

## Vaccines Did Not Save Us – 2 Centuries of Official Statistics

### Introduction

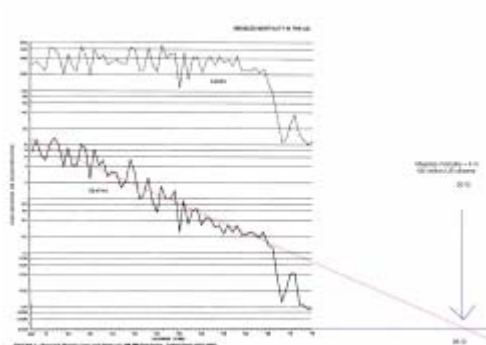
This is the data the drug industry do not want you to see. Here 2 centuries of UK, USA and Australian official death statistics show conclusively and scientifically modern medicine is not responsible for and played little part in substantially improved life expectancy and survival from disease in western economies.

The main advances in combating disease over 200 years have been better food and clean drinking water. Improved sanitation, less overcrowded and better living conditions also contribute. This is also borne out in published peer reviewed research:

- [“The questionable contribution of medical measures to the decline of mortality in the United States in the twentieth century”](#). [McKinlay JB](#), [McKinlay SM](#), Milbank Mem Fund Q Health Soc. 1977 Summer; 55(3): 405-28.
- [“Symposium: Accomplishments in Child Nutrition during the 20th Century. Infant Mortality in the 20th Century, Dramatic but Uneven Progress”](#) Myron E. Wegman School of Public Health, University of Michigan: J. Nutr. 131: 401S–408S, 2001.

The Measles mortality graphs are enlightening [more below] and contradict the claims of Government health officials that vaccines have saved millions of lives. It is an unscientific claim which the data show is untrue. Here you will also learn why vaccinations like mumps and rubella for children are medically unethical and can expose medical professionals to liability for criminal proceedings and civil damages for administering them.

[Click Graph to Enlarge - Opens In New Window]



The success of the City of Leicester, England was remarkable in reducing smallpox mortality substantially

compared to the rest of England and other countries by abandoning vaccination between 1882 and 1908 [see more below].

This contrasts how the drug industry has turned each child in the world into a human pin-cushion profit centre.

The financial markets have known for 20 years and more the pharmaceutical industry's blockbuster patented drugs business model would eventually fail. We now see the Bill Gates' type business model emerging – almost everyone has Windows software on their PC – almost everyone will be vax'ed. Gates quickly became a multi-billionaire. With vastly more people to vaccinate than computers requiring software the lure of money is many times greater. All this whilst we watch as childhood prevalence of asthma, allergies, autism, diabetes and more have increased exponentially as the vaccines have been introduced.

Can “vaccinatable” diseases “return” despite vaccination? Yes. If you are too poorly nourished your body is likely to lack essential nutrients needed to maintain its immune system sufficiently to withstand disease. This will happen regardless of how many vaccinations you have had. This was experienced in Eastern Europe following the collapse of the old Soviet Bloc and the economic chaos which ensued, leaving many in great poverty.

For the same reason vaccines do not “work” and “save” lives in impoverished African and other third world economies. The majority of third world child deaths still occur despite vaccination. These children need proper food, clean water to drink and wash in and sanitation. We give them vaccines instead.

## **Contents**

[Scurvy Mortality](#)

[Typhoid & Scarlet Fever – Mortality UK, USA & Australia](#)

[Measles Mortality UK & USA](#)

[Mumps Mortality – England & Wales](#)

[Rubella Mortality – England and Wales](#)

[Mortality, Life Expectancy, Healthcare Costs UK, USA and Worldwide](#)

[Mortality USA and UK](#)

[Disease Mortality UK, USA & Australia](#)

[Mortality Measles, Scarlet Fever, Whooping Cough, Typhoid, Diphtheria, Influenza, Pneumonia & Tuberculosis](#)

[Diphtheria Mortality – England, USA & Australia](#)

[Whooping Cough \(Pertussis\) Mortality Rates – UK, USA & Australia](#)

[Tetanus Mortality – England & Wales 1901 to 1999](#)

[Smallpox Mortality – UK, USA & Sweden](#)

## **Leicester & Smallpox**

[Extracts From “Leicester: Sanitation Versus Vaccination” by J.t. Biggs J.p.](#)

[Table 21. – Smallpox Fatality Rates Compared with “Unprotected” Leicester – 1860 to 1908.](#)

[Table 29. Small-pox Epidemics – Cost and Fatality Rates Compared](#)

*[ED Note 15 Oct 2009: As information like that here has become available health officials are changing from scaremongering parents into vaccinating with claims their child could die. Now they claim vaccinating reduces the numbers of cases of disease [i.e. instead of deaths] and produce graphs of dramatic falls in reported cases (instead of deaths) when measles vaccine was introduced.*

*This is again misleading. A dramatic fall in the numbers of reported measles cases would be expected. Doctors substantially overdiagnose measles cases especially when they believe it is a possible diagnosis. Doctors were told the vaccine prevented children getting measles when introduced in the late 1960's so after that time a substantial reduction in diagnoses would be expected.*

*Examples of recent overdiagnoses of measles when there are measles “scares” are proportionately up to 74 times (or 7400% overdiagnosed). Figures and sources follow the next paragraph.*

*What health officials are also doing is relying on very old and unreliable data which ignores that measles has become progressively milder so the risks of long term injury have diminished – (and death is the most extreme form of long term injury – shown here by official data to have diminished rapidly and substantially over the past 100 years without the risks posed to children's health by vaccines).*

### **Measles Over Diagnosed – Up to 7400%**

A. Laboratory confirmed cases of measles, mumps, and rubella, England and Wales: October to December 2004

Notified: 474, Tested: 589†, Confirmed cases: 8

RATE OF OVERDIAGNOSIS:-  $589/8 =$  proportionately **7400% or 74 times overdiagnosed**

SOURCE: CDR Weekly, Volume 15 Number 12 Published: 24 March 2005

[Note from Source: "†Some oral fluid specimens were submitted early from suspected cases and may not have been subsequently notified, thus the proportion tested is artificially high for this quarter."]

B. Total confirmed cases of measles and oral fluid IgM antibody tests in cases notified to ONS\*: weeks 40-52/2005

Notified: 408, Tested: 343, Confirmed cases: 22

RATE OF OVERDIAGNOSIS:-  $343/22 =$  proportionately **1560 % or 15.6 times overdiagnosed**

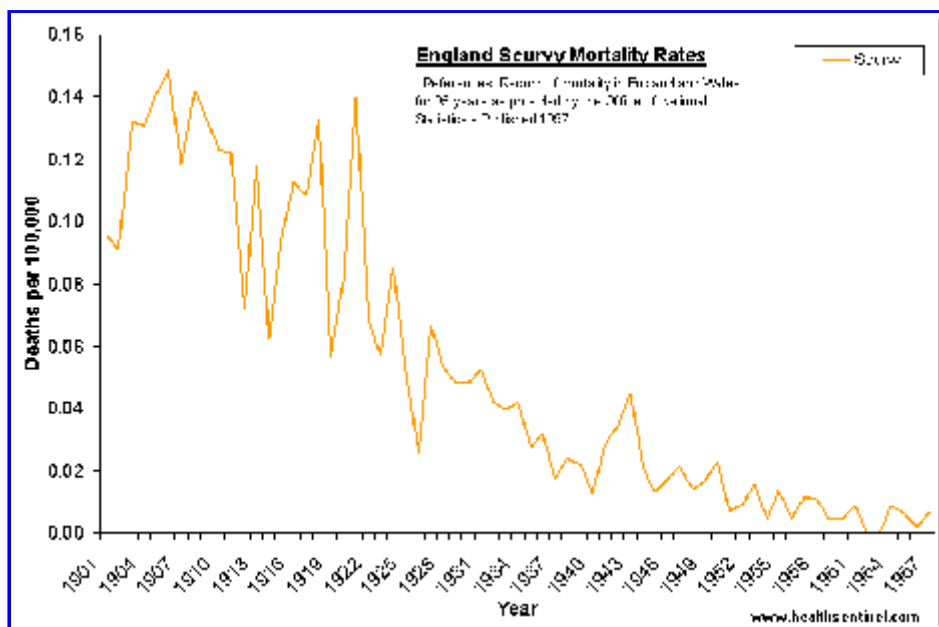
SOURCE: CDR Weekly, Volume 16 Number 12 Published on: 23 March 2006

[To Contents](#)

## [Scurvy Mortality Rates](#)

To start you with something simple, Scurvy, Typhoid and Scarlet Fever are good examples to use as comparisons with “vaccinatable” diseases.

[Click Graph to Enlarge - Opens In New Window]



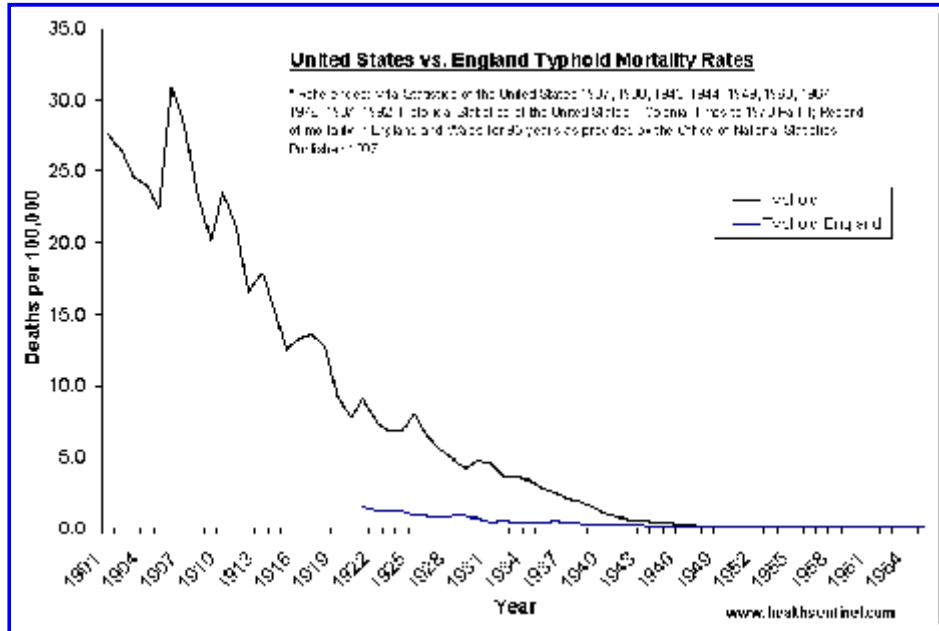
UK Scurvy Mortality Rates 1901 to 1967 – Published: Roman Bystryanyk

Medicine and especially drugs and vaccines played no part in the fall in Scurvy death rates and the same can be seen for other diseases. Scurvy is a condition caused by a lack of vitamin C. Poor nutrition, particularly a lack of fresh fruit and vegetables, can result in Scurvy. Mortality rates fell dramatically as living conditions improved.

