

Doctors' Petition Against Compulsory Immunisation

During the Spring and Summer of 1938 attempts were made by the Guernsey authorities to force immunisation against diphtheria on the children of the Island. The two Houses of the Guernsey Parliament (the States and the Royal Court) passed a resolution in favour of compulsory immunisation. Opponents of this proposal, living in Guernsey, obtained 4,300 signatures to a petition to the Privy Council against the imposition of diphtheria immunisation, and at their request the National Anti-Vaccination League of Great Britain obtained the signatures of 58 members of the medical profession to the following petition, the text of which, with the names of the medical signatories to it, was sent to His Majesty's Privy Council.

The Petition ran as follows:—

We, the undersigned, respectfully beg His Majesty's Privy Council to refuse consent to the legislation proposed by the States and Royal Court which would have the effect of making immunisation against diphtheria compulsory in the Island of Guernsey.

We base our strong objection to this legislation on the following points:—

(1) Immunisation against diphtheria is not compulsory in any part of the British Empire; why should it be enforced in Guernsey?

(2) The Minister of Health for England and Wales has definitely opposed in the English Parliament a proposal by a Member of Parliament that compulsion might be introduced;

(3) Immunisation against diphtheria does not do what is claimed for it. In Great Britain there are records of at least 1,000 cases of diphtheria in children and adults who had been declared immune against that disease either by inoculation or because they exhibited a Schick-negative condition. There are records of at least 23 fatal cases of diphtheria in immunised children. Manchester has had 148 cases of diphtheria in immunised children with 3 deaths; Liverpool 245 with 10 deaths; Cardiff 195 cases; Huddersfield 40 cases with 1 death; and Leeds 204 cases with 1 death;

(4) An examination of the prevalence of diphtheria in various countries shows that this has no relation whatever to the amount of inoculation against that disease that has been practised. Diphtheria has practically disappeared from Sweden, although no immunisation has been practised in that country. It has become more severe in France and Germany, despite the inoculation of hundreds of thousands of children in those countries. If English towns are compared it will be found that those that have never practised immunisation have come off far better as regards diphtheria than those which have been practising this system for a number of years. Compare, for instance, Birmingham, Manchester and Liverpool, three towns in which a considerable proportion of the child population has been inoculated, with Northampton, Leicester and Nottingham, where, until 1937, little or no immunisation had been practised. Of these six towns Northampton had the lowest diphtheria death-rate in 1936 and Leicester came next. While the drop in Birmingham's diphtheria death-rate per 100,000 population was from 12, in 1926, to 6, in 1936, Nottingham's was from 26 to 9, a much larger drop without any immunisation. Glasgow, without any public immunisation system, came off much better in 1936 as regards diphtheria, than Edinburgh or Aberdeen with immunisation systems;

(5) There have been repeated changes in the material used for these inoculations. First it was toxin-antitoxin and that was dropped in favour of toxoid. Toxoid caused reactions and was said to have a low immunising power, so toxoid-antitoxin was adopted. Three injections were needed and it was found that many parents did not bring their children for more than one or, at the most, two injections. Formol toxoid was then adopted, but this is liable to cause severe reactions. A few doctors use alum-precipitated toxoid, but all who have had experience of it admit that it may cause abscesses and other serious reactions. This is the mixture that is to be used in Guernsey. There is no more protective power in alum-precipitated toxoid than there is in any of the other mixtures used ;

(6) In Europe the mixture used is anatoxin, which is the same as formal toxoid. All the toxoids are similar preparations. There are records of several deaths and a considerable number of injuries in France and Italy through the use of toxoid in diphtheria immunisation ;

(7) A great many English doctors who have a tentative belief in immunisation are opposed to its imposition on the public ;

(8) The cause of the recent outbreak of diphtheria in Guernsey was the bad state of sanitation in the Island, which had become so serious that the Sanitation Board resigned. We maintain that the right method of dealing with diphtheria in the Island is to attend to the sanitation and that it will be useless and definitely injurious to the health of the children to rely on immunisation which has proved a broken reed in other countries.

Your petitioners, therefore, pray His Majesty's Most Excellent Privy Council to exercise their veto and refuse consent to the proposed imposition of compulsion in this matter.

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ARTHUR E. DRUITT, M.R.C.S., L.R.C.P.,
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to the proposed imposition of compulsion,
but does not agree with some
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certain points in the memorial).

ANDREW GOLD, L.R.C.S., L.R.C.P., L.R.F.P. & S.
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of these re-diagnosed cases and he was informed that the information was not available. Our assumption is that they were largely immunised cases and were re-diagnosed because they had been immunised. Our justification for this assumption is based, in part, on statements made at a meeting of the Fever Hospital Medical Services group of the Society of Medical Officers of Health, on 18th June 1943, reported in *The Lancet*, 21st August 1943.

The doctors who met on that occasion wanted cases notified as diphtheria in the immunised to be entered as "observation cases" until the diagnosis was confirmed.

