

THE CASE FOR THE ABOLITION OF COMPULSORY VACCINATION IN NORTHERN IRELAND

*(Speech in the Mechanics Hall, Belfast, on 6th February 1954,
by the Secretary of the National Anti-Vaccination League)*

I think many of us have come here tonight to do honour to Mr. Brian McCutcheon who is at the moment the last of a long line of men (and women) whose conscientious resistance to compulsory vaccination reached its climax in serving a prison sentence, rather than pay a fine imposed under an unjust law.

Seventy years ago Mr. A. J. Balfour spoke in the House of Commons of a woman in Ireland who had suffered a term of imprisonment for refusing or being unable to pay a fine for not having her baby vaccinated. She had a horrible experience. Prison conditions have changed, at least for some so-called misdemeanants, and today men like Mr. McCutcheon do not have to work a treadmill, or pick oakum, or sleep on a plank bed, but nevertheless even today imprisonment is not a happy experience. To suffer imprisonment requires great moral courage and an enduring determination to go through with it. Men like Mr. McCutcheon deserve the thanks and gratitude of every fighter for liberty, for the right to make his own decisions on what is best for his children's health.

As most of you know, Mr. Wilson raised the matter of Mr. McCutcheon's imprisonment in Parliament on 26th January. He also mentioned Mrs. Barritt's prosecution, the authorities having in that instance prosecuted the mother of the unvaccinated child instead of the father. He asked the Minister of Health why the compulsory vaccination law is not going to be changed. Mr. McConnell also urged the right of conscientious objectors to vaccination in Northern Ireland to be treated in the same way as their fellow citizens in Great Britain. He urged the Minister of Health to bear in mind that this is a matter where the rights of a number of individuals are concerned, and to give it further consideration.

After others had spoken Dame Dehra Parker defended her decision not to alter the law. She said amongst other things:

"We, in Northern Ireland, have always maintained our belief in the efficacy of compulsory vaccination of infants. Our record is good. In the 33 years ended December 1953, only two cases of smallpox have been treated in the Province. Both were imported—one from Canada and one from Scotland, and both were diagnosed before arrival. I firmly believe that compulsory vaccination has a great deal to do with our continued immunity from this disease."

She also said:

"I do not like compulsion any more than may be necessary but experience in Great Britain in the years following repeal of the Vaccination Acts has led me to the conclusion that it would be very unwise to dispense with compulsion in Northern Ireland."

She also said:

"I believe, too, that the complication alleged in some quarters to follow from vaccination have been greatly exaggerated. I am told that the chief source of worry, in the medical sense, is the possible occurrence of post-vaccinal encephalitis; but the danger is remote. During the last 30 years two doubtful cases in Northern Ireland have come to the notice of the Government. Against the remote contingency of encephalitis we have to set the undoubted efficacy of vaccination as a preventive measure against smallpox. I should add, too, that vaccination of an adult gives rise to a much greater risk of encephalitis than in the case of a child. On the other hand, if the adult has been vaccinated in childhood, encephalitis on re-vaccination is almost unknown."

There are three points in Dame Dehra Parker's speech which I must deal with tonight—Ulster's smallpox record, Great Britain's experience and the harm done by vaccination.

First, I would remind Dame Dehra Parker that the existence of a compulsory vaccination law does not ensure the vaccination of the child population to which it is applied. The Minister said herself four years ago that half the babies born in Belfast had remained unvaccinated. I have not the figures for other towns in Northern Ireland, but before the recent war there were hundreds of vaccination defaulters in many of the towns. The local authorities would leave defaulters alone for several years and then they would be practically compelled by the Central authority to start prosecutions. Batches of defaulters would be brought before the Courts; many would give way; some would pay the fine; in some cases a medical certificate would show that the child was unfit for vaccination; and after a few weeks the excitement would die down, prosecutions would stop, and for two or three years a sizable number of infants remained unvaccinated.

For the whole of Ireland the compulsory vaccination law was carried out without much difficulty down to about 1907, the year of the passing of the English conscience clause, but in the next six years vaccinations dropped from 80 per cent of the births to 61.4 per cent. There was a tremendous agitation against the compulsory law during those years and later, particularly in Counties Waterford and Wexford. The Local Government Board admitted in one of its Reports that vaccination had been brought to a standstill in Enniscorthy. It was not until some time after the separation that the compulsory vaccination law was again put into operation in Southern Ireland. You had for years an enormous unvaccinated child population although you had a nominally compulsory vaccination law.