## [Typhoid & Scarlet Fever – Mortality UK, USA & Australia](#)

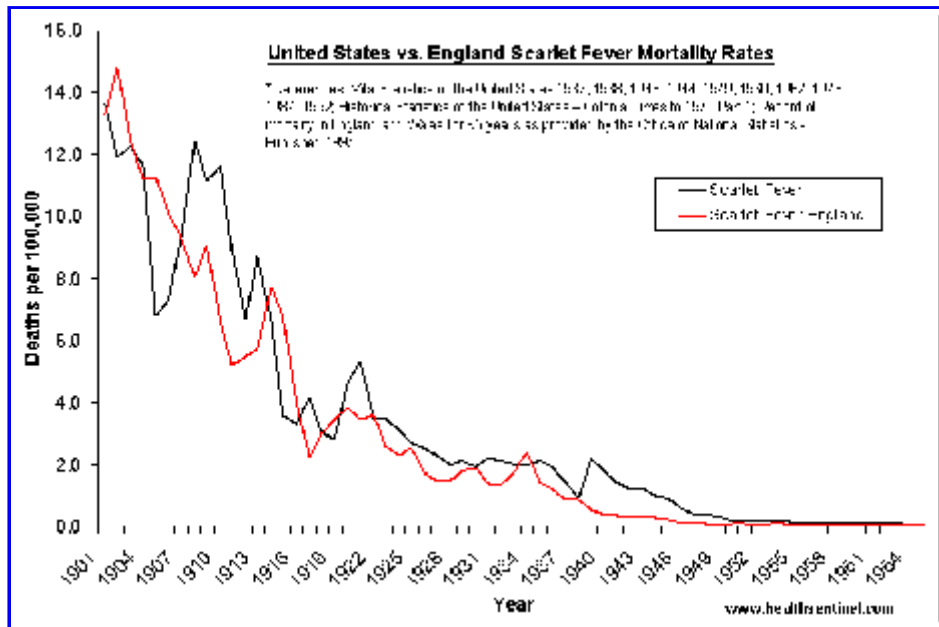
Typhoid and Scarlet Fever vanished without vaccines but with clean water, better nutrition, sanitation and living conditions.

[Click Graph to Enlarge - Opens In New Window]

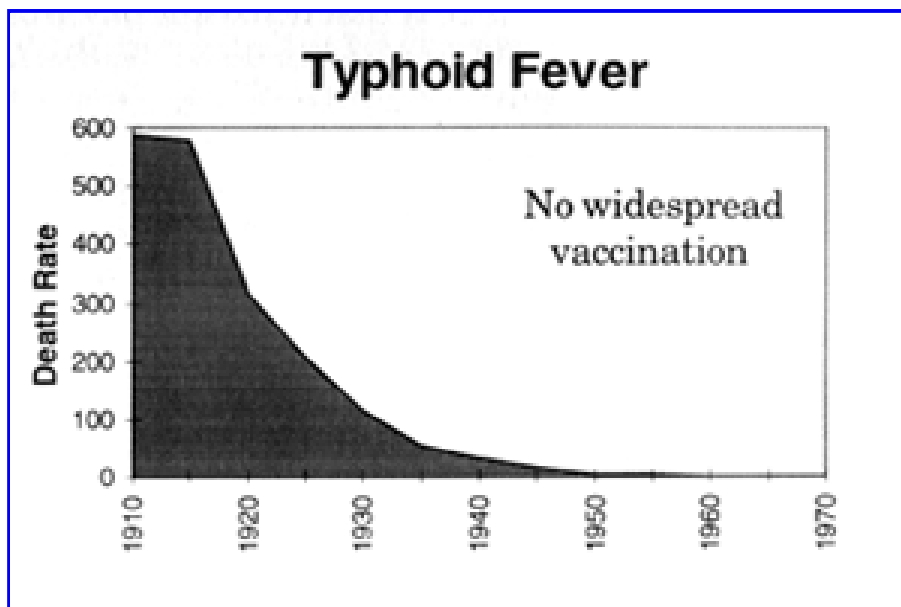


USA Compared to UK Typhoid Mortality 1901 to 1965 – Published: Roman Bystrianyk

[Click Graph to Enlarge - Opens In New Window]

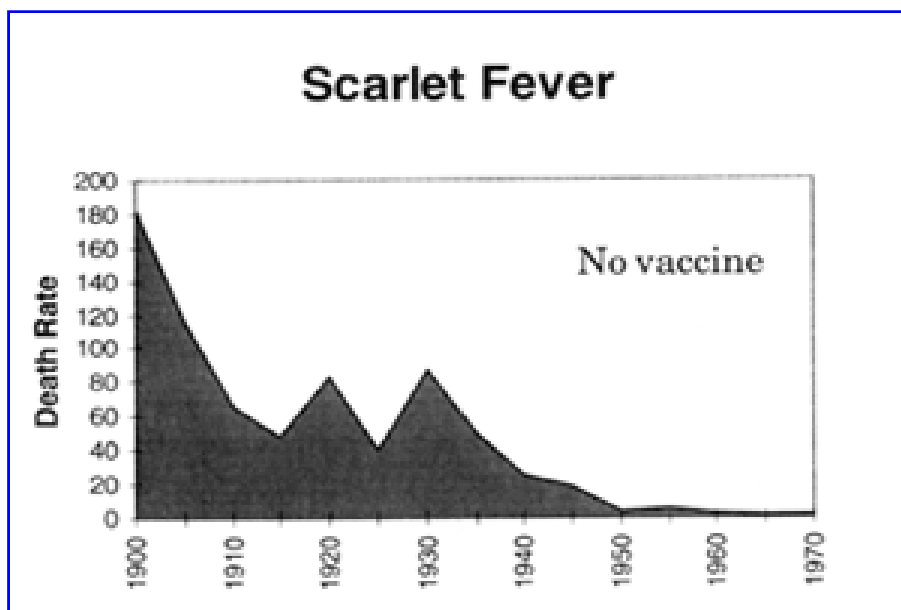


USA Compared to UK Scarlet Fever Mortality 1901 to 1965 – Published: Roman Bystrianyk



Australia Typhoid Mortality Rates 1880 to 1970

[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book "[Vaccination A Parent's Dilemma](#)" - [Downloadable Now](#)]



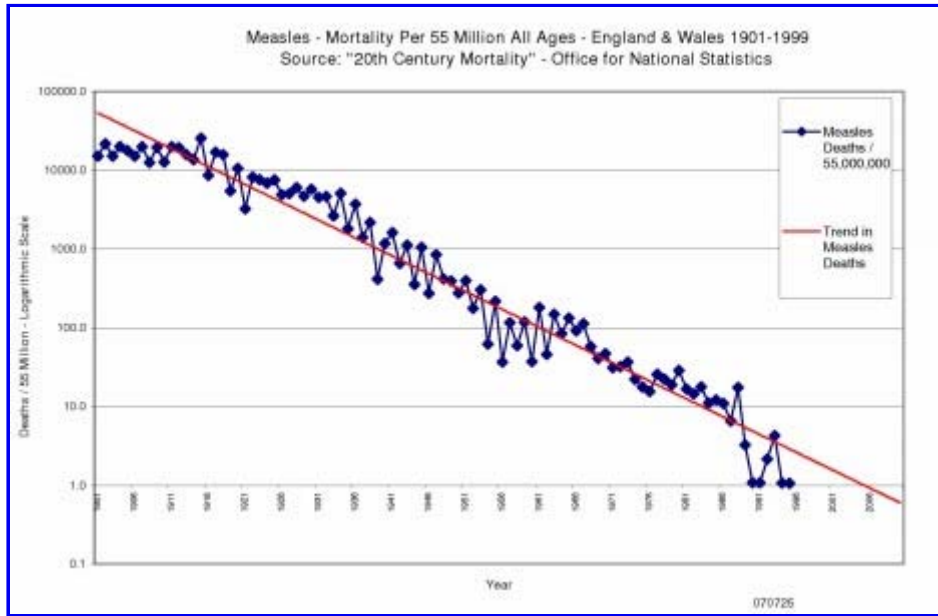
Australia Scarlet Fever Mortality Rates 1880 to 1970

[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book "[Vaccination A Parent's Dilemma](#)" - [Downloadable Now](#)]

## [MEASLES MORTALITY UK & USA](#)

By 2007 the chance of anyone in England and Wales dying of measles if no one were vaccinated was less than 1 in 55 million. The chance of being struck by lightning is 30 to 60 times higher: [Tornado & Storm Research Organisation](#)

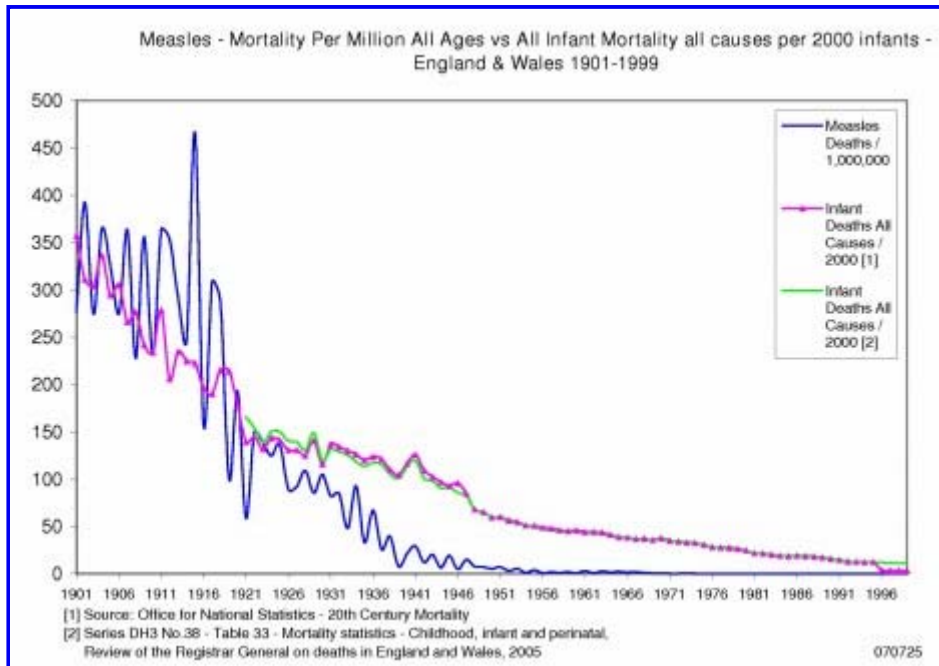
[Click Graph to Enlarge - Opens In New Window]



Measles Mortality England & Wales 1901 to 1999 – Logarithmic Scale [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England]

Note that what seem large fluctuations after MMR vaccination was introduced in 1988 are not so large and are a feature of plotting the graph on a logarithmic scale. This can be seen in the following graph, plotted on an analog scale.

