

WHY DO THE MAJORITY OF DOCTORS, Many Members of Parliament and Local Authorities SUPPORT DIPHTHERIA IMMUNISATION ?

THIS question is constantly asked by people who have to make up their minds whether to have their children inoculated against diphtheria or not. They find it extremely difficult to believe that all these "authorities" can be wrong. Even though an examination of the facts as admitted by the Ministry of Health and local medical officials proves to their reasoning faculties that inoculation against diphtheria does not prevent that disease ; that it does not make the disease milder ; that it does not prevent death from diphtheria ; and that it may have serious consequences to the health of the child, they are reluctant to act on these results because they cannot range themselves with a minority which they consider sets itself up to contradict the assertions of people upon whose judgment they wish to rely.

It is curious that the facts should count for so little and the opinions of certain people should count for so much. If, however, the history of this country and of other countries is examined it will be found that in all ages delusions and superstitions have been believed in by the cleverest and most highly respected of persons regarded as authorities. In medicine there have been many superstitious practices (some of them disgusting) which are now completely discarded and people would laugh at the idea of reviving them in these enlightened days, but they were maintained by authorities who were as trusted and respected as the medical profession of to-day. If clever and learned men can entertain beliefs in one age which a subsequent age discards what justification is there for believing that their descendants are not equally capable of being deluded ?

John Stuart Mill pointed out this capacity of everyone—including the cleverest, most scientific and most disinterested of mankind—to believe things that subsequently appear absurd. He wrote :—

"It often happens that the universal belief of one age—a belief from which no one was, nor without an extraordinary effort of genius and courage could, at that time be free—becomes to a subsequent age so palpable an absurdity that the only difficulty then is to imagine how such a thing can ever have appeared credible.

It is only a few people who are aware that the great majority of doctors do not study questions like diphtheria immunisation. The doctors accept without question all the statements on the subject that are issued by a few "medical research scientists", some of whom are employed by the big drug houses which have a financial interest in pushing the system, or by officials of the Ministry of Health. They do not know that the advertisements boosting diphtheria immunisation in the public press are not in accordance with the statements made in the Annual Reports of the Ministry of Health. In the advertisements the Public is told that immunisation is a "proved safeguard" against diphtheria ; but the Ministry of Health denies that it has ever claimed that inoculation will protect from diphtheria, and says, in effect, that all it claims is that inoculated children will not suffer from the toxic effects of the disease, and will not die of it. Again, the Ministry admits that it has heard of deaths following immunisation and of cases of nervous disease resulting from the practice ; and that in a small percentage of cases not only pain and swelling of the arm, but also con-

stitutional symptoms may be caused by the inoculation. In the advertisements which the Ministry sponsors it is stated quite definitely that the process is "safe", without any qualification.

The public is not aware that Government Departments boost supposed medical discoveries before proof is forthcoming that they actually do what is claimed for them. The sulphonamide drugs were boosted everywhere as marvellous cures for practically every disease and it was only by degrees that admissions were made that they could cause very serious illness and that there are conditions in which it is dangerous to administer these drugs. The same thing has happened with penicillin. Every newspaper boosts penicillin and there is such a universal demand for it that the caution of the Ministry of Health itself falls on deaf ears, the warning that there are conditions in which it is useless. As far as our access to the Press has supplied the information only one newspaper has referred to the warning recently given by an American Army Medical Officer that penicillin may not always do what has been claimed for it. Elliot C. Cutler, D.S.M., M.D., Harvard, F.R.C.S. (Hon.), Colonel, M.C., Chief Consultant in Surgery, Harvard University, in his Linacre Lecture delivered at St. John's College, Cambridge (*Lancet*, September 30, 1944), said:—

"It is already certain that the sulphonamides and penicillin are not the 'stardust' and 'panacea' against infection which uncritical investigators have held out to the people. We must indeed bemoan the tendency towards publicity which to-day accompanies medical matters. It has both driven young doctors into too early publication of untried work and, still more unworthy of our profession, has led less solid scientists to seek tenuous fame through the public press.

"Enough experience with the sulphonamides is at hand to state that though of great assistance against several forms of bacteria, they cannot be depended upon, either prophylactically or therapeutically, to sterilise wounds. The same attitude must prevail about penicillin though its greater range of bacteriostatic action and its lack of toxicity make it an even more desirable adjuvant to surgical practice. And it may be said of both agents that sepsis tends to be localised when they are in evidence, thus rendering longer period between wounding and operation safer and in some cases providing the opportunity for a less radical performance.

"Both agents in a few special types of infection, continue to cure what were previously hopeless disorders—e.g., septicæmia and venereal disease. And they must be considered an almost miraculous advance in medical therapy and something for humanity to be forever grateful for. But they have little if any effect on the gram-negative bacteria and some gram-positive strains prove resistant to them. Finally, the hope that penicillin would prove highly efficacious against the clostridial infections which cause 'gas gangrene' has not been fulfilled. Young American airmen, wounded during missions over enemy territory, reaching the operating table within 4-5 hours of injury and receiving penicillin parenterally and locally, still lose extremities from gas gangrene. One might say—without penicillin their lives would have been lost. But the ability to grow the clostridia from wounds not the seat of clinical gas gangrene in patients under penicillin therapy gives us no right for too great hope in its value, in this field.

"Here we see an example of the fallaciousness of transmitting laboratory data directly to man. No animal responds to infections exactly as does man and though laboratory investigation should always precede human application the final verdict must await careful human studies and a reliable mass of human statistical data."

