

Sanitation Vs. Vaccination - The Origin of Smallpox

by **Walter S. Hadwen M.D.**

Dr Hadwen was a passionate opponent of Jennerian smallpox vaccination in England around 1900.

Since Edward Jenner demonstrated the use of cowpox vaccine against smallpox in 1796, vaccinations against smallpox were started. Despite this, a smallpox epidemic swept England in 1839 and **killed 22,081 people.**

In 1853 the Government made smallpox vaccinations compulsory, but the incidence of the disease kept increasing, and in 1872 another epidemic killed 44,840 people, most of whom were vaccinated.

The compulsory vaccination law was abolished in 1948. Similar disasters occurred in Germany and Japan, but possibly the worst was in the Philippines in 1918 when the **US Government forced over three million natives to be vaccinated.**

Of these, 47,369 came down with smallpox and 16,477 died. In 1919 the program was doubled, and over seven million were vaccinated, of whom 65,180 came down with the disease and 44,408 died.

The epidemic was a direct result of the vaccination program.

These facts are described by Dr William F. Koch in his book *The Survival Factor in Neoplastic and Viral Disease* (1961).

By following the superstitious impulses of Edward Jenner and the ancient tradition of the Gloucestershire dairymaids, the medical profession has lost sight of the vital question, what is the origin of smallpox?

The faculty of reasoning upon the subject appears to have become almost extinct; in its place there has arisen a demand for obedience to authority. Fashion has usurped the place of scientific thought, and arbitrary Acts of Parliament and the policeman's truncheon have supplanted logical consistency.

When the question is asked, "Why does smallpox break out at all?" the twentieth century scientist answers, "Because the populace have not been 'protected' against it by vaccination."

This reply only begs the question. It presupposes that smallpox is a natural visitation of Providence which may strike anybody at any moment, and that the only way by which this presumed inevitable evil can be met, is to compel every human being in this world to undergo a process of "protection," which is to render the system "immune" to attack.

This is a negative form of reasoning. It leaves unanswered the crucial question, **what is the origin of smallpox?**

Why are we to suppose, as was believed in the eighteenth century, that a smallpox attack is the probable lot of every member of the race?

Why must everybody be diseased to protect him against disease, especially if that disease is one from which, owing to altered conditions, he is never likely to suffer?

Surely, if a disease breaks out there must be a cause for it.

The Source Of All "Outbreaks"

Now one fact stands out pre-eminently in every part of the world where smallpox has appeared--namely, it has been invariably associated with **unsanitary and unhygienic conditions.**

From the immemorial it has been called in Austria "The Beggar's Disease."

It has followed in the wake of

- filth,
- poverty,
- wars,
- pestilences,
- famines,
- and general insanitation, in all ages.

It accompanied the clash of arms of the American armies in their struggle for independence, and in their Civil and Spanish wars; it claimed more victims than the battlefield in the ravages of the Crimea; it formed the dark background to the triumphant marches of the German army in 1870; it increased tenfold the horrors of the siege of Paris; and plagued our warriors at Tel-el-Kebir.

Even during the late Great War no inconsiderable amount of smallpox occurred amongst all the armies involved wherever conditions of insanitation triumphed over the scrupulous efforts made to circumvent them.

Smallpox outbreaks and epidemics have invariably been the call of Nature to responsible authorities at home: "Put your house in order"; personal municipal, and civic cleanliness has been her unvarying demand, a demand which was couched in one striking injunction by the prophet of old: "Wash and be clean."

Redruth

I remember 26 years ago there was an outbreak of smallpox at Redruth, in Cornwall. The Press in all parts of the United Kingdom was immediately supplied

with exaggerated reports, and scares were created by public vaccinators hundreds of miles away. I went down to investigate the affair on my own account. There were altogether 44 cases; **84 per cent occurred in vaccinated persons.**

One-fourth of the cases was located in "Trestrails Row," consisting of seven houses, each containing only two small low-roofed rooms, and with no water connections. One midden privy, in the most disgusting condition, accommodated the seven houses. One of these hovels was occupied by no fewer than seven persons, all of whom contracted smallpox, and out of the total of seven deaths three occurred in this house.

