

Chapter 44 — Smallpox and Vaccination

of *The Essentials of Healthful Living* (1925)
by William S. Sadler, M.D., F.A.C.S.

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Sources for Chapter 44, in the order in which they appear

- (1) W. A. **Evans**, M.S., M.D., LL.D, D.P.H., *Dr. Evans' How to Keep Well: A Health Book for the Home* (New York: D. Appleton and Co., 1917)
- (2) Kenelm **Winslow**, B.A.S., M.D., *The Prevention of Disease in the Individual* (Philadelphia: W. B. Saunders Company, 1923)
- (3) Milton J. **Rosenau**, *Preventive Medicine and Hygiene* (New York: D. Appleton and Company, 1917)

Key

- (a) **Green** indicates a Sadler text (book or magazine article).
- (b) **Yellow** highlights most parallels.
- (c) **Tan** highlights parallelisms not occurring on the same row.
- (d) An underlined word or words indicates where the two parallel texts pointedly differ from each other.
- (e) **Bold type indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.**

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XLIV: SMALLPOX AND VACCINATION

XIX: CONTAGIOUS DISEASES (Evans 213)

SMALLPOX (Evans 213)

[See endnote.]

Minnesota and a few neighboring states say,

if everybody is vaccinated, there will be no smallpox.

It is unjust to make the vaccinated pay for expensive smallpox hospitals (E 213).

Compulsory vaccination laws have been enforced in every European country for about a quarter of a century. With them this question has not been open for debate, except in England, for about a generation.

In Cuba, Porto Rico, Panama, and the Philippines it is also demonstrated, proved, accepted, and no longer discussed. When, however, it is proposed to do as much for the children of Louisville as we have done for the Filipino,

there rises up a small but noisy group,

44:0.1 In Minnesota they have no smallpox hospitals.¹

They say—

why should a peculiar minority impose upon the majority the unnecessary expense of maintaining these institutions when,

if everyone is vaccinated, there will be no smallpox.

The only countries that debate compulsory vaccination are the English speaking peoples.

We can make the Philippines safe from smallpox but we can't make America,

because of this noisy but clamorous minority of well-meaning but ignorant citizens

SOURCE

44: ESSENTIALS OF HEALTHFUL LIVING

shrewd enough to cry out in the name of liberty (E 213).

who crave their liberty,

not only the liberty to have smallpox, but also to jeopardize the entire community.

HOW TO CONTROL SMALLPOX (Evans 214)

Smallpox is spread by close contact with a person who has the disease (E 214).

44:0.2 Smallpox is spread from one person to another.

It is a question of personal contact.

Although we do not know the exact germ that causes the disease, yet we know it must be a microbic malady.

One of the interesting things about smallpox is that

[Of late years many cases of small-pox have been very light and in some it has been difficult to distinguish small-pox from chicken-pox (Winslow 100).]

there are many light cases

These mild cases are just as contagious as the more violent ones (E 216).

which are just as contagious as the more malignant form of the disease.

44:0.3 *Symptoms.*

On the twelfth day the disease starts

The smallpox attack begins on the twelfth day after exposure,

with a severe chill, high fever, headache, and a bad backache.

with chills, high fever, headache and backache.

If it is a malarial country the chances are that the diagnosis will be chills and fever

In malarious districts it is often mistaken for chills and fever

and the treatment will be quinin (E 216).

and quinin is administered.

[contd] At the end of the third day or on the fourth day

After three or four days

the fever goes down, the headache and backache stop, and the sick man thinks the quinin has broken his chills (E 216).

[contd] He may get up and go down to the drug store for a soda or go out and call on his friends.

these patients sometimes get up and go about the neighborhood

Some friends will call his attention to a little breaking out probably on his forehead;

until their attention is called to the fact that they are breaking out on the forehead.

or maybe there is some itching and he notices the eruption when he scratches (E 216).

In the old-style smallpox the eruption usually appears first on the forehead but in this mild disease that came to us from Mexico sixteen years ago

In the case of Mexican smallpox

the eruption does not always appear on the forehead.

the eruption is exceedingly light and may appear first anywhere on the body (E 216).

It may appear on other parts of the body.

