorded. Yet during this same period, Japan had 156,175 cases of smallpox with 38,979 deaths, a case mortality of nearly 25 percent. Slow learners, the government passed another act requiring every resident to be vaccinated and re-vaccinated every 5 years. Between 1889 “” 1908, the case mortality was 30 percent. Prior to vaccination the case mortality was about 10 percent.36

During a ruthless campaign by the US in the Philippines in 1905, the native population were forcibly vaccinated several times. In 1918 “” 1919, with over 95% of the population vaccinated, the worst epidemic the Philippines had ever known occurred. In the Congressional Record of December 21, 1937, William Howard Hay, MD, said, “The Philippines suffered the worst attack of smallpox, the worst epidemic three times over, that had ever occurred in the history of the islands and it was almost three times as fatal. The death rate ran as high as 60% in certain areas where formerly it had been 10-15%.” 37

The same Dr. Hay addressed the Medical Freedom Society regarding the Lemke Bill to abolish compulsory vaccination. He stated, “I have thought many times of all the insane things we have advocated in medicine, that one of the most insane was to insist on the vaccination of children, or anybody else, for the prevention of smallpox when, as a matter of fact, we are never able to prove that vaccination saved one man from smallpox.

“It is nonsense to think that you can inject pus “” and it is usually from the pustule end of the dead smallpox victim “” it is unthinkable that you can inject that into a little child and in any way improve its health. What is true of vaccination is exactly as true of all forms of serum immunization, so called, if we could by any means build up a natural resistance to disease through these artificial means, I would applaud it to the echo, but we can’t do it.” 38

Opposition to Smallpox Vaccination

Objections to smallpox vaccination continued into the twentieth century. Dr. R. P. Garrow published an article in a January 1928 issue of the British Medical Journal showing that the fatality rate among the vaccinated cases of smallpox in England and Wales in 1923 and 1926 in those over 15 years of age was higher than among the unvaccinated. The article provoked a number of letters including one from

Dr. L. A. Parry. He raised a number of questions:

How is it that smallpox is five times as likely to be fatal in the vaccinated as in the unvaccinated?

- How is it that, as the percentage of people vaccinated has steadily fallen (from 85% in 1870 to about 40% in 1925), the number of people attacked with variola has declined *pari passu* and the case mortality has progressively lessened? The years of least vaccination have been the years of least smallpox and of least mortality.
- How is that in some of our best vaccinated towns “” for example Bombay and Calcutta “” smallpox is rife, whilst in some of our worst vaccinated towns, such as Leicester, it is almost unknown?
- How is it that something like 80% of the cases admitted into the Metropolitan Asylum Board smallpox hospitals have been vaccinated whilst only 20% have not been vaccinated?
- How is it that in Germany, the best vaccinated country in the world, there are more deaths in proportion to the population than in England — for example, in 1919, 28 deaths in England, 707 in Germany; in 1920, 30 deaths in England, 354 in Germany. In Germany, in 1919 there were 5,012 cases of smallpox with 707 deaths; in England in 1925 there were 5,363 cases of smallpox with 6 deaths. What is the explanation?
- Is it possible to explain the lessened incidence and fatality of smallpox on the same grounds as the lessened incidence and fatality of other infectious fevers “” namely, as due to improved hygiene and administrative control?

Dr. Parry finished his letter with: “These are just a few points in connection with the subject which are puzzling me, and to which I want answers. I am in doubt, and I want to know the truth. Will some of the experts help me?”

The experts represented by the journal commented: “We think Dr. Parry, in his desire for enlightenment, would have been wiser not to introduce assumptions of fact into the framework of his questions.” 39

The following two letters are particularly interesting. 40

July, 1931
Dear George Bernard Shaw:
A few years ago I believe you stated that you were opposed to vaccination. It has been said that great men frequently change their minds, and I should like to ask whether you still condemn vaccination?
Will you forgive me if I ask whether you have ever been successfully vaccinated? The subject of vaccination is one that interests millions of persons, and is my excuse for asking these personal questions. With best wishes for a long, healthy life, I am,
Yours very truly,
Chas. F. Pabst, M.D.