Nearly another fourth of the cases was confined to Adelaide Road and Raymond Road, where smallpox first appeared, the houses of which were supplied with uncovered cesspits. Three cases occurred in Falmouth Road, with one death which took place in a house closely hedged in by foul middens, a manure heap, and a piggery.

Three more cases and one death occurred in the midst of similar unsanitary conditions at Hockin's Court. Midden privies were the order of the day, and the ultimate disposal of the sewage was primitive to a degree. The smallpox rapidly played itself out, and then the municipality corrected the conditions that had been the cause of the outbreak.

Gloucester

I remember, too, the epidemic in Gloucester in 1895-6. I was in and out of the smallpox houses throughout that visitation of nearly 2,000 cases. The echo of it is still heard among the ranks of Jennerian followers, and always with the tragic whisper, "Gloucester was an unvaccinated city!"

Never in all the history of professional scaremongering was such a determined effort made to boost vaccination, and never a word was uttered as to the **shocking insanitary conditions** which produced the tragedy. In fact, those conditions were persistently denied by the officials who were responsible for them.

The smallpox was practically confined to the southern half of the city, where there was **no fall for the sewage.**

The **pipes had been hurriedly laid** in this new district without concrete base or cemented joints.

There was a drought that lasted months; the water supply ran short; flushing of the sewers had to be discontinued, and the **sewerage pipes became choked.**

When, after the epidemic was over, investigation was made, the pipes were found to be broken in all directions; in fact, the whole district of--for the most part--crowded houses, many of them back-to-back with no through ventilation, lay over what was nothing more nor less than a huge cesspit.

The outlets for the sewer-gas consisted of street manholes, which belched their poison into the atmosphere.

I traced the first case of smallpox in every street to the house nearest to a manhole.

Wooden stoppers were made to close them down, but they had to be used sparingly lest the sewer-gas should be driven into the houses. Hundreds of the houses were drawing their water supply from shallow wells, liable to contamination by constant leakage into them from house drains; and the sewage-pipes in numerous instances ran under the floors of the houses from the closets at the back to the street in front.

Some of the houses had their toilets in the back kitchen. In one street of 114 houses the latter were supplied with water declared by the city surveyor to be contaminated with sewage from its source to its delivery, and as it had not force enough to fill the flushing tanks, the toilets were never flushed and always choked, the contents being emptied periodically on to the small garden ground attached.

In some of these tiny houses there were seven, nine, and even twelve cases of smallpox. A sixth part of the whole epidemic occurred in three streets. In one street the sewage entered the cellars of the houses, and the choked-up street sewer had to be opened up in the midst of the epidemic. Nearly half the houses in this street had smallpox cases.

Then the epidemic caught on in two disgracefully unsanitary and overcrowded, ill-ventilated elementary schools.

Forty-five children were struck down suddenly in one of them and 31 in the other. The patients were removed to what was called an isolation hospital. It was congregation, not isolation. A woman employed in the early part of the epidemic as solitary night nurse told me that the sight and screaming of these poor children at night as they ran about the wards in delirium so completely unnerved her that she was obliged to leave.

They were allowed no water for their fevered skins, the baths were choked with dirty linen, and never used. The little ones were packed three, four, and even five in a bed; vermin was crawling everywhere; no oil was used for the faces, and the poor children scratched themselves till they bled.

Of every two taken in to the Stroud Road Hospital one was carried out a corpse; when the mortuary became choked with dead bodies, the bathroom was utilized for this purpose.

One child lay for two weeks and two days with her eyes scabbed and not a single drop of water was given to relieve her. When one hospital became full, another one was opened which had been used as a cholera hospital many years before.

It was built on stakes in a rough, boggy field; it had no sewerage connections, nor any drainage whatever, and water had to be carried in water-carts over a quarter of a mile of bog to reach it.

The panic became fearful, and a wild, despairing cry went up from the plague-stricken city as the destroying angel sped from house to house in these awful slums.

And what was the answer the terror-stricken inhabitants received from the Guardians of Public Health?

Still the same mad reply: "These be thy gods, O Israel!" as they pointed to the vaccine lancets, dripping with their filthy venom; in helplessness and fear they implored the people, in a unanimously signed medical manifesto, to bow down and worship at the shrine.