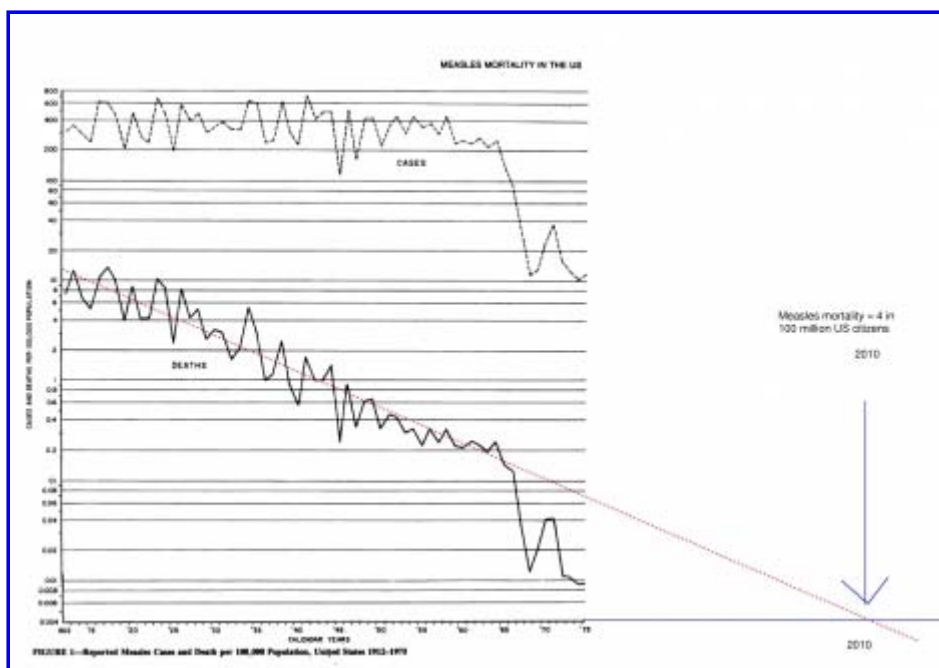
[Click Graph to Enlarge - Opens In New Window]



Measles Mortality England & Wales 1901 to 1999 – Analog Scale – [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England

The graph below is from a peer refereed medical paper: [Englehardt SF, Halsey NA, Eddins DL, Hinman AR. Measles mortality in the United States 1971-1975. Am J Public Health 1980;70:1166–1169.](#) The red dotted trendline has been added. This shows US measles mortality was falling regardless of whether vaccination was used. By 2010 overall measles mortality in the USA was to fall to around 1 in 25 million without vaccines. As the severity of measles declined, long term complications would also. Whilst people still caught measles it was not the dreaded disease we are told it is today.

[Click Graph to Enlarge - Opens In New Window]



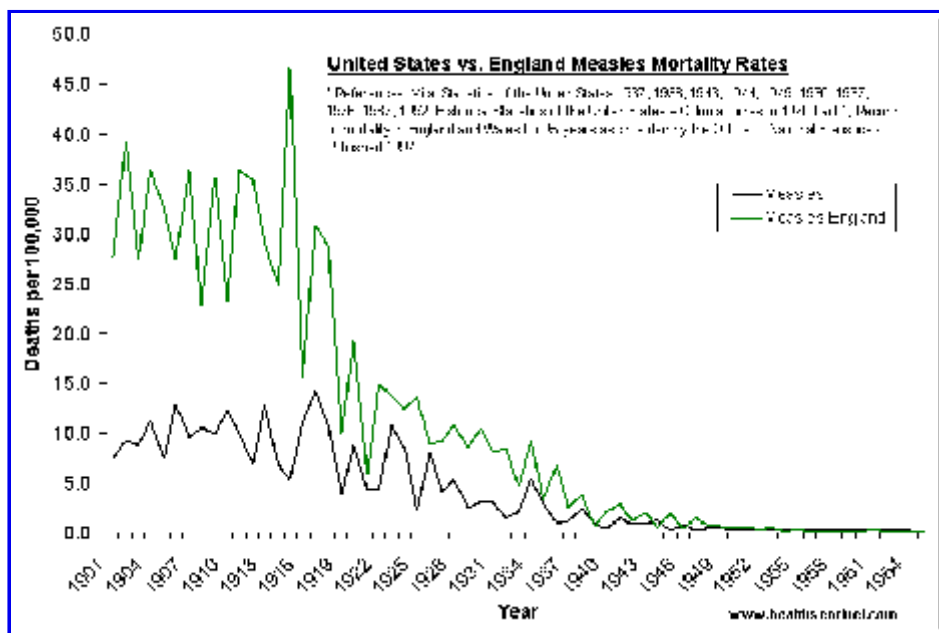
USA Measles Mortality 1912 to 1975 [Source: Measles mortality in the United States 1971-1975. Halsey et al, Am J Public Health 1980;70:1166–1169.



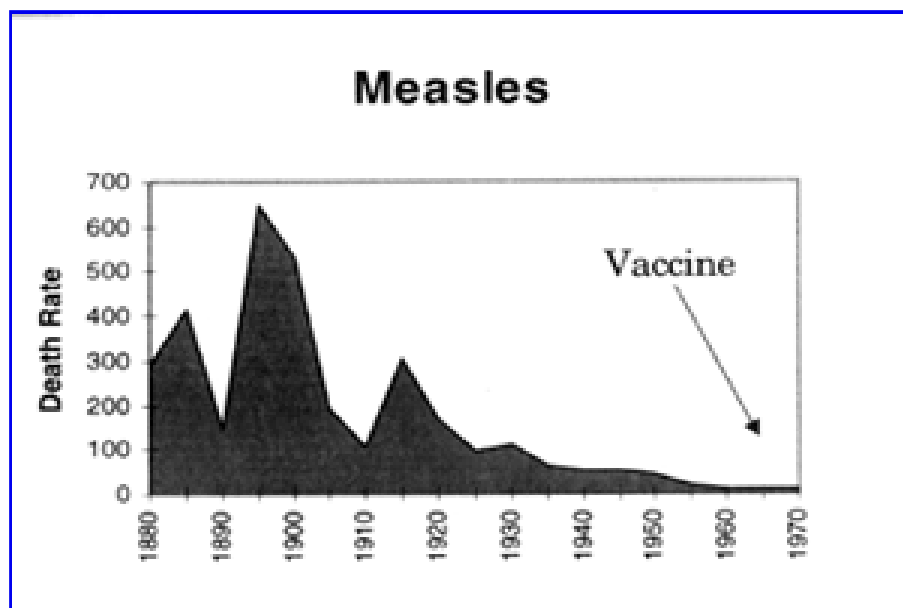
The seeming fall in reported ordinary [ie. non fatal] measles cases in the above Halsey graph after 1968 is misleading. Doctors are poor in accuracy of diagnosis and follow fashions. Official UK records for 2006 show that when doctors are looking for a disease, they overdiagnose suspected measles cases varying by 10 times to 74 times higher than is confirmed by laboratory testing: [74 times overdiagnosed SOURCE: CDR Weekly, Volume 15 Number 12 Published: 24 March 2005], [10 times overdiagnosed, CDR Weekly, PHLS 12:26], [ 15.6 times overdiagnosed, SOURCE: CDR Weekly, Volume 16 Number 12 Published on: 23 March 2006]

Correspondingly, when vaccination was introduced, they will tend to follow the fashion of not diagnosing measles, where they believe it controlled by vaccination. This following of fashions has been seen in other areas, including Coroner diagnoses of causes of death.

[Click Graph to Enlarge - Opens In New Window]



USA Measles Mortality Compared to UK 1901 to 1965 – Published: Roman Bystryanyk



Australia Measles Mortality Rates 1880 to 1970

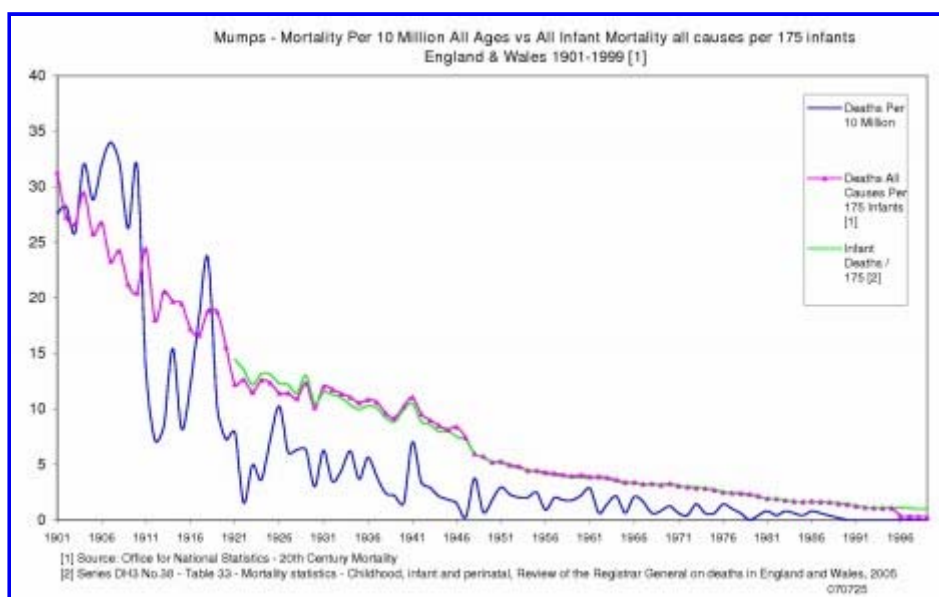
[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book "[Vaccination A Parent's Dilemma](#)" - [Downloadable Now](#)]

[To Contents](#)

## [Mumps Mortality – England & Wales](#)

It is not exaggeration but accurate to state that mumps vaccination takes the medical profession firmly into the territory of the criminal law and unethical medical treatment of children.

[Click Graph to Enlarge - Opens In New Window]



Mumps Mortality England & Wales 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England]

Providing treatment to a patient that is not clinically needed and misleading patients as to the clinical need for a treatment so as to vitiate their consent can mean the administration of the treatment is a criminal offence: *Appleton v Garrett* (1995) 34 BMLR 23.

According to The British Medical Association ('BMA') and The Royal Pharmaceutical Society of Great Britain (RPSGB) mumps vaccination is clinically inappropriate:-

"Since mumps and its complications are very rarely serious there is little indication for the routine use of mumps vaccine": *British National Formulary ('BNF') 1985 and 1986*

Freedom of Information documents show the UK's Joint Committee on Vaccination and Immunisation and Ministry of Defence agreed as early as 1974 that:-

*"there was no need to introduce routine vaccination against mumps"*

because "*complications from the disease were rare*" JCVI minutes 11 Dec 1974.

Doctors and nurses who fail to tell parents mumps vaccine in MMR is clinically unnecessary, of the exact risks of adverse reactions and then give the vaccine appear to be behaving unethically, potentially in contravention of the criminal law and liable to civil proceedings for damages. They are also unable to explain the exact risks because data on adverse reactions are not being collected properly or at all, and there is evidence showing adverse reaction data are suppressed.

A consequence is that giving MMR vaccine to children cannot be justified on clinical or ethical grounds. And as there is insufficient clinical benefit to children to introduce mass mumps vaccination, it cannot be justified as a general public health measure.

And one consequence of this unnecessary measure is that we are now putting young male adults at risk of orchitis and sterility because they did not catch natural mumps harmlessly when children and because MMR vaccination is not effective in conferring full or lasting immunity across an entire population.

One effect of MMR vaccination has been to push mumps outbreaks into older age groups. Mumps now circulates in colleges and universities: [Mumps and the UK epidemic 2005](#), R K Gupta, J Best, E MacMahon BMJ 2005;330:1132-1135 (14 May).