Dr. Scott (Fulham) said the diagnostic error was high and correction of notifications was not automatic. "Thus," he said, "the full effect of immunisation might be masked and a misleading impression given of the incidence of diphtheria in the immunised population." Neither he nor any other doctors who spoke at that meeting said anything about mistaken diagnosis in the unimmunised.

Dr. Begg (L.C.C.) remarked: "An acute aspect of the problem was the readiness with which diphtheria was diagnosed and formally certified in immunised children. In a series of 66 such admissions diphtheria was confirmed in only 13 cases and four of the cases had contracted diphtheria before immunisation was complete."

Had these doctors looked back to the returns for the years prior to the introduction of immunisation they would have found that year after year 25 to 30 per cent. or more of diphtheria notifications were re-diagnosed at the hospitals, if not by the Registrar-General.

Fourthly, only children who had had either two or three injections (according to the kind of toxoid used) and had them at least three months before the attack of diphtheria are included in the immunised class. A child who had a single injection, or whose full number of injections had been given less than three months before the attack would not be classed as immunised.

It will be realised by this time that since no returns of unimmunised cases are sent in, that from areas covering more than two million children no valid returns were sent in in 1946 and 1947, that many thousands of cases originally diagnosed as diphtheria are re-diagnosed and there is every reason to believe the majority of these were immunised cases, and that large numbers of inoculated children whose injections were done less than three months before the attack of diphtheria are excluded from the immunised class, there is every reason to doubt the accuracy of the Ministry of Health's figures regarding diphtheria in the immunised and unimmunised.

It is quite likely that even if more accurate records were available there would still be more uninoculated cases since diphtheria is, generally speaking, more prevalent amongst neglected, badly-fed children and such children are more likely to escape inoculation than better cared for children. The uninoculated also include delicate children.

As, however, the decline in diphtheria has been as great amongst the uninoculated as amongst the inoculated it is obvious that inoculation does not govern the matter.

THOSE IMMUNISATION STATISTICS

Readers of *The Vaccination Inquirer* sometimes ask why the official returns of diphtheria in the immunised and unimmunised show twice as many unimmunised cases as immunised. Here is the answer :

(1) The official figures are inaccurate.

To begin with, the Immunisation Return sent in by medical officers does not state the number of cases and deaths in unimmunised children. The only figures regarding diphtheria asked for are those that occur in immunised children. The Registrar-General admits that he *deduces* from these returns and the quarterly returns sent in by medical officers of health the number of unimmunised cases. He simply subtracts the number returned as immunised from the total notifications, and assumes that the remainder had not been immunised. (See p. 295 of the Registrar-General's Statistical Review of England and Wales for the two years 1946-1947. Text, Vol. I, Medical.) No Medical Officer of Health has stated in the Return that such and such a number of unimmunised children contracted diphtheria in his area. Just as no information was available respecting the vaccinal condition of thousands of smallpox deaths over the years when smallpox epidemics occurred in England and Wales, so we can be sure that no information was available respecting the condition as to immunisation of a large number of diphtheria cases in 1942 to 1949. The Registrar-General has simply *assumed* that those not included in the immunised were unimmunised.

(2) The Registrar-General admits in the Report already quoted that some of the returns were unsatisfactory. Part B is that part of the return which gives the "numbers of notifications and of deaths with numbers of these known to have been immunised, by age groups." The Registrar-General says that some of these returns were unsatisfactory because "The column giving the number known to have been immunised is left blank; this may or may not mean that none of the notifications or deaths occurred among the immunised." According to Table A (1946) of this Report, 458 areas with a population of 1,187,949 did NOT render valid returns in 1946 and according to Table A (1947) 558 areas with a population of 2,154,766 did NOT render valid returns in 1947. (See pp. 299 to 307 of the Report.)

How then can the Registrar-General know how many of the diphtheria cases from these areas were immunised since in the return the column giving the number known to have been immunised has been left blank ? Has he put all the cases and deaths from these areas into the unimmunised section ? (Note the expression: "known to have been immunised.")

Thirdly, in 1944 of 29,949 cases originally diagnosed as diphtheria 6,797 were taken out of the diphtheria classification, in 1945 of 25,246 cases 6,675 were taken out. In 1946 of 18,283, 6,316 were taken out, and in 1947 of 10,465, 4,873 were taken out. The proportion of re-diagnosed cases rose from 23 per cent. in 1944 to 46 per cent. in 1947. Later figures reported in the *Medical Officer* of 14th April 1951, show that 55 per cent. of the cases were re-diagnosed in 1948 and 62 per cent. in 1949. In February 1951, Mr. Viant asked the Minister of Health what was the condition as regards immunisation

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
VICE PRESIDENT OF THE LEAGUE DURING THE MID 1900s.
ALSO, IAN & MONIQUE STIRLING TO NAME A FEW.

ALSO THANKS TO JOHN WANTLING, AN INDEPENDENT
RESEARCHER, FOR PATIENTLY PHOTOCOPYING
NUMEROUS ARCHIVE PUBLICATIONS & FORWARDING
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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