IV: GERM DISEASES (Winslow 94)

VACCINATION, SMALL-POX AND CHICKEN-POX (Winslow 94)

As influenza or grip is usually more familiar and common and, as the early symptoms of small-pox are very similar, small-pox is ordinarily mistaken for grip during the first three days

44:0.4 Smallpox is often confused with influenza at the time of the onset,

as the early symptoms of the two diseases are very similar.

Smallpox comes on with

of fever, headache, backache and vomiting.

But after that time the fever and illness often subside

and on the fourth day the eruption of small-pox appears,

first on the forehead, face

and front of the forearms.

This occurs as red spots, like flea bites,

soon becoming hard, shot-like pimples.

On the second or **third day** these are tipped with little blisters with depressed centers.

Three days later the blisters become filled with matter or pus, and are surrounded by a red area, and the skin is tight and swollen (W 100).

Vaccination is, then, the chief preventive means against small-pox.

fever, headache, backache and vomiting,

and sometimes these symptoms quite subside

before the eruption appears on the fourth day,

first on the forehead and face,

then spreading from there to the front of the forearms.

44:0.5 The smallpox eruption appears first as a red spot, much like a flea bite,

but it soon becomes hard and **then** little pimples, feeling like they contain shot, appear on the **third day**;

they are filled with fluid and become little blisters having depressed centers.

Within three more days the blisters become pustular

and great pains must be exercised to see that they are not scratched as they leave the well-known pock-mark if they are thus disturbed.

44:0.6 *Prevention.*

Vaccination is the one and only preventive of smallpox.

That is, it is the only one worthy of practical consideration.

In addition, isolation of the sick in a guarded house or in a hospital, and vaccination of exposed persons, who should be isolated and watched daily for three weeks, are essential (W 99).

It is being generally accepted by medical authorities that the contagious eruptive skin diseases, as scarlet fever, measles, and small-pox, are chiefly communicated

by the secretions of the eyes, nose, skin and throat,

and by direct contact of persons with these secretions—

not through the air by means of scales or some imaginary emanation from the skin.

If every one were properly vaccinated small-pox would disappear ... (W 100).

Cowpox is generally regarded as a form of small-pox modified by passing through the cow (W 96).

Of course, the patient should be isolated

and all unvaccinated persons—those who are not known to be definitely immunized—should be denied access to him.

The routine methods of disinfection and care of all that pertains to the spread of the contagion should be carried out.

In the case of smallpox,

it is believed that the contagion is spread

by droplet infection—

by means of the secretions of the nose, throat, and mouth,

and that it is not carried through the air.

44:0.7 One thing is certain,

if all of a single generation could be vaccinated, smallpox would disappear.

44:0.8 *Cowpox.*

Cowpox is believed to be a modification or attenuated form of smallpox as the result of passing through the cow,

and our whole scheme of vaccination is merely the process of taking advantage of this fact.

Smallpox vaccination merely consists in giving the patient cowpox, which in turn confers immunity against smallpox.

We get smallpox vaccine by

The vaccine matter is obtained by inoculating the bellies of calves with vaccine matter taken from other calves or from vaccinated human beings,

which has been examined microscopically to prove its absence from harmful germs.

The matter having been rubbed into scratches on the clean skin of the calf,

the eruption is scraped off between the fourth and sixth day,

and this material is then ground in a machine and mixed with glycerin

to kill all germs, except those of cowpox (W 96).

[contd] The calf is killed and examined carefully to prove its healthy condition.

A successful vaccination will invariably afford protection against small-pox after eight to eleven days from the time of vaccination.

As smallpox requires from ten to twelve days to develop,

inoculating calves with cowpox

by making scratches on their bellies after the skin has been prepared and cleaned,

and then on about the fifth day this eruption is scraped off

and the infectious material is ground up and mixed with glycerin,

and so treated as

to kill all germs except those of cowpox.

The calf is then killed and carefully examined to make certain that it was a healthy animal.

44:0.9 *Successful vaccination* will invariably protect an individual against smallpox after eight to ten days.

Now as smallpox requires ten to twelve days to develop

SOURCE

one may avoid small-pox if vaccinated within the first six days after exposure,

and even if vaccination be delayed till the eighth day

the small-pox will be of a mild character.

But if vaccination is delayed till after the eighth day following exposure of a person to small-pox

it is useless in preventing the disease (W 96-97).

It will naturally be asked: How long does vaccination protect one from small-pox? This cannot be answered by any stated period, because it is variable, from months to many years.