At last the rain came. It washed the atmosphere, it flushed the sewers and drains; it filled the vacuoles of sewer gas in the sandy soil, and the epidemic died down.

The councilors who put up at the next municipal contest were one and all indignantly swept away at the polls by the enraged voters, and anti-vaccinationists took their place; a new sewerage system was laid throughout the whole smallpox district at a cost of some £30,000; 20,000 sanitary defects in the houses were rectified, and **no smallpox has occurred since, although nearly 90 per cent, of the population is unvaccinated.**

But even in that awful epidemic, smallpox picked out the vaccinated for attack; two-thirds of the sufferers had been "protected" by the filthy superstitious rite.

Sheffield And Other Cases

I remember Sheffield and its epidemic in 1887-8. No less than 98 per cent of the population had been vaccinated; it was the best vaccinated town in the kingdom the public vaccinators had reaped a richer harvest of bonuses for "successful vaccination" than those of any other town, and **yet they had 7,000 cases of smallpox.**

It originated and clung to an unsanitary area of 175 acres covered with cesspits--which was called The Croft. The medical profession helplessly cried "vaccinate" and "re-vaccinate"--as if the public had not already had enough of it.

At last the floodgates of heaven were mercifully opened, and the bountiful rains suddenly accomplished what 56,000 vaccinations had failed to effect.

I went to Middlesbrough in the great epidemic of 1898. I visited every smallpox hospital ward, and investigated the conditions of the houses, and their environment, from whence the smallpox came. As everybody knows, the houses at that time had been run up at an enormous rate, much too fast for the sanitary officials to keep pace with them.

The part where the smallpox raged was situated chiefly over a swamp where it was difficult to find foundations for the houses; many of them were raised on piles driven through the soil.

The only method of house sanitation in all that district was that of pails in the backyards. But whatever else had been neglected, vaccination had been sedulously attended to--the inhabitants were vaccinated up to 98.4 per cent, of the population.

Nevertheless the vaccinated and re-vaccinated hospital officials fell before the disease side by side with the vaccinated and re-vaccinated inhabitants.

Nine hospital ward-maids, one trained nurse, one medical man and three policemen fell victims to the disease.

Outraged Nature laughed outright at the Jennerian fetish and declared in plain and unmistakable language that if smallpox was to be prevented the conditions which caused it must be remedied. Poisoning human bodies with the products of a foul eruption on a cow's udder could only add fuel to the fire by reducing the vital resisting powers of the sufferers.

I call to mind the case of one adult male I interviewed in one of the smallpox hospital wards at that time. He was vaccinated in infancy, had smallpox when eight years old, and was subsequently re-vaccinated three times.

That man died of smallpox. I took a particular interest in that case, and was staggered to find when the official report was published that, owing to his having had the eruption so badly as to cover his vaccination marks, **he was actually declared to be "unvaccinated"!**

I have visited Glasgow in two of its smallpox epidemics. The slums in which they occurred; the overcrowded and unsanitary condition of the tenements told, the same tale as elsewhere. Nothing but sweeping away, the rookeries, where

smallpox invariably, takes hold, can ever save those parts of the city from periodical visitations.

Space forbids further reminiscences but it is the same story everywhere. Go back to the records of Old London and we find insanitation and smallpox keeping company throughout.

The Lesson Of The Public Health Act

Before the passing of the Public Health Act of 1875 in this country, every succeeding epidemic of smallpox was worse than its predecessor in spite of more and more compulsory vaccination; but with less and less vaccination and more and more sanitation smallpox has become a comparative curiosity. It is only in unsanitary quarters it can gain a hold.

Sir Edwin-Chadwick, the veteran sanitarian, has well said:

Smallpox, typhus, and other fevers occur in common conditions of foul air, stagnant putrefaction, bad house drainage, sewers of deposit, excrement sodden sites, filthy street surfaces, impure water, and overcrowding, and the entire removal of such conditions is the effectual preventive of diseases of those species, whether in ordinary or extraordinary visitations.

When will the medical profession arouse itself to ask the question:

"What is the origin of smallpox?"