1 in 4 males who has achieved puberty and has not achieved immunity to mumps runs the risk of orchitis. Orchitis (usually unilateral) has been reported as a complication in 20-30% of clinical mumps cases in postpubertal males. Some testicular atrophy occurs in about 35% of cases of mumps orchitis: [Mumps](#) - Emedicine. This means one of the male testicles shrivels up. Affected men can become sterile in one testicle. This affects one in every nine males who catch mumps after puberty compared with none who catch it before puberty. It is only because most men have two testicles and only one is affected that total sterility is rare. Most men would find that little consolation. Having a shrivelled testicle would carry psychological and practical consequences for any intimate physical relationship in adult life. The message seems to be it is better for a child to catch mumps naturally before puberty.

[To Contents](#)

## [\*\*Rubella Mortality, England and Wales\*\*](#)

As with mumps, rubella vaccination again takes the medical profession into the territory of the criminal law and unethical treatment of children. A graph for rubella mortality is not included because death from rubella over the last century was so rare the figures are insufficient to plot a graph of any note.

Aside from a rash the adverse effects of rubella for children are minimal. Vaccination against rubella is of no clinical benefit to a child particularly when

compared to the risks of adverse vaccine reactions. If a pregnant woman catches rubella infection during the first three months of pregnancy and the child survives, this poses a risk to the unborn child of being born with congenital rubella syndrome (CRS), involving multiple congenital abnormalities.

Prior to the introduction of rubella vaccine, the number of annual cases in the UK was small, around 50 per annum. Additionally, 92% of rubella cases deliver normal healthy children: DANISH MEDICAL BULLETIN MARCH 1987 - WAVES Vol. 11 No. 4 p. 21 .This small risk can also be reduced either by making sure all women have caught rubella as children or by vaccinating those who have not prior to puberty. This minimises the exposure of children to the vaccine and hence to unnecessary risks of adverse vaccine reactions.

In comparison birth defects from any other cause are much higher:

*"Birth defects affect about one in every 33 babies born in the United States each year. They are the leading cause of infant deaths, accounting for more than 20% of all infant deaths. Babies born with birth defects have a greater chance of illness and long term disability than babies without birth defects."*: [Birth Defects](#) US Centers for Disease Control and Prevention - accessed 11th May 2008

To see how egregious is the exaggeration of risk from rubella in order to scare parents into vaccinating their children, see the following:-

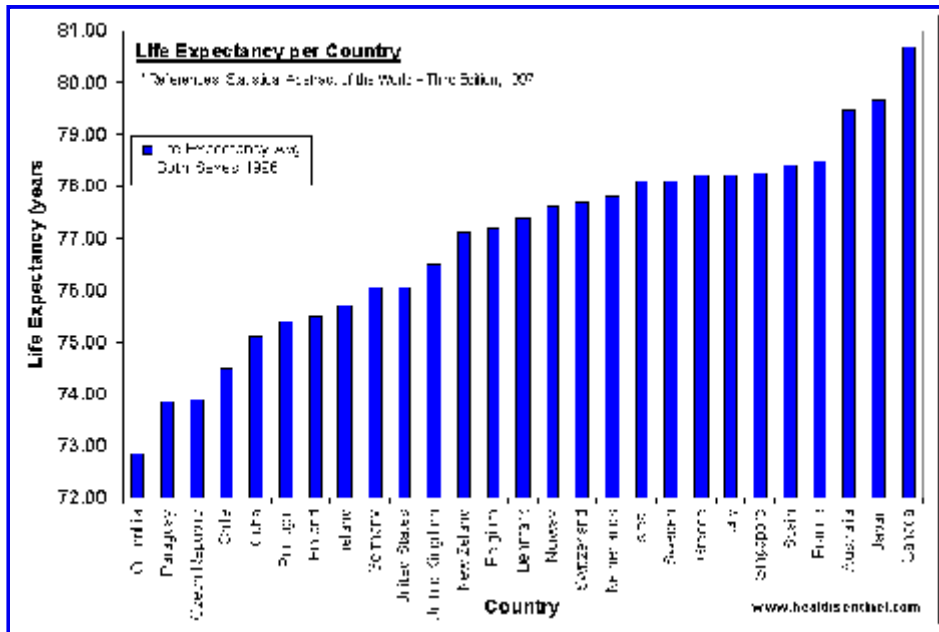
- [False Government Rubella Scare Stories - Reply to Professor Louis Z Cooper](#) 6 June 2005
- [Rubella Scares - Demonstrating the Figures are False](#) 11 August 2005
- [False Government Rubella Scare Stories - Only 20,000 Percent Overstated](#) 1 June 2005

[To Contents](#)

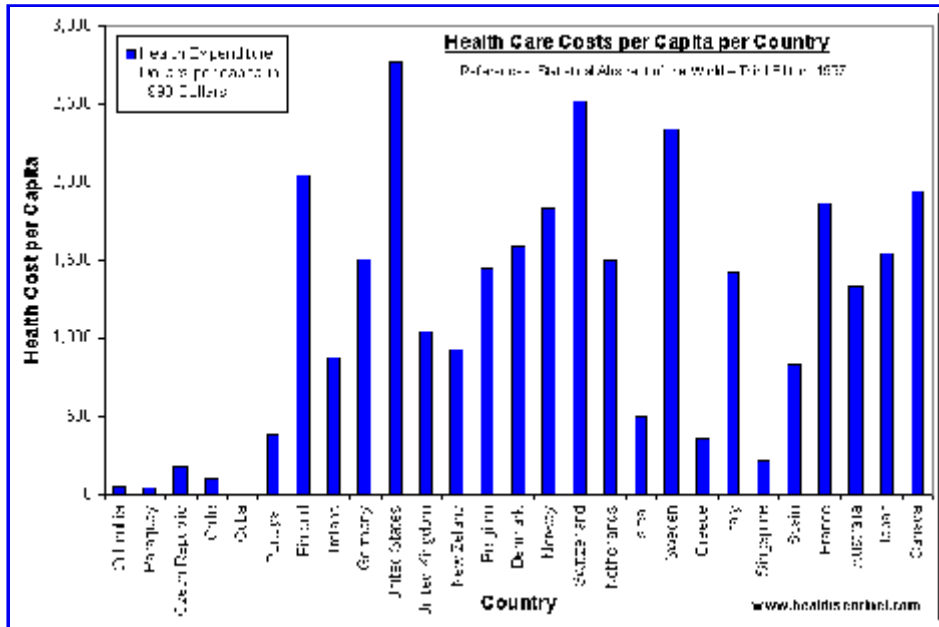
## **MORTALITY, LIFE EXPECTANCY, HEALTHCARE COSTS** **UK, USA AND WORLDWIDE**

Does paying for healthcare bring you better health and a longer life? No. The following graphs show that in 1996, average life expectancy in the US was 18th of all countries, being 5 years less than Canada and behind the UK. But Americans were paying per person US\$1000 or over 1/3rd more than Canadians and nearly 2/3rds more than the British. And if you then take a look at the graphs of mortality, what were Americans getting for their money? Mortality rates were falling anyway, regardless and kept on falling. Life expectancy increased as time went by, but again substantially due to overall improved living conditions.

[Click Graph to Enlarge - Opens In New Window]

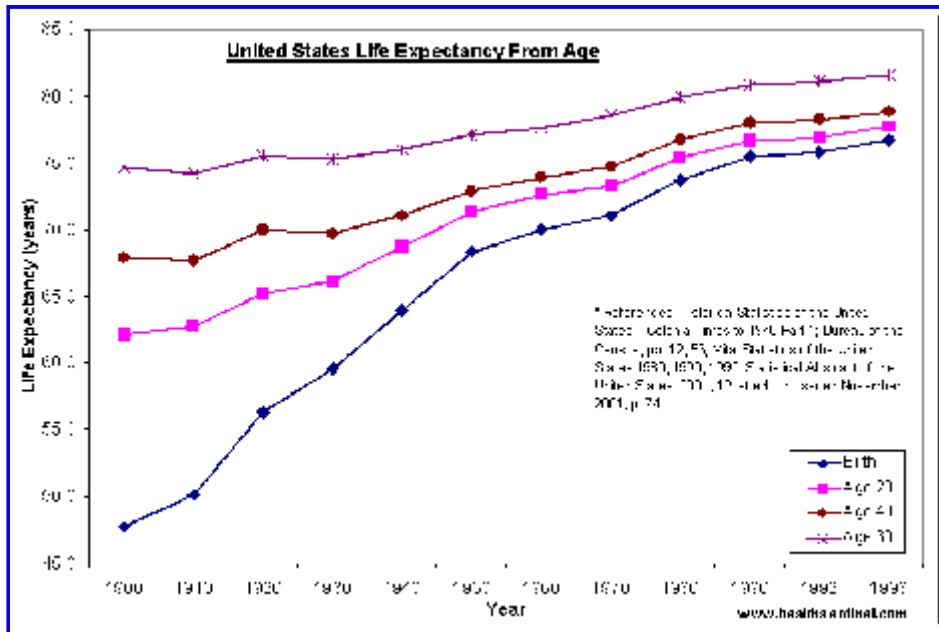


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World Healthcare Costs (\$) 1990 – Published: Roman Bystryanyk

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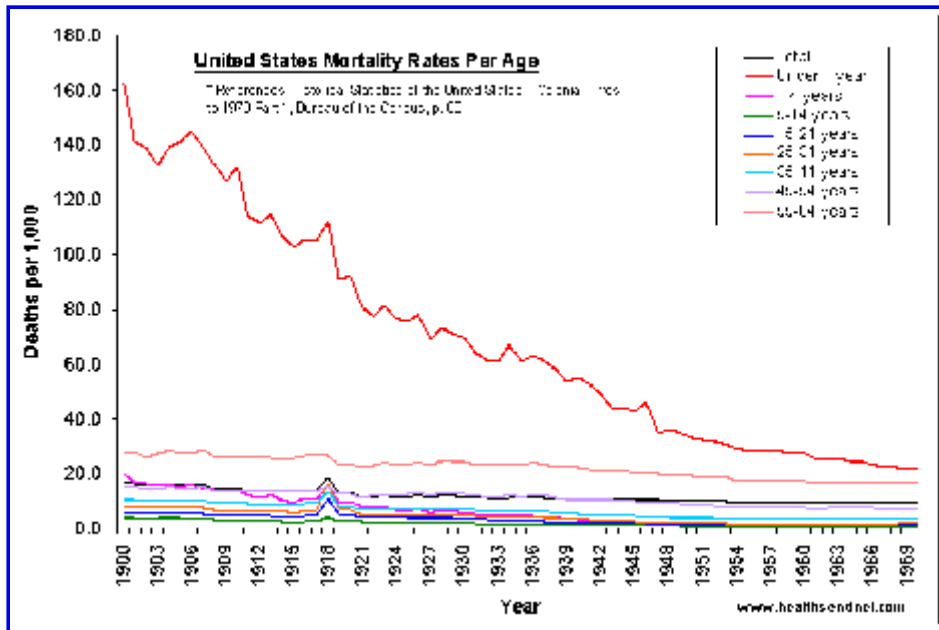


USA Life Expectancy by Age 1900 to 1998 – Published: Roman Bystrianykh

[To Contents](#)