Usually from five to seven years.

The safest method to pursue is that in which children are vaccinated between the ages of six months, and two years;

again, when they enter school;

and a third time within a period of ten years,

and after this whenever there is special danger.

44: ESSENTIALS OF HEALTHFUL LIVING

it is possible to avoid smallpox by vaccination any time within the first five or six days after exposure,

and even if the vaccination is delayed until after eight days,

we know that the smallpox will be much lighter,

even when the vaccination fails to prevent it.

After eight days following exposure,

vaccination is useless in preventing smallpox.

44:0.10 Vaccination confers immunity to smallpox of varying length in different individuals,

but it is safe to say that

as a general rule it protects against the disease for anywhere from five to seven years.

The best plan is to vaccinate children early in life, say somewhere between six months and eighteen months,

and then vaccinate them again when they are entering school,

and a third time in about eight or ten years,

and after that whenever there is danger from exposure.

44:0.11 *Immunity test.*

A simple test has recently been used

Nowadays a test is made on the skin

much after the fashion of the Schick test in diphtheria,

to show if a person is immune to small-pox at any period following successful vaccination.

to ascertain if a person is immune to smallpox.

A drop of vaccine is rubbed into a single small scratch in the skin.

A drop of vaccine is rubbed into a single small scratch on the skin of the arm.

If the person is immune, a red area will surround the scratch within twenty-four hours,

If the person is immune a reddened area will surround the scratch within twenty-four hours,

which may increase within forty-eight hours, and then rapidly fade away.

increasing perhaps a little up to forty-eight hours, and then rapidly disappearing.

This is called the "immunity reaction."

This is known as the "immunity reaction."

44:0.12 Smallpox could be stamped out if compulsory vaccination would be faithfully carried out by every state, city, and county.

It may be interesting in this case to know that

Compulsory vaccination and revaccination should be required in all states, and has been upheld by the Supreme Court of the United States (W 97).

the United States Supreme Court has upheld the compulsory vaccination laws of this country.

[contd] The dangers of vaccination are frequently exaggerated, and

44:0.13 The *dangers of vaccination* have been greatly exaggerated and

someone has said that,

SOURCE

“compulsory school attendance is far more dangerous than compulsory vaccination.”

In ten million people vaccinated in the Philippines between 1905-15,

there was not a single death, accident or serious complication caused thereby.

Almost all the severe cases of complication after vaccination are avoidable,

being due to local infection from carelessness of the doctor or patient in caring for the wound (W 97-98).

It might at first sight appear disheartening to find many persons and sects still actively opposing vaccination for smallpox

after considerably more than a century’s absolute proof of its efficacy (W 95).

[T]he deluded are not be any means always born idiots, for **Herbert Spencer** late in life wrote an essay attempting to prove vaccination a fallacy (W 95).

44: ESSENTIALS OF HEALTHFUL LIVING

“Compulsory school attendance is far more dangerous than compulsory vaccination.”

From 1905 to 1915 in 10,000,000 people vaccinated in the Philippine Islands,

there was not a single death or serious complication of any sort.

Most of the unfortunate complications attending vaccination are entirely avoidable.

They are due to the failure to carry out the simple principles of clean surgical technique during the process of vaccination,

or they result from carelessness in caring for the wound on the part of the patient

subsequent to vaccination.

VACCINATION

44:1.1 Vaccination has always had its opponents

notwithstanding its success in controlling smallpox.

Even such a learned man as **Herbert Spencer** was misled into taking his stand against vaccination.

It had long been known in England and elsewhere that accidental inoculation with cowpox while milking would render the inoculated person safe from small-pox.

Acting on this knowledge, in 1774 Benjamin Jesty, a Dorsetshire farmer,

who had himself escaped small-pox by acquiring the cow disease, proceeded to rub some of the matter from the cow eruption into scratches in the skin of his wife and his two infants,

who remained proof against small-pox. This is the first recorded instance of vaccination (W 95).

In 1760

it was estimated that small-pox carried off from one-thirteenth to one-fourteenth of each generation,

and but one person in twenty escaped the disease before the days of vaccination (W 95).

[contd from 44:0.13] Vaccination is a surgical procedure

and should always be carried out as such (W 98).