When will a Ministry of Health cease to bring discredit upon itself by the advocacy of a disgusting fetish that has proved, itself a failure as a preventive of the disease in every part of the world in which it has been adopted for the last century and a quarter?

When will a British Government that boasts of its progress and civilisation cease to ally itself with a filthy, uncivilised, unscientific practice that has done nothing but spread disease and death amongst the populace for generation and which is opposed to the common-sense views of the majority of thinking men and women in the realm?

From "[Truth](#)," January 17, 1923

DR. MERCOLA'S COMMENT:

Many skeptics of the dangers of vaccines will question the issue of smallpox and how the administration of the vaccine was able to rid the

world of smallpox in (last recorded case I believe was in Merkle, Somalia 1976).

However, it is interesting to review what some physicians were writing about smallpox vaccination three generations ago. It is clearly obvious from these writings and common sense that hygiene and nutrition have enormous influences on the course of not only smallpox, but nearly every infectious illness.

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Was Smallpox Vaccine Really A Great Success?

By Roger Schlafly, PhD

The use of vaccines to prevent and eradicate diseases like smallpox is supposedly one of the great successes of modern medicine.

The Philippine Islands provide us with the most striking information on record that with much vaccination there is also much smallpox. Since the taking of the islands by the U.S., every attention had been paid to the perfecting of sanitation. But not content with this, their Public Health Service has seen to the thorough systematic vaccination of the population, adding thereto a considerable amount of serum inoculation.

An American paper published in 1922 reported "The Philippines have experienced three smallpox epidemics since the U.S. took over the Islands, the first in 1905-06, the second in 1907-08, and the third and worst of all in 1918-19.

Before 1905 (with no general vaccination) the case-mortality was about 10%. In the 1905-06 epidemic, with vaccination well started, the case-mortality ranged from 25-50%. During the epidemic of 1918-19, with the Philippines supposedly almost universally immunized against smallpox by vaccination, the case-mortality averaged over 65%!

These figures can be verified by reference to the Report of the Philippine Health Service. The statements are accompanied by, "The mortality is hardly

explainable." To anyone but a Philippine Medical Health Commissioner, it is plainly the result of vaccination. The highest percentage of mortality, 65.3%, was in Manila, the most thoroughly vaccinated place in the Islands; the lowest percentage of mortality, 11.4%, was in Mindanao, where, owing to religious prejudices of the inhabitants, vaccination had not been practiced as much as in most other parts of the Islands.

Vaccination had been forced on Mindanao since 1918 in the face of this direct proof that their people were safer without it, and with the result of a smallpox mortality increase to above 25% in 1920. In view of the fact that sanitary engineers had probably done more in Manila to clean up the city and make it healthier than in any other part of the islands, vaccination actually brought on the smallpox epidemic in spite of the sanitary measures taken to promote health. It is certain that over ten million vaccinations for smallpox were performed in the Philippines from 1905 to 1917.

In England and Wales, free vaccination was provided for smallpox in 1840, made compulsory in 1853, and in 1867 orders were given to prosecute evaders, therefore, few escaped vaccination. Deaths from smallpox in England and Wales during 1857-59 was recorded at 14,244; in 1863-65, 20,059; and 1870-72, 44,840.

Between the 1st and 2nd epidemic, there was only a 7% increase in population with an increase of smallpox deaths by 40.8%. During the 2nd and 3rd epidemic a 9% increase of population with an increase of smallpox deaths of 123% with an ever-multiplying number of vaccinations! Deaths per year from cancer in England and Wales between 1857-72 also began to rapidly increase.

Professor of the Athenian Faculty of Medicine, Leon Grigorski said "We are ourselves creating the diseases, and we are heading toward general cancerization and mental defectives through encephalitis, by the use of vaccines." Upon limiting access to information the medical-industrial complex is able to maintain its authority mystique.

Isolation is a well-known technique of brainwashing. Choices that challenge the position of the authority are limited and often times hidden. Because the intellect learns by comparison, when it is presented with only one point of view or other points of view are denigrated, it loses its capacity to discriminate and ultimately its capacity for fully rational thought.

[Dr. Joyce Marshall, N.D., Ph.D.](#)