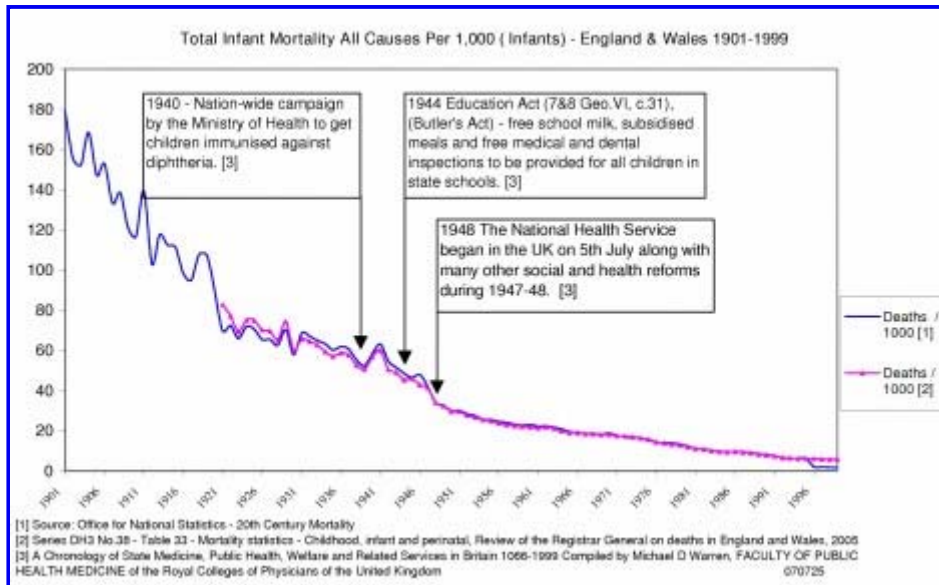
## MORTALITY – USA AND UK

[Click Graph to Enlarge - Opens In New Window]



USA Mortality by Age at Death 1900 to 1970 – Published: Roman Bystrianykh

[Click Graph to Enlarge - Opens In New Window]



England & Wales Total Infant Mortality 1901 to 1999

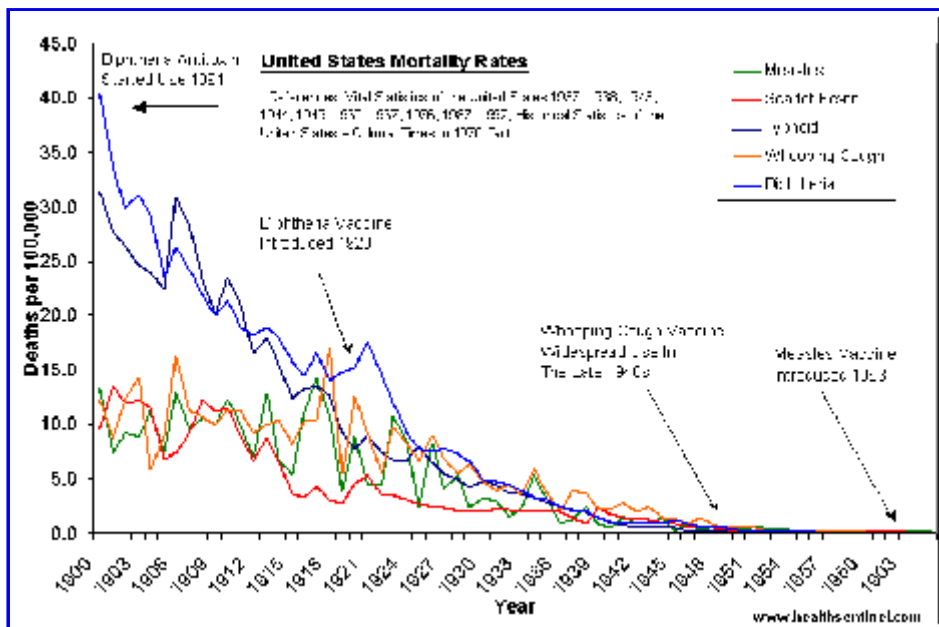
[To Contents](#)

## [DISEASE MORTALITY UK, USA & AUSTRALIA](#)

[To Contents](#)

### [MEASLES, SCARLET FEVER, WHOOPING COUGH, TYPHOID, DIPHTHERIA, INFLUENZA, PNEUMONIA & TUBERCULOSIS](#)

[Click Graph to Enlarge - Opens In New Window]

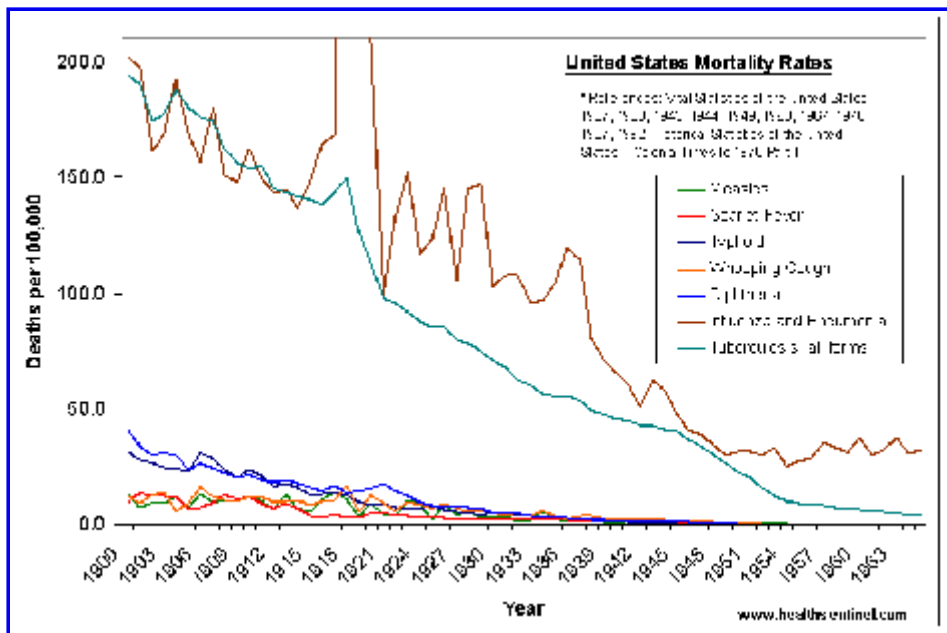


USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever – Published: Roman Bystryanyk

The following is the same USA graph as just above, but with Influenza and Tuberculosis Deaths included. And you can see that Influenza deaths were not prevented by a vaccine – because for most of the period covered, there was no vaccine available at all and when it became available, it was not freely available until

the present day – when guess what – ‘flu mortality had already plummeted – and guess what else – it does not work particularly well either – in fact so badly it may well be best avoided.

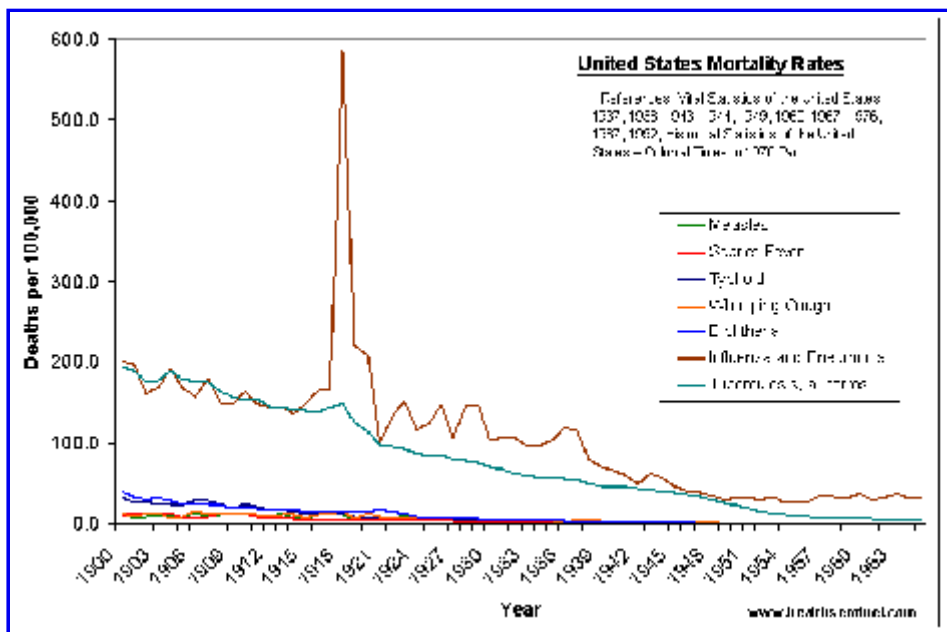
[Click Graph to Enlarge - Opens In New Window]



USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever, Influenza & Pneumonia, Tuberculosis – Published: Roman Bystryanyk

The following is the same graph as above but showing the full curve for influenza and pneumonia mortality.

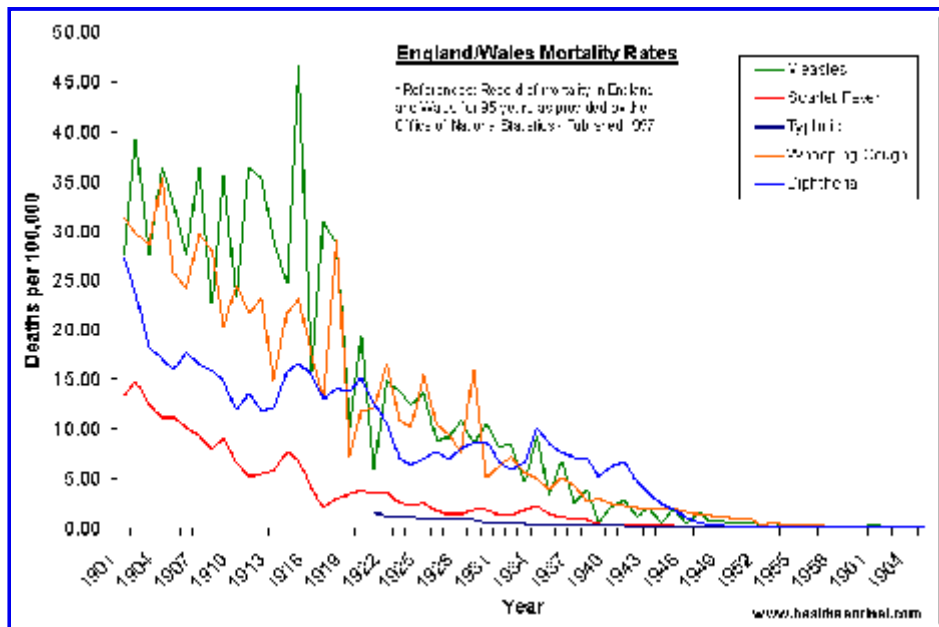
[Click Graph to Enlarge - Opens In New Window]



USA Disease Mortality 1900 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever, Influenza & Pneumonia, Tuberculosis – Published: Roman Bystryanyk

[Click Graph to Enlarge - Opens In New Window]





UK Disease Mortality 1901 to 1965 Measles, Typhoid, Pertussis (Whooping Cough), Diphtheria, Scarlet Fever – Published: Roman Bystranyk