XIX: CONTAGIOUS DISEASES (Evans 213)

SMALLPOX (Evans 213)

VACCINATION (Evans 221)

Discovery of Vaccination.—Dr. Edward Jenner of Berkeley, England, had heard that

44:1.2 In 1774 Benjamin Jesty, an English farmer,

vaccinated his family against smallpox by means of cowpox virus

and this is the first case of successful vaccination on record.

44:1.3 Before the days of vaccination,

smallpox used to kill about 7 per cent of each generation

and only 5 per cent of the population were able to escape the disease.

44:1.4 Vaccination is a surgical procedure

and should be carried out by physicians who are experienced and competent to do the work in accordance with clean surgical technique.

44:1.5 **Discovery of vaccination. Dr. Edward Jenner of Berkeley, England, had heard that**

dairymaids were liable to catch “a certain sore called cowpox found occasionally on the teats of dairy cows.”

Furthermore, he heard that a dairymaid who had had cowpox could not have smallpox.

He investigated the subject.

By experimenting he proved that one who had recently had cowpox could not be inoculated with smallpox (E 222).

[contd] Jenner told Hunter his opinion in 1770 and in 1798 he published it.

The experience of the last 116 years has proven that Jenner was right.

Everywhere in all lands where people study and know the fact is appreciated [sic] (E 222).

Jenner’s discovery was made before the days of bacteriology.

In recent years the bacteriologists discovered the scientific basis for vaccination against smallpox.

Applying the same principles they have discovered effective methods of vaccination against other diseases—

for example, typhoid fever

[The most successful examples of vaccination against germ diseases at the present time include vaccination for small-pox, typhoid fever, diphtheria, lockjaw, hydrophobia, dysentery, cholera, plague, and cerebrospinal meningitis (Winslow 94-95).]

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By experimenting he proved that one who had recently had cowpox could not be inoculated with smallpox.

44:1.6 Jenner told Hunter his opinion in 1770 and in 1798 he published it.

The experience of more than a century has proven that Jenner was right.

Everywhere in all lands where people study and know the facts vaccination is appreciated.

44:1.7 Jenner’s discovery was made before the days of bacteriology.

In recent years the bacteriologists discovered the scientific basis for vaccination against smallpox.

Applying the same principles they have discovered effective methods of vaccination against other diseases—

for example, typhoid fever,

dysentery, hydrophobia, diphtheria, meningitis,

and lockjaw in man, cholera in hogs and blackleg in cows (E 222).

I, I: DISEASES HAVING SPECIFIC OR SPECIAL PROPHYLACTIC MEASURES (Rosenau 1)

SMALLPOX AND VACCINATION (Rosenau 1)

Dr. Benjamin Waterhouse, the first professor of Theory and Practice of Physic in the Harvard Medical School,

early became convinced of the value of Jenner's demonstration and obtained some vaccine virus on threads from abroad.

On July 8, 1800, he vaccinated his son, Daniel Oliver Waterhouse, then five years old.

This was the first person vaccinated in America, so far as existing records show (R 3).

Thomas Jefferson helped materially to spread the new doctrine in this country, and, in 1806, in writing to Jenner, said:

"Future nations will know by history only that the loathsome smallpox has existed and by you has been extirpated."

This prophecy has by no means been fulfilled—though eminently possible (R 3).

and lockjaw in man, cholera in hogs and blackleg in cows.

44:1.8 Dr. Benjamin Waterhouse, the first professor of Theory and Practice of Physic in the Harvard Medical School,

early became convinced of the value of Jenner's demonstration and obtained some vaccine virus from abroad.

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VACCINATION PROCESS

XIX: CONTAGIOUS DISEASES (Evans 213)

SMALLPOX (Evans 213)

VACCINATION (Evans 221)

Properly inoculated into a person susceptible of having smallpox it will cause a vaccination sore.

It will not cause tuberculosis, syphilis, lockjaw or blood poisoning.

Tubercle bacilli cannot live in glycerin.

Syphilis is not possible because cows do not have syphilis.

If the vaccinated man develops lockjaw or blood poisoning it is because the bacteria responsible got into the vaccination wound from his clothes.

If the arm becomes very much inflamed and the sore suppurates it is because of pus infection after vaccination (E 224).

[contd] **The vaccination blister is typical in appearance.**

Suppurating wounds do not protect against smallpox.

Very bad arms do not protect against smallpox (E 224).