And the reply came:
London, July 19, 1931
Dr. Pabst:
I was vaccinated in infancy and had ‘good marks’ of it. In the great epidemic of 1881 (I was born in 1856) I caught smallpox. During the last considerable epidemic at the turn of the century, I was a member of the Health Committee of London Borough Council, and I learned how the credit of vaccination is kept up statistically by diagnosing all the re-vaccinated cases as pustular eczema, varioloid, or what-not “” except smallpox. I discovered a suppressed report of the Metropolitan Asylums Board on a set of re-vaccinations which had produced extraordinarily disastrous results. Meanwhile I had studied the literature and statistics of the subject. I even induced a celebrated bacteriologist to read Jenner. I have no doubt whatever that vaccination is an unscientific abomination and should be made a criminal practice.
G. Bernard Shaw

Renaming Smallpox

The idea of re-naming a disease to suit the records is not new. Hadwen also said in his address, that in 1886, although there were 275 cases of smallpox, only one vaccinated child died. In addition, 93 children died of chicken pox. Given the mild nature of chicken pox and the fact that few deaths from it had previously been recorded, this diagnosis is highly unlikely.

The re-naming practice continues today. In 1967 the World Health Organization (WHO) began a campaign to eradicate smallpox, a campaign that was carefully monitored. In 1979 Arita and Breman wrote “Interhuman transmission of smallpox, which continued for more than 3000 years, appears to have come to an end on 26 October 1977, when the world’s last known case developed his rash in Merca, Somalia.” 41

The disease was officially declared eradicated on May 8, 1980. Part of the statement was, “” since there is no human carrier state of epidemiological importance and **no recognised animal reservoir of the disease**, the absence of clinically apparent cases in man may be assumed to signify the absence of a naturally occurring smallpox.” (Emphasis added).

No animal reservoir? Scheibner follows a discussion about the inability to distinguish between various pox viruses “” monkeypox, whitepox, camelpox “” and the smallpox virus in the laboratory. These pox-family viruses have been known for many years but the public has been reassured that they have nothing to do with smallpox and that the human species is safe.

Since 1970, pox viruses found in captive monkeys have been isolated in humans and a new disease, first known as 'monkeypox' and now 'human monkeypox', has materialised. So what is the difference between smallpox and monkeypox? A 1977 Lancet article informs us that, "Human monkeypox is a systemic exanthema, resembling smallpox, that occurs as a sporadic zoonosis in rural rainforest villages of western and central Africa. The disease is caused by an orthopoxvirus, which is transmitted to human beings by handling infected animals; serosurveys have implicated squirrels " as the probable reservoir. Secondary human-to-human spread by aerosol or direct contact accounts for about 28% of cases." 42

'Exanthema' means a rash and in this case it resembles smallpox. Apparently this look-alike smallpox is quite infectious since there were 42 cases, including 3 deaths, reported in a village with only 346 inhabitants. 43

The difference between the smallpox virus and the human monkeypox virus is a difference in protein structure. As health authorities have never worried about the difference between cowpox virus and smallpox virus, why should they be concerned now? Concerned enough, that is, to say that monkeypox is not smallpox. They can't have it both ways: saying the cowpox virus prevents smallpox but then denying that the monkeypox virus can cause smallpox.

Clinically, the diseases are the same. Even the Centers for Disease Control (CDC) on its webpage admit that the signs and symptoms of monkeypox are like those of smallpox. They go on to say that the death rate in Africa is 1-10% but the risk would be lower in the US because of better nutrition and hygiene. It is odd that they've never acknowledged the role of nutrition and hygiene before "" but that was when they were advocating vaccination.

One benefit that has resulted from the declaration that smallpox has been eradicated is that vaccination is no longer mandatory or advocated. So that is something to be thankful for.

Summary

Dr. Beddow Baily's words in 1936 are as true today as they were then. He said, "It would seem to be impossible for a rational mind to conceive that a filthy virus derived from a smallpox corpse, the ulcerated udder of a cow, or the running sores of a sick horse's heels, and cultivated in scabbed festers on a calf's abdomen could fail to have disastrous effects when inoculated into the human body." Yet this conception continues today except that pus is no longer used in vaccines. Instead they contain viruses, dead or alive, formaldehyde, phenol, mercury, aluminium and DNA bits from human and other animals. Nevertheless, the principle of injecting toxic substances under the skin is, without any proof whatsoever, believed to lower the death rates from infectious disease.