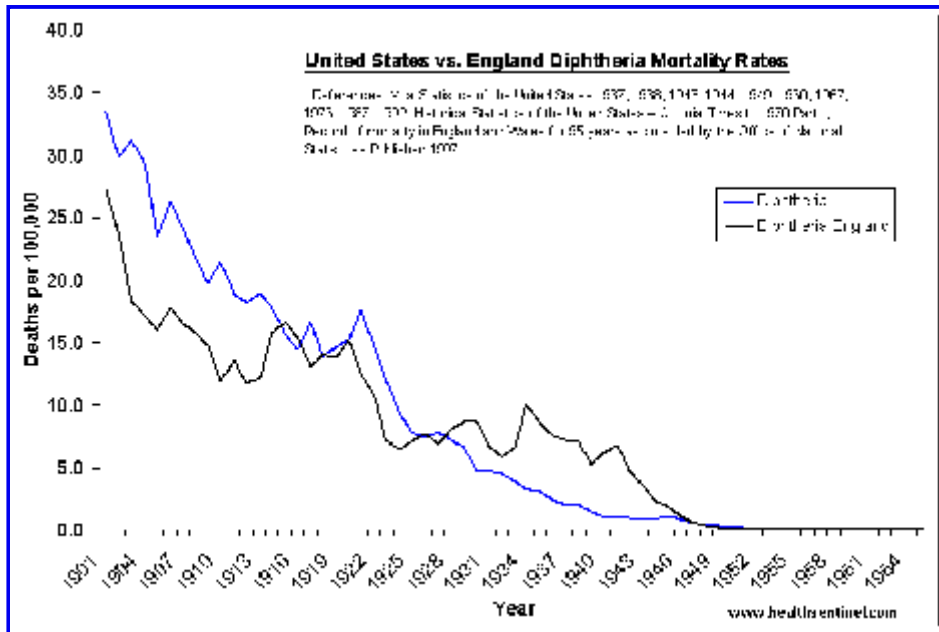
[To Contents](#)

## [DIPHTHERIA MORTALITY](#)

### [England, USA & Australia](#)

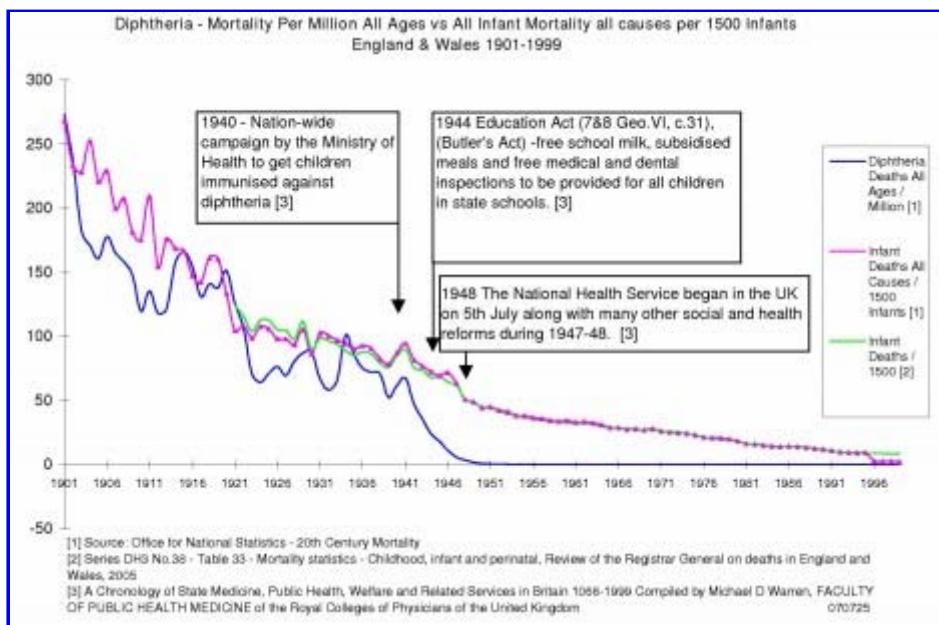
Here we see Diphtheria mortality falling all by itself. In the UK, although the vaccine was introduced in 1940, most children particularly under 5 did not get it and there was a large catch-up campaign in 1945-6. The under 5 age group are the most at risk from infectious disease. But can you see any difference in the rate of fall of mortality from Diphtheria after 1946 in the UK? No? Surprised? The “success” of diphtheria vaccine is another unscientific quasi religious faith of the medical professions which is not backed up by scientific data.

[Click Graph to Enlarge - Opens In New Window]

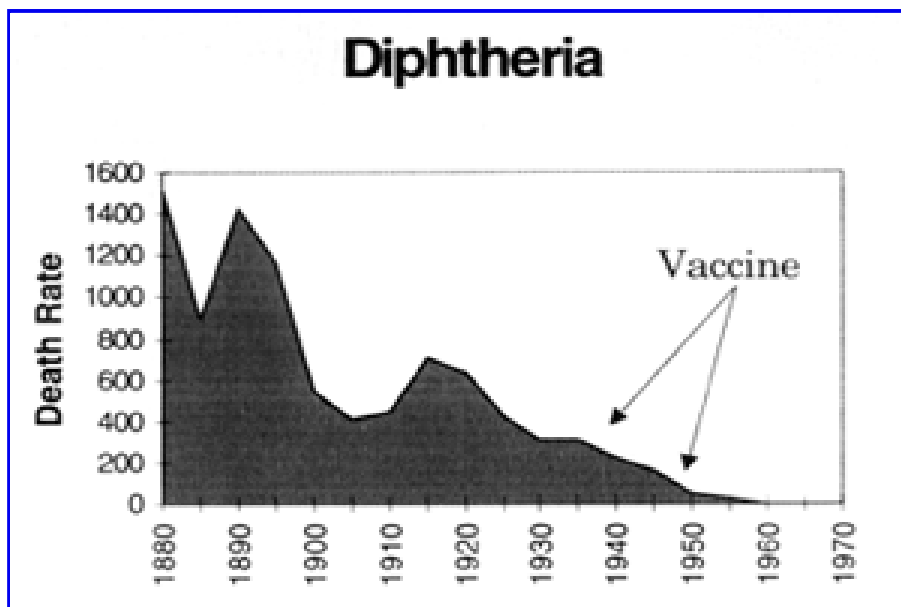


USA Compared to UK Diphtheria Mortality 1901 to 1965 – Published: Roman Bystrianyuk

[Click Graph to Enlarge - Opens In New Window]



England & Wales Diphtheria Mortality 1901 to 1999 – [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England]



Australia Diphtheria Mortality Rates 1880 to 1970

[SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book "["Vaccination A Parent's Dilemma"](#)" - [Downloadable Now](#)]

Diphtheria vaccine was introduced to the UK in 1940. It is certain beyond doubt that diphtheria vaccine **played no part** in the sudden fall in diphtheria mortality from 1941 to 1946 [see graph] . The records show most children went unvaccinated **until after the major fall**. The graph of total infant mortality as a benchmark also shows the vaccine made no discernible difference to diphtheria mortality at any other time.

By the end of 1941:-

*"about 36 percent of school age children had been immunised but only about 19 percent of the younger children"*: [British Journal of Nursing October 1948 p121](#).

It was not until 1946-7 – after the substantial fall in diphtheria mortality had taken place that a major effort was made to vaccinate the children who had been missed. 969,000 children under 5 were "immunised": [British Journal of Nursing October 1948 p121](#). With an annual birth rate in the region of 200,000 that represented most of the children born during 1941 to 1946. So diphtheria vaccination could not have been responsible for the fall.

But we can identify what was most likely responsible. We can see the impact of the social health and welfare reforms of 1944, 1947 and 1948. Free school milk provided, among other nourishment, vitamin A to help children's immune systems fight disease. It is vitamin A which the World Health Organisation is keen to provide to third world children now for the same reason.

It can be seen that the benchmark decline in general infant mortality (ie. all causes of infant death) closely follows the decline in diphtheria mortality in the general population. This again demonstrates that the decline in diphtheria mortality was part

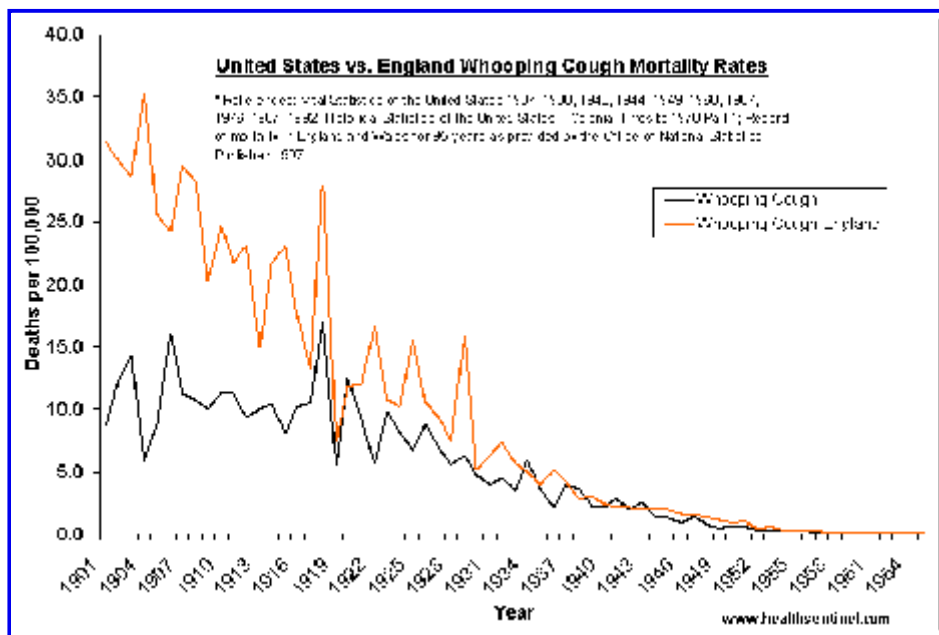
of a general trend and had little or nothing to do with the introduction of vaccination.