[contd] **A vaccination scar shows typical pits.**

These pits can be made out for years.

44:2.1 Properly inoculated, a person susceptible of having smallpox will have a vaccination sore.

It will not cause tuberculosis, syphilis, lockjaw, or blood poisoning.

Tubercle bacilli cannot live in glycerin.

Syphilis is not possible because cows do not have syphilis.

If the vaccinated man develops lockjaw or blood poisoning it is because the bacteria responsible got into the vaccination wound from his clothes.

If the arm becomes very much inflamed and the sore suppurates it is because of pus infection after vaccination.

44:2.2 **The vaccination blister is typical in appearance.**

Suppurating wounds do not protect against smallpox.

Very bad arms do not protect against smallpox.

44:2.3 **A vaccination scar shows typical pits.**

These pits can be made out for years.

Unless the scar shows them there is no way of knowing that the person is protected against smallpox except by trying to vaccinate him again.

If he has a typical scar less than ten years old he will not have smallpox.

If he has a scar without pits he cannot be certain that he is immune unless several attempted vaccinations have failed to take (E 224).

Where to Vaccinate.—As most people are right-handed, vaccination is generally done on the outside of the left arm near the shoulder (E 224).

[contd] It is well to keep the arm reasonably quiet while it is sore and any limitations to the use of the arms causes less inconvenience in the left arm than in the right (E 224).

[contd] Before the days of pure vaccine and antisepsis there were many large scars on vaccinated arms due to infections that were eyesores to the ladies

and consequently there sprang up a desire for vaccination on the leg.

These vaccinations are objectionable because the wound cannot so easily be kept quiet or clean, as the swish of the skirts is apt to infect it with the dirt of the streets (E 224-25).

Unless the scar shows them there is no way of knowing that the person is protected against smallpox except by trying to vaccinate him again.

If he has a typical scar less than ten years old he will not have smallpox.

If he has a scar without pits he cannot be certain that he is immune unless several attempted vaccinations have failed to take.

44:2.4 *Where to vaccinate.* As most people are right-handed, vaccination is generally done on the outside of the left arm near the shoulder.

44:2.5 It is well to keep the arm reasonably quiet while it is sore and any limitations to the use of the arms causes less inconvenience in the left arm than in the right.

44:2.6 Before the days of pure vaccine and antisepsis there were many large scars on vaccinated arms due to infections that were eyesores to the ladies

and consequently there sprang up a desire for vaccination on the leg.

These vaccinations are objectionable because the wound cannot so easily be kept clean.

VARIOLOID (Evans 220)

[contd] In earlier years the term “varioid” was used to denote an attack of smallpox that had been modified and rendered mild by a vaccination that did not fully protect.

The term is one that works mischief because it leads to the belief in the uninformed that the disease is something different from smallpox and not contagious (E 220).

[contd] Varioid is nothing more or less than smallpox.

It is now known that neither smallpox nor so-called varioid occurs in the vaccinated;

and the scar noticed in the old days in varioid cases was not from vaccination but from infection of the site of vaccination (E 220).

I, I: DISEASES HAVING SPECIFIC OR SPECIAL PROPHYLACTIC MEASURES (Rosenau 1)

COMPULSORY VACCINATION (Rosenau 25)

The laws and regulations relating to vaccination in the several states of the United States show marked lack of uniformity.

Compulsory general vaccination can be said to exist by law only in

44:2.7 In earlier years the term “varioid” was used to denote an attack of smallpox that had been modified and rendered mild by a vaccination that did not fully protect.

The term is one that works mischief because it leads to the belief in the uninformed that the disease is something different from smallpox and not contagious.

44:2.8 Varioid is nothing more or less than smallpox.

It is now known that neither smallpox nor so-called varioid occurs in the vaccinated;

and the scar noticed in the old days in varioid cases was not from vaccination but from infection of the site of vaccination.

C O M P U L S O R Y VACCINATION

44:3.1 The laws and regulations relating to vaccination in the several states of the United States show marked lack of uniformity.

Compulsory general vaccination can be said to exist by law in only

a few states such as

Kentucky, Philippine Islands, and Porto Rico.

Arizona, Hawaii, Maryland, New Mexico, and North Dakota have laws requiring vaccination of children (R 25-26).

Since 1898 a mild form of smallpox has existed in this country with a death-rate of about 0.5 per cent (R 25, fn).