Even Colonel Cutler makes a claim for the sulphonamides as a cure for venereal disease—a claim which has been disproved by British specialists working in the British Army in Sicily and Italy.

Although in his Linacre Lecture Colonel Cutler spoke so frankly about the limitations of the sulphonamides and penicillin, the British

public is so convinced by newspaper boosting of these preparations as panaceas for all illnesses that they demand them. No doubt the commercial interests behind them could account for the publicity they have received.

It has been the same with diphtheria immunisation. Before there was any proof in existence that Schick-testing and the subsequent inoculation of those who showed a positive reaction to the test did what the manufacturing chemists claimed for them, Dr. Copeman, a medical official at the Ministry of Health, after getting the advertising agent of the manufacturing firm to talk to some London medical officers, expressed the view that it was a system to be encouraged. He gave to the system the official approval which the manufacturers needed and although for many years the Ministry of Health did not press it upon the public, this acceptance of the claims of the manufacturers was not likely to be negatived later on, however strong the proofs might be that those claims were unfounded.

Moreover it all fitted in with current medical ideas. There was no desire to examine the position critically. At all the medical schools students were being taught as a matter of routine that protection from various diseases could be obtained by inoculation, and were told nothing of the evidence that was accumulating to the contrary. The germ theory was accepted as proved and with the mass of the doctors pushing in that direction it was very difficult for the few who looked more closely into the facts and figures to make their voices heard. However, while Dr. McNalty was Chief Medical Officer of the Ministry of Health there was little boosting of diphtheria immunisation and medical officers on the staff of the Ministry definitely advised medical officers of health not to put pressure on the public to have their children inoculated.

A change came over the scene with the arrival of Sir William Jameson as Chief Medical Officer, in the year 1940. He had been head of the London School of Tropical Medicine, a hotbed of belief in all forms of inoculation and he almost immediately started the campaign for boosting diphtheria immunisation. The statistics on which he bases his claims are faulty and his deductions from them erroneous. He ignores evidence against the system and puts forward small happenings in special communities which he thinks support his contentions, but which, when all the evidence is examined, do nothing of the kind.

If it be thought that responsible men would not act in this way, it should be remembered that the practice of inoculation with smallpox matter was made a punishable offence in the year 1840, although some ninety years previously the Royal College of Physicians had declared it to be "highly salutary to the human race". The practice of bleeding for almost every disease was universal prior to the nineteenth century and it is believed that several famous men were killed by it. But if at the height of its popularity people had ventured to question it they would have been told, as the opponents of diphtheria immunisation are told to-day, that the greatest authorities supported it.

If it is pointed out that the majority of parents in particular areas have had their children inoculated, this cannot be accepted as an argument in favour of the process. Many of them have been badgered into permitting it. Medical Officers of Health send attractive literature at the public expense, to every mother on her baby's first birthday.

Doctors and nurses at welfare clinics, children's nurseries and wherever mothers go constantly declare that diphtheria is deadly and that immunisation will protect. The "Radio Doctor" boosts the practice on the air and the B.B.C., with shocking unfairness, refuses to allow opponents of the practice any right of reply. Knowing little of the subject the mothers are unable to deal adequately with this propaganda paid for out of public funds. Diphtheria is not common enough in any area for the average parent to know whether immunised children contract it or not. During the first six months of this year (1944) only 503 deaths from diphtheria were recorded in the whole of England and Wales. In the 126 great towns for the eight months ending August 31st, they averaged three per town. What chance was there for any of the parents in those towns to know anything about the diphtheria occurring in them? Diphtheria was not a deadly disease during that period, but parents had no personal knowledge of the facts. Believing all the misleading stories they are told by nurses and doctors in regard to this matter, it is not in the least surprising that the mothers of about one-half of the children in this country have accepted this delusion. If their husbands were at home it is likely that the children would not be inoculated. The men have experienced inoculation; many of them have discussed these matters and have learned the truth about them. Their wives have not the same opportunities of getting the information.

One final word, a depressing but not the less true. Hundreds of thousands of people have no wish to find out the facts about matters of this kind. They prefer to go with the stream. They are irritated when they are told facts which contradict what they imagine to be the current opinion. They are uncomfortable when they find that the truth is quite different from what they have been told. They neither ask for proof of medical assertions nor desire the facts that are offered to them.

However, in all communities there remains a leaven of people, including some doctors, who are determined to learn the truth, no matter where this may lead them. All who are desirous of real progress in health matters will master the facts in regard to diphtheria immunisation and ignore the official boosting of the system. Parents should realise that the views of the minority of duly-qualified doctors who are opposed to the practice are more entitled to respect than those of the majority of doctors who defend it. The minority have studied both sides of the question and they stand to lose and not gain professionally by flouting the official credo of medical orthodoxy. Those who feel they must decide according to medical opinion are undoubtedly justified in accepting the views of the open-minded minority who denounce immunisation rather than the bullying self-interested propaganda which conceals as far as it possibly can everything that, if published, would tend to discredit the practice.

For facts and figures showing that immunisation does not do what is claimed for it by official propagandists, write to The Secretary, National Anti-Vaccination League, 25, Denison House, 296, Vauxhall Bridge Road, London, S.W.1. Pamphlets dealing with the arguments put forward by publicity agents for immunisation will also be sent, if 1/- is enclosed in part payment of the cost and postage.

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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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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