When, therefore, Ireland's immunity from smallpox is attributed to the operation of a compulsory law, the facts show that this cannot possibly be the case, seeing that many thousands of the babies born in Ireland were never vaccinated, and were just as immune from smallpox as the vaccinated. The old reports of the Irish Registrar-General were always warning parents of the danger of an unvaccinated community. Experience showed that there was no such danger.

I would repeat the point made by a speaker in your Parliament that Eire has a conscience clause and no smallpox.

I would add that Australia and New Zealand have no compulsory vaccination laws and no smallpox. It is the countries with the most thoroughly vaccinated populations that have the most smallpox, like British India,

Mexico, Portugal, Italy, Egypt and Northern Africa. They are the most insanitary and the poorest.

Holland's experience shows that compulsion can be abolished without any risk of smallpox returning. For the 12 years 1928-1940 the Dutch Vaccination Law was suspended. For 11 of those 12 years she had no smallpox at all. In 1940 a new law was passed restoring compulsion but giving a conscience clause. In the ensuing 12 years she has had two outbreaks of mild smallpox with hardly any deaths. Holland has been freer from smallpox in the last 23 years than she was when she had a compulsory vaccination law and no exemption. But even then her law only applied to children of school age.

Before I leave this point I must criticise Dame Dehra Parker's medical advisers for not going more closely into Ireland's history in regard to vaccination and smallpox. Why did they go back only 33 years? The compulsory vaccination law was passed in 1863 and the operation was well practised before that date. Sir Dominic Corrigan came over to England in April, 1871 to give evidence before a Parliamentary Committee which was inquiring into the English Vaccination Act of 1867, and he declared that vaccination had wiped smallpox out of Ireland. In that very year smallpox raged in Dublin, Cork, Belfast and other Irish cities.

A tabular statement has been distributed to the audience which shows the smallpox deaths recorded in Ireland from the year 1871. According to the Registrar-General's supplement to the 17th Annual Report, in the ten years 1871-80 there were 7,550 deaths from smallpox of which 1,927 were under five years of age, and 872 under one year. The Registrar-General said: "From this it appears that the mortality among infants is small, the reason being that nearly all are vaccinated within a short period after birth."

In the same tabular statement I have given what information I could abstract from the official reports regarding vaccination in Ireland. That the child population was thoroughly vaccinated in the earliest years of the table is evident from the Registrar-General's remark I have just quoted and it was during that period that Ireland had its worst smallpox epidemics. Belfast, while enforcing the compulsory vaccination law with such thoroughness that one parent was forced to leave the country because he could not stand the strain of repeated prosecutions, had 694 smallpox deaths in the ten years 1871-1880 and 119 in the ten years 1881-1890. So the compulsory vaccination law did not save Belfast from serious smallpox outbreaks.

You may ask whether any of the deaths recorded from smallpox in Ireland were of vaccinated persons. The Registrar-General stated in regard to the decade 1881-1890 that in 131 out of 241 deaths recorded as caused by smallpox the condition as to vaccination was not stated. In the other cases it was stated that 74 were vaccinated and 36 unvaccinated.

Summing up: (1) In 32 of the 37 years between 1870 and 1907 Ireland had some smallpox and in 10 of those years she had serious epidemics. In the 5 years 1871-1875, 5,521 persons died, and in the 5 years 1878-1882 another 2,135. All this time the compulsory vaccination law was in force and the percentage of vaccinated infants very high.

After 1907 vaccination declined all over Ireland and the Registrar-General and the Local Government Board constantly deplored this. But smallpox never came back. The decline reached great proportions in Southern Ireland, but there was no smallpox. After the separation for a time the compulsory

law was enforced in Southern Ireland but in some areas only a third of the infants born were vaccinated, and in 1942 Eire introduced a conscience clause and there has not been any smallpox in that part of Ireland any more than in the six counties. And all this time the compulsory law was being resisted in County Down, County Antrim, in what was then Queen's County, in fact, in almost all what is now known as Northern Ireland.