[To Contents](#)

## [WHOOPING COUGH \(PERTUSSIS\) MORTALITY – UK, USA & Australia](#)

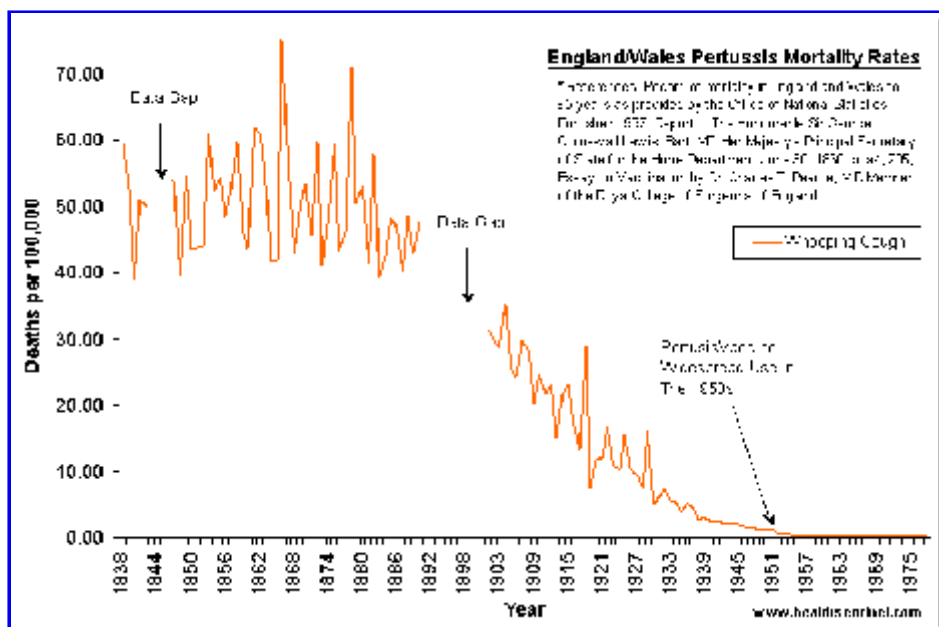
Whooping Cough or Pertussis – again, the mortality rates fell substantially well before any vaccines were introduced. The contribution, if any, to overall health has been negligible. The decline in general infant mortality closely follows the decline in Whooping Cough mortality in the general population. This again demonstrates that the decline in Whooping Cough mortality was part of a general trend and had little or nothing to do with the introduction of vaccination:-

[Click Graph to Enlarge - Opens In New Window]



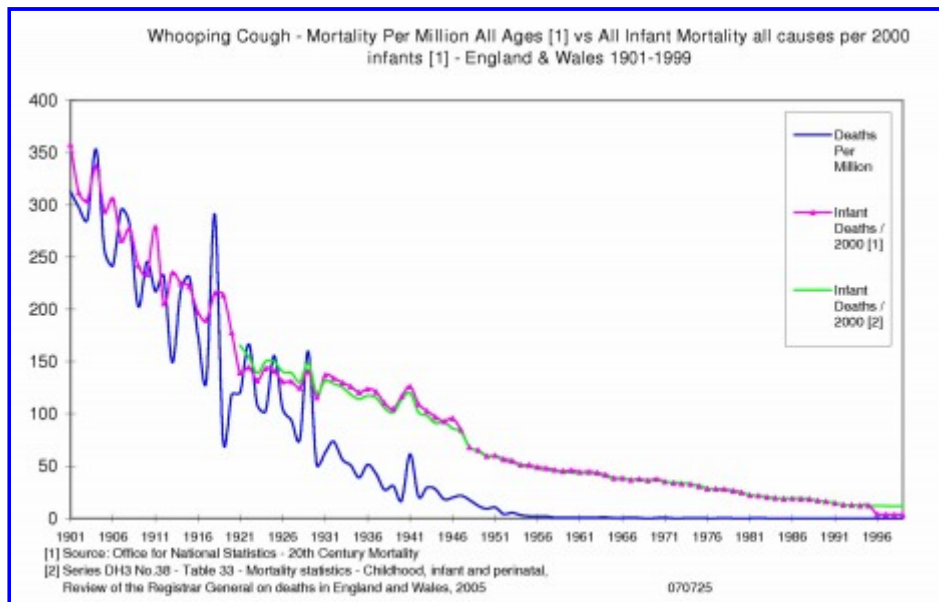
USA Compared to UK Whooping Cough (Pertussis) Mortality 1901 to 1965 – Published: Roman Bystryanyk

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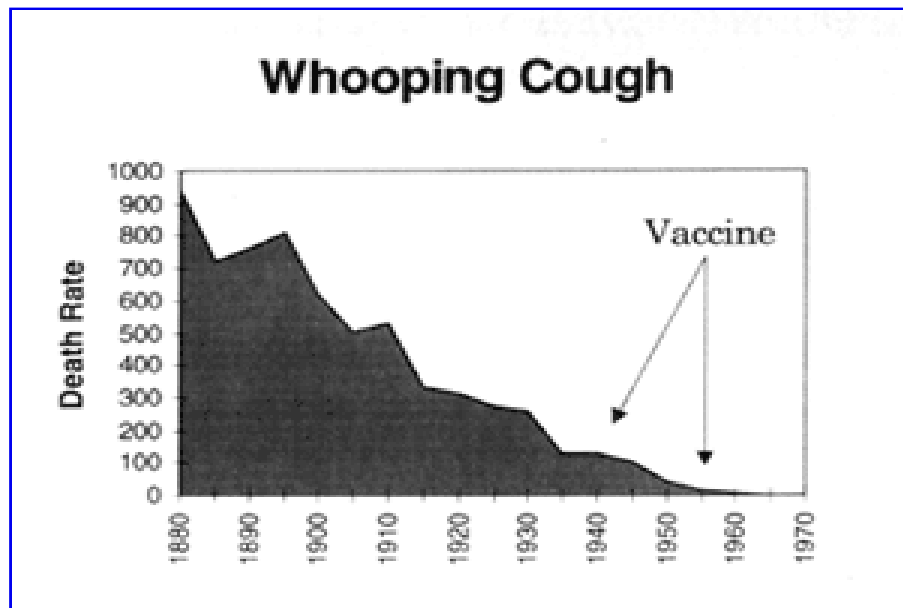


## UK Whooping Cough (Pertussis) Mortality 1838 to 1978 – Published: Roman Bystrianykh

[Click Graph to Enlarge - Opens In New Window]



England & Wales Whooping Cough (Pertussis) Mortality 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England]

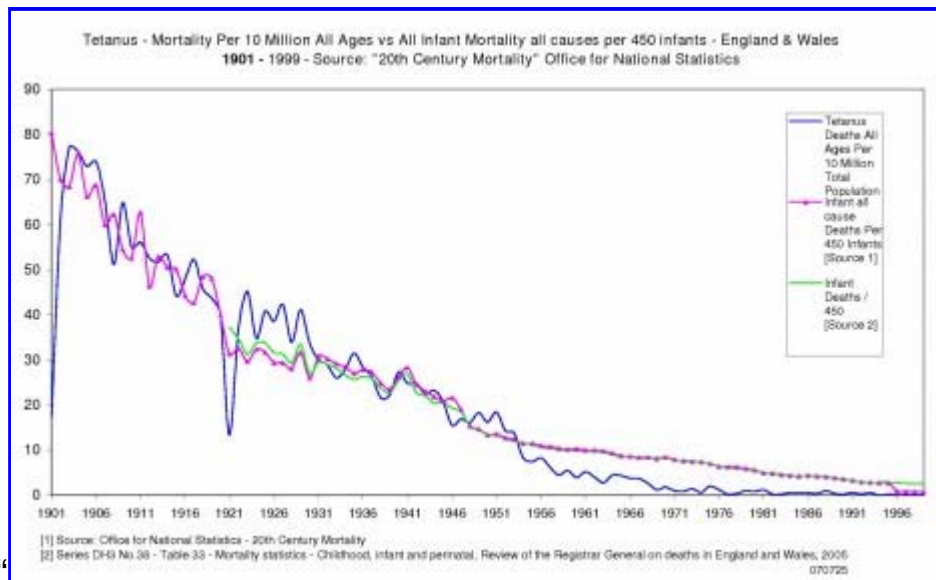


Australian Whooping Cough (Pertussis) Mortality 1880-1970 - [SOURCE: Data - Official Year Books of the Commonwealth of Australia, as reproduced in Greg Beattie's book "[Vaccination A Parent's Dilemma](#)" - [Downloadable Now](#)]

[To Contents](#)

## [Tetanus Mortality – England & Wales 1901 to 1999](#)

[Click Graph to Enlarge - Opens In New Window]



Tetanus Mortality England & Wales 1901 to 1999 [By Clifford G. Miller - For Evidence in the Dr Jayne Donegan General Medical Council Hearings August 2007, Manchester, England

### Tetanus Mortality England & Wales 1901 to 1999

This graph demonstrates that the administration of tetanus vaccine is likely to be pointless and puts children especially at risk of adverse reactions to the vaccines.

There is only one respect in which modern medicine could have had an indirect effect. This came with the social reforms of 1947-48 which saw the introduction of the National Health Service. Coupled with this was the start of the reduction in numbers of farm workers with the start of increased mechanisation and industrial scale farming in Britain after the 1939-1945 World War. The numbers of farm labour fell by half post war and the increase in mechanisation also reduced the chances of the injuries which were likely to result in tetanus

Fewer agricultural workers coupled with better access to healthcare would result in better treatment of wounds. Tetanus thrives in deep wounds which are not properly cleansed. So by having fewer agricultural workers and better wound care could reduce the incidence of tetanus cases. So if the reduction in tetanus mortality in the 1950s is anything other than part of the continuing decline with better standards of living, those two reasons are the most likely explanations.

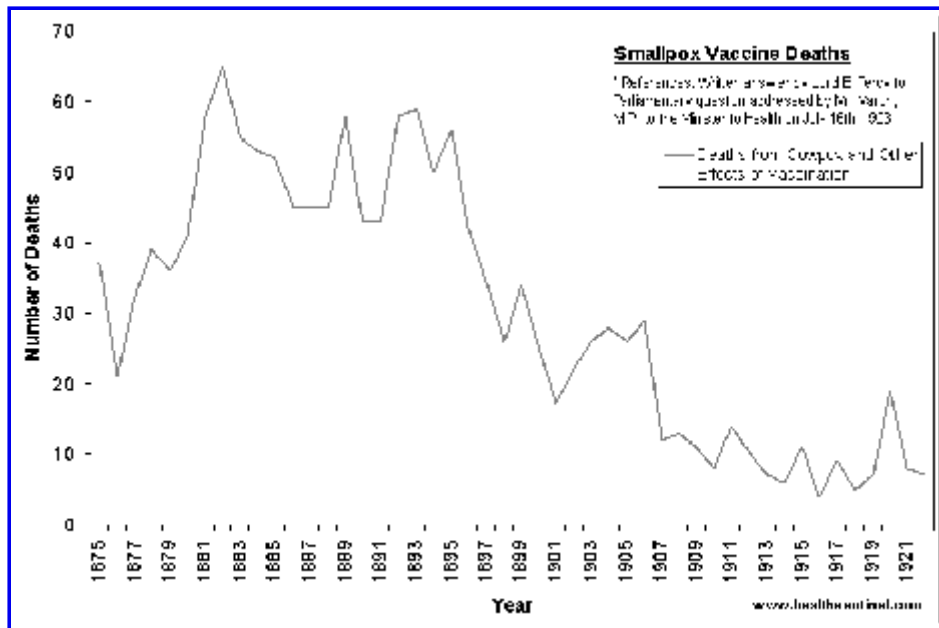
[To Contents](#)

## **SMALLPOX MORTALITY-UK, USA & SWEDEN**

In the graphs notice the large numbers of deaths caused by the smallpox vaccine itself. By 1901 in the UK, more people died from the smallpox vaccination than from smallpox itself. The severity of the disease diminished with improved living standards and was not vanquished by vaccination, as the medical "consensus" view tells us. Any vaccine which takes 100 years to "work" is not. On any scientific analysis of the history and data, crediting smallpox vaccine for the decline in smallpox appears misplaced.