- Cave, S. & Mitchell, D. What Your Doctor may Not Tell You about Children's Vaccinations. Warner Books, 2001
- Nightingale, M. Smallpox: Why all the Fuss? www.whale.to/vaccines/smallpox4.html
- Haggard, Howard. *Devils, Drugs and Doctors*. Harper, 1929. Pocket Book Edition 1946
- Hale, A.R. *The Medical Voodoo*. Gotham House, New York, 1935
- Barry, Iris. *Portrait of Lady Mary Wortley Montagu*. Ernest Menn Ltd. 1928
- Hale, AR. *The Medical Voodoo*. Gotham House Inc. 1935
- Halsband, Robert. *The Life of Lady Mary Wortley Montagu*. Clarendon Press, 1956
- Hadwen, W. *The Case Against Vaccination*., Verbatim report of an address given at Goddards Assembly Rooms, Gloucester, January 25, 1896

- Hale, AR. *The Medical Voodoo*. Gotham House Inc. 1935
- www.jennermuseum.com
- Tobyn, Graeme, *Culpeppers' Medicine*. Element Books Ltd. 1997
- Hadwen, Walter. *The Case Against Vaccination*, Verbatim report of an address given at Goddards Assembly Rooms, Gloucester, January 25, 1896
- Creighton, C. *Jenner and Vaccination: a Strange Chapter of Medical History.* Swan Sonnerschein & Co. 1889. Reprinted by General Books, 2009
- O'Shea, T. *The Sanctity of Human Blood: Vaccination I$ not Immunization*. Two Trees, San Jose, California, 2004
- Cohn, DV. James Phipps. www.founderofscience.net/Phipps.htm
- Miller, N.Z. *Vaccines: Are They Really Safe and Effective?* New Atlantean Press, New Mexico, 1992
- Rattigan, P. Assault on the Species, *Truth Campaign Magazine*, 15
- Creighton, C. *Jenner and Vaccination: a Strange Chapter of Medical History.* Swan Sonnerschein & Co. 1889. Reprinted by General Books, 2009, p.32
- Jenner, E. *An Inquiry into the Causes and Effects of the Variolae Vaccine*. 1798. www.whale.to/a/jenner4.htm
- Hadwen, Walter. *The Case Against Vaccination*, Verbatim report of an address given at Goddards Assembly Rooms, Gloucester, January 25, 1896
- Jenner, E. Further Observations on the Variolae Vaccina, of Cow-pox. www.whale.to/a/jenner4.htm
- Creighton, C. *Jenner and Vaccination: a Strange Chapter of Medical History.* Swan Sonnerschein & Co. 1889. Reprinted by General Books, 2009, p.47.
- Jenner, E. *Further Observations on the Variolae Vaccina, of Cow-pox*. www.whale.to/a/jenner4.htm.
- Creighton, C. *Jenner and Vaccination: a Strange Chapter of Medical History.* Swan Sonnerschein & Co. 1889. Reprinted by General Books, 2009.
- Ibid.
- Hadwen, W. *The Case Against Vaccination*., Verbatim report of an address given at Goddards Assembly Rooms, Gloucester, January 25, 1896
- Miller, NZ. *Immunization: Theory vs. Reality*. New Atlantean Press, Santa Fe, New Mexico, 1996
- Tebb, W. Compulsory Vaccination in England, 1884. Whale.to/
- Hadwen, Walter. The Fraud of Vaccination. *Truth*, January 3, 1923
- Susser, M & Adelstein, A. An introduction to the work of William Farr. *American Journal of Epidemiology*, June 1975
- Krasner, G. The Dangers of Vaccination. www.naturodoc.com
- Sinclair, I. *Vaccination: The "Hidden" Facts*, Australia, 1992
- Ransom, S. Lies, Damn Lies and Statistics. www.campaignfortruth.com
- Hale, AR. *The Medical Voodoo*. Gotham House Inc. 1935
- Ransom, S. Lies, Damn Lies and Statistics, campaignfortruth.com, 2003
- Sinclair, Ian. *Vaccination: The Hidden Facts*. Australia, 1992
- Ibid.
- Ibid.

- Scheibner, V. *Vaccination: 100 Years of Orthodox Research Shows that Vaccination Represents a Medical Assault on the Immune System*. New Atlantean Press, 1993
- Hale, A.R. *The Medical Voodoo*. Gotham House, Inc. 1935
- Scheibner, V. *Vaccination: 100 Years of Orthodox Research Shows that Vaccination Represents a Medical Assault on the Immune System*. New Atlantean Press, 1993
- Mukinda, V.B.K.; et al Reemergence of human monkeypox in Zaire in 1996. Lancet, 1997; 349:1449-50
- Schreibner V. *Vaccination: 100 Years of Orthodox Research Shows that Vaccination Represents a Medical Assault on the Immune System*. New Atlantean Press, 1993