I ought at this point to refer to Dr. Rodger's speech in Parliament. He said that in the vital statistics given by the British Medical Association no mention is ever made of smallpox. He did not think it was because there were no cases. As a matter of fact that is the reason. The English statistical department of the Ministry of Health gets returns of all notifiable diseases from the United Kingdom and from Eire and circulates them to the medical journals. Every country also sends reports of all its smallpox cases to the World Health Organization so Eire could not conceal its smallpox even if it wished to do so. The fact is that it has no smallpox any more than Northern Ireland. There was a case on a ship in Dublin harbour in 1946 which was taken ashore to a hospital but there were no other cases.

Now I must deal with Dame Dehra Parker's statement about vaccination in England. She completely misrepresented our English vaccination laws. She did not mention the English and Scottish conscience clauses of 1907. She is reported to have said:

"Vaccination of children was made compulsory in England and Wales during the latter half of the 19th Century, but the Vaccination Acts were repealed in their entirety by the National Health Act of 1946. Compulsory vaccination was also abolished in Scotland at about the same time.

"This does not mean, of course, that parents ceased to have their children vaccinated: only that vaccination was no longer compulsory. The result, however, has been as one might expect, a considerable decline in the number of children vaccinated. Precise figures are not easy to obtain, but it is estimated that only about one-third of the population of Great Britain is now protected by vaccination."

This is a very curious statement. Does the population of Great Britain consist only of children of four or five years of age? But these are the facts which Dame Dehra Parker should have given.

Vaccination was made compulsory in England in 1853 and stringently so in 1867. The first conscience clause (a very poor one) was granted by Parliament in 1898, and the second in 1907. Scotland's compulsory vaccination law was passed in 1863 and she got her conscience clause in 1907. The repeal of the vaccination laws incorporated in the Health Service Act of 1946 did not come into operation until July 1948.

Dame Dehra Parker gave Parliament to understand that it was only when the vaccination acts were repealed that parents stopped having their children vaccinated. This is not true. Look at the long printed table showing vaccinations per cent of births in England and Wales. After 1912 less than half of the infants born were vaccinated and by 1940 vaccinations had dropped to 31.5 per cent of the births. There was an increase in the war years but it never went beyond 41.6.

Now look at the smallpox deaths. When over 80 per cent of the babies were vaccinated—in 1888 and the preceding years—we had an enormous amount of smallpox in England and Wales. In the period 1872 to 1888 46,244 smallpox deaths were recorded. Now look at the period when less than

41 per cent were vaccinated—1929-1952—and see what happened about the smallpox: only 138 deaths were recorded. 46,244 in 17 years of almost complete vaccination; 138 in 24 years with less than half of the babies vaccinated.

With these gigantic figures of smallpox when the compulsory law was thoroughly enforced, it is silly nonsense to call our recent smallpox experience serious.

What happened in 1946 was that recently vaccinated Service men coming home from India brought smallpox into the country. Let me give you an account of one of these outbreaks. On 14th January 1946, the *Strathmore* arrived at Southampton with a case of smallpox on board. All the Service personnel on board had been vaccinated by the military doctor on board. About three weeks later an R.A.M.C. orderly who had been in the ship developed while living at Grays an illness he thought was influenza. When his nephew, a boy of 13, developed smallpox it was realised he had been infected by his uncle. The boy had been vaccinated in infancy and the uncle bore four marks of vaccination in infancy and had been re-vaccinated in the Army. The boy's brother, aged 11, was re-vaccinated the day the other child was removed to hospital, but this did not prevent him going down with smallpox. The Sanitary Officer, who disinfected the room occupied by the boys, died of smallpox two days after reaching hospital. He had four marks of vaccination at the age of five years. A van driver with four marks of vaccination in infancy also died of smallpox in that outbreak.

Another of these outbreaks in 1946 was at Hampstead. A medical officer in the R.A.M.C. who admitted in "The Lancet" that he had been vaccinated five times in his life, the last time about a fortnight before he developed smallpox, infected his wife and daughter. The wife had been successfully vaccinated in infancy and unsuccessfully in 1935, the daughter, aged 10 years, had been successfully vaccinated in infancy.

Dame Dehra Parker mentions Grimsby. Fifteen cases occurred amongst men at a common lodging house and in a public assistance hospital. 8 of the 15 were over 70 years of age. Of six fatal cases 4 were said by the medical officer to be suffering from some other complaint which really killed them. Two of the cases were officials from the sanitary department, both vaccinated 2 days after visiting the lodging house. There were no cases amongst the general public.