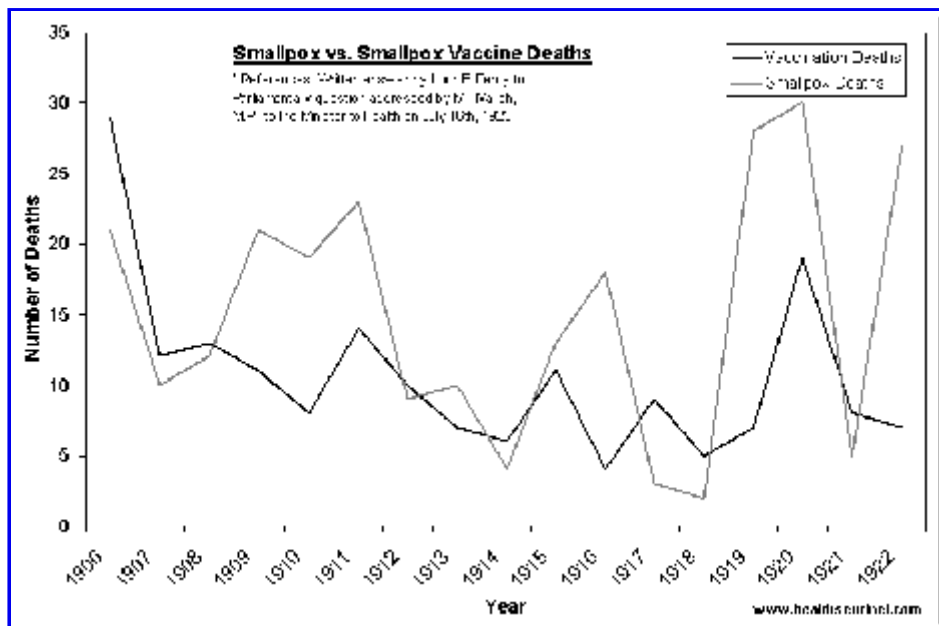
When during 1880-1908 the City of Leicester in England stopped vaccination compared to the rest of the UK and elsewhere, its survival rates soared and smallpox death rates plummeted [see table below]. Leicester's approach also cost far less.

[Click Graph to Enlarge - Opens In New Window]



UK Deaths Caused by Smallpox Vaccination 1875 to 1922 – Published: Roman Bystrianyk

[Click Graph to Enlarge - Opens In New Window]



UK Deaths from Smallpox Vaccine Compared To Smallpox Mortality 1906 to 1922 – Published: Roman Bystrianyk

[To Contents](#)

[Extracts from “LEICESTER: Sanitation versus Vaccination” By J.T. Biggs J.P.](#)

[To Contents](#)

**TABLE 21**

SMALLPOX FATALITY RATES, cases in vaccinated and re-vaccinated populations compared with “unprotected” Leicester – 1860 to 1908.

Name.	Period.	Small-Pox. Cases	Small-Pox. Deaths.	Fatality-rate per cent. of Cases
Japan	1886-1908	288,779	77,415	26.8
British Army (United Kingdom)	1860-1908	1,355	96	7.1
British Army (India)	1860-1908	2,753	307	11.1
British Army (Colonies)	1860-1908	934	82	8.8
Royal Navy	1860-1908	2,909	234	8.0
Grand Totals and case fatality rate per cent, over all		296,730	78,134	26.3
<a href="#">Leicester (since giving up vaccination)</a>	<a href="#">1880-1908</a>	<a href="#">1,206</a>	<a href="#">61</a>	<a href="#">5.1</a>

**Biggs said** *“In this comparison, I have given the numbers of revaccinated cases, and deaths, and each fatality-rate separately and together, so that they may be compared either way with Leicester. In pro-vaccinist language, may I ask, if the excessive small-pox fatality of Japan, of the British Army, and of the Royal Navy, are not due to vaccination and revaccination, to what are they due? It would afford an interesting psychical study were we able to know to what heights of eloquent glorification Sir George Buchanan would have soared with a corresponding result—but on the opposite side.”*

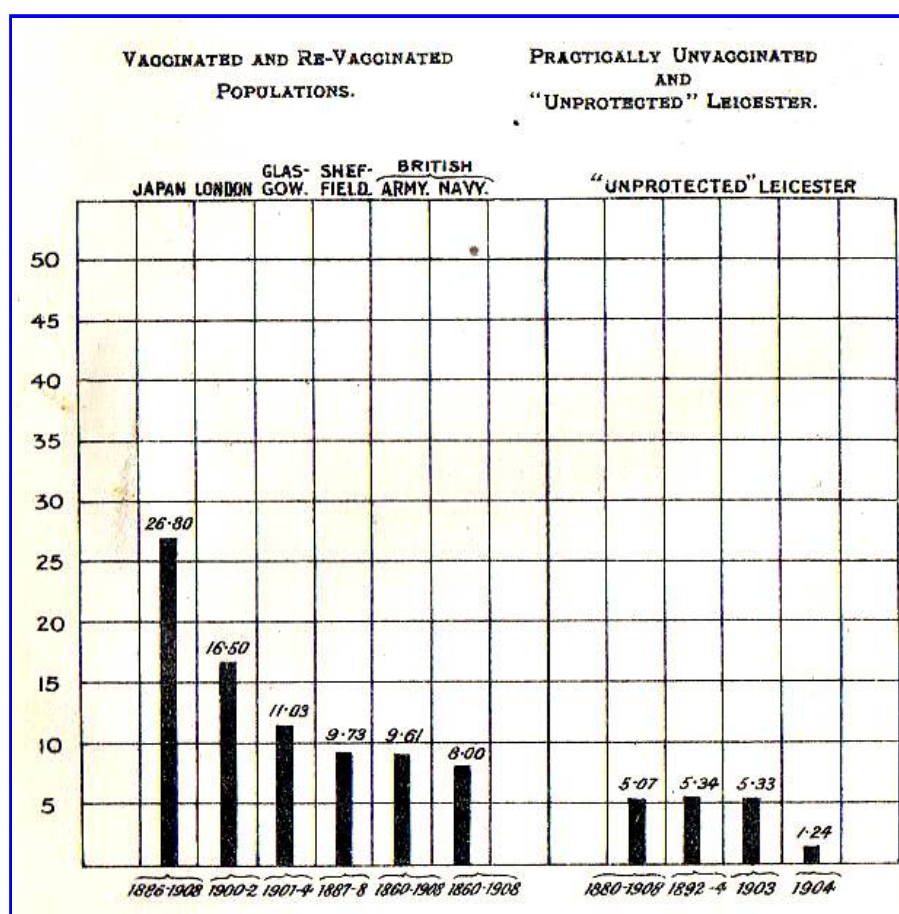
[To Contents](#)



**TABLE 29.**

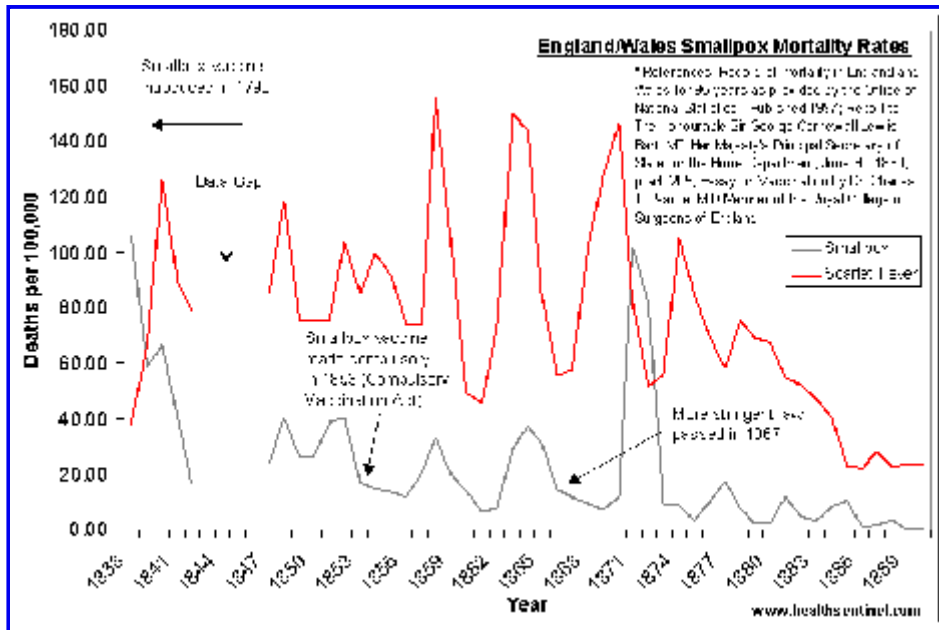
Small-Pox Epidemics, Cost, and Fatality Rates Compared

	Vaccinal Condition	Small-Pox Cases	Small-Pox Deaths	Fatality-rate Per Cent	Cost of Epidemic
London 1900-02	Well Vaccinated	9,659	1,594	16.50	£492,000
Glasgow 1900-02	Well Vaccinated	3,417	377	11.03	£ 150,000
Sheffield 1887-88	Well Vaccinated	7,066	688	9.73	£32,257
Leicester 1892-94	Practically Unvaccinated	393	21	5.34	£2,888
Leicester 1902-04	Practically Unvaccinated	731	30	4.10	£1,602



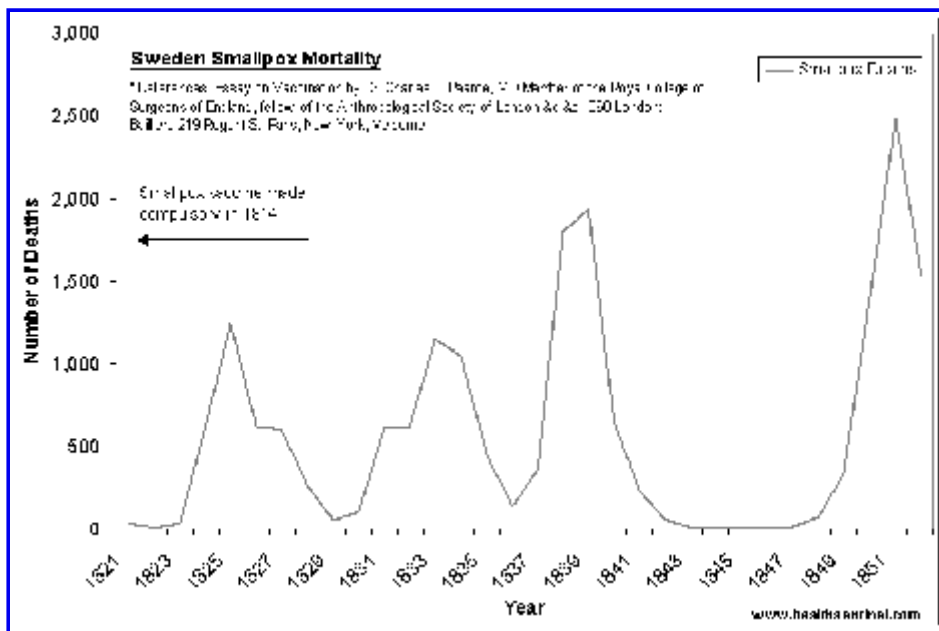
City of Leicester Smallpox Deaths 1880-1908

[Click Graph to Enlarge - Opens In New Window]



UK Smallpox Mortality Rates Compared to Scarlet Fever 1838 to 1890 – Published: Roman Bystryanyk

[Click Graph to Enlarge - Opens In New Window]



Sweden Smallpox Mortality Rates 1821 to 1852 – Published: Roman Bystryanyk