[contd] **Decisions in the various courts in the United States have held compulsory vaccination to be legal.**

A decision of the Supreme Court of the United States (Henning Jacobson vs. The Commonwealth of Massachusetts, April 1, 1905)

upheld in every respect the statute, the validity of which was questioned under the Constitution:

“The liberty secured by the Constitution of the United States . . . does not impart an absolute right in each person to be, at all times, and in all circumstances, wholly freed from restraint.

Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own,

whether in respect to his person or his property, regardless of the injury that may be done to others” (R 26).

Kentucky, **Rhode** Island, and Porto Rico.

Arizona, Hawaii, Maryland, New Mexico, North Dakota have laws requiring vaccination of children.

In recent years smallpox has been so mild in the United States that the death-rate has been as low as one death in 500 cases.

44:3.2 **Decisions in the various courts in the United States have held compulsory vaccination to be legal.**

A decision of the Supreme Court of the United States (Henning Jacobson vs. The Commonwealth of Massachusetts, April 1, 1905)

upheld in every respect the statute, the validity of which was questioned under the Constitution.

The decision says:

44:3.3 The liberty secured by the Constitution of the United States . . . does not impart an absolute right in each person to be, at all times, and in all circumstances, wholly freed from restraint.

Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own,

whether in respect to his person or his property, regardless of the injury that may be done to others.

XIX: CONTAGIOUS DISEASES (Evans 213)

SMALLPOX (Evans 213)

VACCINATION (Evans 221)

Vaccination is not compulsory in the United States except that it is generally required of children before admittance to the public schools and of men before admission to the army (E 225).

I, I: DISEASES HAVING SPECIFIC OR SPECIAL PROPHYLACTIC MEASURES (Rosenau 1)

COMPULSORY VACCINATION (Rosenau 25)

April 8th, 1874, Germany passed a general compulsory vaccination and revaccination law.

The law requires the vaccination of all infants before the expiration of the first year of life, and a second vaccination at the age of twelve.

Since this law went into effect there have been no epidemics of smallpox in Germany,

despite the fact that the disease has been frequently introduced from without (R 33).

44:3.4 Generally speaking

vaccination is not compulsory in the United States except that it is generally required of children before admittance to the public schools and of men before admission to the army.

44:3.5 Germany has a general compulsory vaccination and revaccination law.

The law requires the vaccination of all infants before the expiration of the first year of life, and a second vaccination at the age of twelve.

Since this law went into effect there have been no epidemics of smallpox in Germany,

despite the fact that the disease has been frequently introduced from without.

XIX: CONTAGIOUS DISEASES (Evans 213)

SMALLPOX (Evans 213)

VACCINATION (Evans 221)

Anti-vaccinationists.—In spite of the facts that are open for the perusal of all,

there are still people who style themselves anti-vaccinationists,

and who from time to time get into the limelight.

They are always people not willing to learn the facts or not capable of understanding, and some of them may be quite normal in other respects.

It is probable that there will ever be some of their kind, for there is always someone to take the opposite side of every question.

The anti-vaccinationists can only flourish where there is no smallpox in a community, and, thanks to vaccination, that is most of the time.

An outbreak among those who have neglected vaccination always puts the anti-vaccinationists to flight until the sad occasion is forgotten (E 225).

44:3.6 *Anti-vaccinationists.* In spite of the facts that are open for the perusal of all,

there are still people who style themselves anti-vaccinationists,

and who from time to time get into the limelight.

They are always people not willing to learn the facts or not capable of understanding, and some of them may be quite normal in other respects.

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An outbreak among those who have neglected vaccination always puts the anti-vaccinationists to flight until the sad occasion is forgotten.

1. Sadler apparently deduced, wrongly, that there were no smallpox hospitals in Minnesota, because of this passage in Evans:

“We will not support smallpox hospitals.” A thoroughly logical position—one that will be tenable when knowledge is better diffused and human judgment is better.... The peculiarly minded minority so tyrannize the majority that few health officers deem the Minnesota policy best (E 213).

Minnesota had no official policy on smallpox hospitals. During the 1924-1925 smallpox epidemic in Minnesota (which occurred after the publication of Evans' book in 1923), the state had at least one "pest house" for smallpox victims. See Wikipedia article: "1924–1925 Minnesota smallpox epidemic".