The Brighton outbreak was started by a recently vaccinated R.A.F. officer. It was practically confined to the hospital at which an unrecognised case of smallpox remained for 10 days, the laundry to which the officer's clothes were sent, and the telephone exchange where the first recognised case worked. There was a high death-rate but all but one of the cases had been vaccinated directly it was known there was smallpox in the hospital, and three of the fatal cases had been re-vaccinated.

Dame Dehra Parker mentions that the Glasgow outbreak "gave rise to great pressure on the medical authorities to provide immediate vaccination." It was the scaring of the public by the Medical Officer that caused 400,000 people to be vaccinated, but there were only 19 cases, all of them associated with the hospital in which an unrecognised case of smallpox in a thoroughly vaccinated man was allowed to remain. Dr. Dixon, reporting on smallpox in the Pennines last Spring, condemns this sort of mass vaccination and goes so far as to suggest that it is done for the 5s. fee for the certificate.

Dame Dehra Parker might have given more details about the Glasgow outbreak.

There were 19 cases, all but one of them doctors, nurses or patients at the Knightswood Hospital. Sixteen of them were vaccinated persons. One of the cases was a doctor living at Hamilton. Not one member of the general public contracted the disease. Prompted by two medical officers newspapers all over the country proclaimed day after day with screaming headlines, an epidemic which did not exist.

The outbreak did not show the importance of vaccination but the foolishness—I might almost say wickedness—of creating a scare. All the nine nurses who took smallpox in that outbreak had been vaccinated and re-vaccinated. It was said that some of these vaccinations were “unsuccessful.”

The cases in 1952 were not smallpox at all. They occurred chiefly in Rochdale. It was a sort of influenza with spots and the people who contracted it were hardly ill at all. The Ministry of Health had described a similar disease in 1931 as a disease no more serious than chickenpox and not needing any administrative action. Its real name is alastrim. No one died of it, but a young man was killed by vaccination.

Dame Dehra Parker admits that we in the United Kingdom have been comparatively free from smallpox, but says there are grounds for supposing that this comparative freedom will not continue. What grounds are there? She has shown that smallpox has been introduced into the country again and again since 1946 and has not spread, although there must be at least six million unvaccinated persons in the country. The Editor of *The Medical Officer* has twice drawn attention to the very limited spread of smallpox when it is introduced into our practically unvaccinated population. When you look at the ages of the cases of smallpox reported, you find that hardly a child under the age of five years was attacked. The tiny number reported were patients in hospitals to which smallpox was brought inadvertently. We must have at least two million unvaccinated children in the country under the age of five years and they do not get smallpox when the disease is brought in by thoroughly vaccinated Service men.

Dame Dehra Parker's unwillingness to believe in the danger to health caused by vaccination is not based on facts. Vaccination has caused deaths in Ireland as well as in England and Scotland. In one of the Irish Registrar-General's reports three deaths from cowpox and other effects of vaccination were reported, and in another, six. Most of them were of infants under one year. Encephalitis is not the only complication of vaccination. There are deaths from generalised vaccinia and from septicoemia following vaccination. Sometimes the end result of vaccination complications is pneumonia. The English authorities—Registrar-General, Ministry of Health and the Parliamentary speakers representing the Ministry of Health—have admitted that in the 48 years 1905-1952, 361 children under five years of age have died from vaccination or conditions associated with vaccination while only 107 have died of smallpox. In the last 20 years not a single child under five has died of smallpox, but 89 have died of vaccination. The Registrar has put 65 of these into the deaths from vaccinia classification. Scotland has also had more deaths from vaccination than from smallpox.

Dame Dehra Parker is wrong in saying that there is not much risk of encephalitis in child vaccination. In the years 1940-1945, 14 babies in England under one year died from post-vaccinal encephalitis. Eight babies aged nine weeks to five months died from vaccination in the three years 1941-3, and five of these deaths were from post-vaccinal encephalitis. 23 babies died

from vaccination in the years 1946-1952, and some of these were deaths from post-vaccinal encephalitis.

I have just received some figures from the Dutch Central Bureau of Statistics which show that most of the post-vaccinal encephalitis cases occur in babies under one year. There were 109 cases between 1936 and 1952, 61 of which were a year of age or under. There were 33 other results of vaccination, mostly in children a year of age or under. As for encephalitis after re-vaccination, a considerable number have been reported officially. In Holland in recent years there have been 12 such cases with one death. 20 per cent of the cases in England and Wales between 1922 and 1938 occurred in children. In 1937 five cases were reported by the Ministry of Health, four of them infants from four to six months old. A case after re-vaccination was recently reported in *The Lancet* in a boy of 10. The Rochdale case occurred in a re-vaccinated man.

Vaccination is a constant diseasing of the community. It is implanting the seeds of disease in every one who undergoes it. It is one of the two systems in which a living virus is used. Professor McIntosh said on 19th October, 1926:

“Scientifically, it cannot be disputed that from every point of view the injection of virus capable of multiplying in the body of the individual is bad . . . the effect cannot be controlled, and in susceptible individuals this may lead to unforeseen results.”

He also said that this living vaccine could lie dormant in the body for years and then resume its former virulence.

Vaccination has admittedly caused a great many diseases, and even cancer and consumption are mentioned in Osler's “System of Medicine” as having possibly been caused or excited by vaccination.

Herbert Spencer, writing about vaccination, reported the remark of a distinguished biologist, that, “When once you interfere with the order of nature, there is no knowing where the results will end.”

Mr. McCutcheon and many others who have refused to obey the compulsory vaccination law are resisting a law that poisons the blood of every child subjected to it. He is fighting for pure blood and the right to decide for himself in matters concerning the health of his children. If there were any truth in the claim that vaccination protects against smallpox he cannot possibly be imperilling anyone else by not having his children vaccinated.

Northern Ireland has always marched in step with Great Britain and surely the time has come for her to march in step over compulsory vaccination. This law does not succeed in getting those infants vaccinated whose parents object to the operation, except perhaps those who are too poor to pay a fine. It does not protect from smallpox since the operation of vaccination has been shown by official records from all over the world to have completely failed to prevent the development of the disease or its fatal outcome. And it causes a vast amount of illness, sometimes crippling its victims, and even causing death. Wherever vaccination is practised on a wide scale you will find people who have been permanently injured by it. Many of the parents who refuse to have their children vaccinated have lost a previous child through the operation or have had some other relative killed by it. In England there were at one time many cases of blindness caused by vaccination. One man, prosecuted for not having his child

vaccinated, carried into Court a four-year-old child of his who had been blinded by vaccination. A doctor magistrate stepped down from the Bench and confirmed the fact that this child had lost its sight through vaccination. And these are not the only cases. In quite recent years similar things have happened. In 1947 a child at Maldon in Essex was blinded by vaccination. The case was raised in the House of Commons.

The whole case for vaccination is based on a delusion. Jenner's claims were fraudulent, and all down the long history of vaccination it has been sustained by fraud—not conscious fraud, but fraud undoubtedly. The facts are misrepresented or suppressed and when the people have been reluctant to submit their infants to this blood-poisoning operation they have been coerced by harsh laws.

Surely in these more enlightened days law-givers will realise that the time has come to abolish all compulsion in this matter and to give everyone the right to please himself whether he is vaccinated or not, or has his children vaccinated.

Don't let Mr. McCutcheon's sacrifice be wasted. Keep up the campaign. Give Parliament no rest until the members realise that justice requires the freeing of parental consciences in this matter, which is not a matter for experts but for the ordinary person who is capable of logical reasoning.

THE ARCHIVE COLLECTION

THIS LITERATURE WAS COLLECTED
FROM VARIOUS SOURCES
OVER THE YEARS OF MY RESEARCH
ON VACCINATION
WHICH STARTED IN SEPTEMBER 1991.

FORTUNATELY I RECEIVED
SEVERAL DOCUMENTS
AND BOOKS FROM INDIVIDUALS
WHO HAD BEEN INVOLVED IN
THE ANTI-VACCINATION LEAGUE OF GREAT BRITAIN
DURING THEIR LIFE TIME.

THE LATE DR GORDON LATTO, WHO SERVED AS THE MEDICAL
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COPIES TO ME BACK IN THE MID-NINETIES.

I HAVE SCANNED THESE PUBLICATIONS & LITERATURE
TO PRESERVE THE WEALTH OF INFORMATION
CONTAINED WITHIN THESE DOCUMENTS
IN THE HOPE THAT THEY WILL BE CIRCULATED
& MADE AVAILABLE TO ANYONE WHO WISHES
TO STUDY THE HISTORICAL DATA
SURROUNDING THIS SUBJECT.

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