

Letter from Swansea

by
William Shepherd



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a cesc dispatch
June 2013

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01. Measles outbreak: race to give a million children MMR jabs by Jeremy Laurance¹

One million children who missed out on the MMR vaccine around a decade ago are to be targeted in a national campaign to raise the level of protection against measles. Alarmed by the Swansea outbreak, where almost 900 people have been diagnosed with the disease, *Public Health England* is appealing today to parents of children who missed one or both of the MMR jabs before the age of five to send them for vaccination.

Measles was virtually eliminated in the 1990s following the introduction of MMR vaccine after the disease infected over 500,000 children a year in the 1950s and 1960s. But the disease re-established itself in the mid-2000s following an unfounded scare linking MMR to autism which caused many parents to abandon the vaccine. Immunisation rates fell nationally to less than 80 per cent in 2005. Older children who missed their vaccinations are now the most vulnerable.



Dr Mary Ramsay, head of immunisation at *Public Health England*, said children born in 2001-02, who are now just starting secondary school, had the highest rate of non-vaccination, and this was also the age group in which measles cases were highest. "We have a legacy of older children who were not vaccinated as toddlers. They are now at secondary school where measles can spread very effectively. We estimate a third of a million 10- to 16-years-olds are completely unvaccinated," she said.

London and the South-east are at greatest risk of outbreaks because the region's traditionally more mobile population made families more difficult to track. Dr Ramsay said: "Measles is a potentially fatal but entirely preventable disease so we are very disappointed that cases have recently increased. The only way to prevent outbreaks, such as the one we are seeing in South Wales, is to ensure good uptake of the MMR vaccine across all age groups. Measles is not a mild illness – it is very unpleasant and can lead to serious complications."

The campaign will also target the third of a million 10- to 16-year-olds who had only one vaccination, as well as children younger than 10 and older than 16 who also missed the jabs, numbering a further third of a million. The aim is to complete the £20m campaign by September. Unvaccinated children will be

identified from GP records, where possible, and their parents will be contacted. But experts urged parents not to wait for a letter but bring their children to vaccination clinics to be provided in GP surgeries, schools and health centres.

Professor David Salisbury, director of immunisation at the *Department of Health*, said it had stockpiled 1.2 million doses of vaccine, enough for every unvaccinated child. "The message is very simple: if you don't believe your children had two doses of MMR make an appointment with your GP," he said. Children are offered an MMR vaccine at 12 to 13 months, giving 95 per cent protection, and a second dose at three-and-a-half, which boosts this to 99 per cent. The last drive to increase MMR vaccination levels in 2008 had only limited success. But Professor Salisbury said the new campaign would be better co-ordinated, with a higher profile. "This time we have got evidence of risk [from Swansea] that is so clear. We didn't have that last time."

About one in 15 children who catch measles will develop complications like deafness, meningitis or brain damage. One in 5,000 will die. The year before the MMR was introduced, 86,000 children caught measles and 16 died. Because it spreads easily, 95 per cent of the population needs to be vaccinated. There have been two deaths in recent years – in 2006 and 2008 – after over a decade of none. Fifty years ago, the illness killed 500 children a year in the UK, but vaccination almost eliminated it.

Vaccination rates vary widely but are at their lowest in London where, in some areas, they dropped as low as 30 per cent in the mid-2000s. Cases of measles so far this year are distributed across England but are highest in the North-west and North-east. Of the 108 people who have been admitted to hospital with measles this year...20 per cent of those infected...15 had complications including pneumonia, meningitis and gastroenteritis.

¹ First published in *The Independent* on Thursday 25th April 2013.

Dr Paul Cosford, director of health protection at *Public Health England*, said letters and flyers about the campaign would be distributed to schools and messages would be posted on *Facebook* and *Twitter*. "Nationally the numbers needing catch-up vaccination are quite large but there are relatively few in each local area. We are confident that local teams have the resources to identify and vaccinate those children most at risk, and that the NHS has sufficient vaccine. Our plan aims to target 'hard to reach' populations with known low vaccination rates."

02. Measles: Make MMR jab mandatory' call by US expert

10 April 2013

As a measles epidemic in south Wales continues to spread at an 'alarming rate' an expert has said mandatory vaccinations should be considered. Dr Paul Offit, a US-based measles expert, told the *BBC* that mandatory vaccinations in the US had prevented similar outbreaks and mandatory vaccinations should be considered in the UK. His comments came as measles cases in the Swansea area rose to 620.

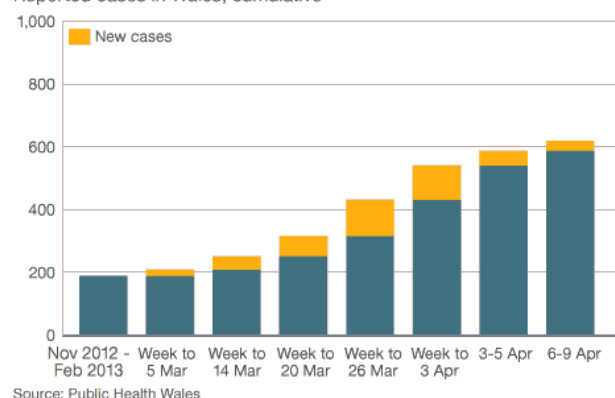
The Welsh government said it believed the 'hard won trust' in MMR would be damaged if vaccination was compulsory. *Public Health Wales (PHW)* said there were no signs of a slow down in cases. Speaking on *BBC Newsnight*, Dr Offit said Britain would benefit from American-style mandatory vaccinations.

People in the United States can still claim exemption on philosophical or religious grounds but Dr Paul Offit said it still increased vaccination rates. "If we didn't mandate vaccines I think we would suffer in many ways what's going on in Europe now," Dr Offit, director of the *Vaccine Education Center* at the *Children's Hospital of Philadelphia*, said. "Many children are needlessly suffering this disease and being hospitalised by this disease and occasionally being killed which I think is unconscionable. In this country we just don't think its your inalienable right to catch and transmit a potentially fatal infection and so we at least put that one hoop you have to jump through which is mandatory vaccination. Trust in the MMR has been regained, to the point where almost 95% of pre-school children are vaccinated."

The Welsh government said it was not considering compulsory vaccination at present and that they were seeing a "much improved uptake in vaccination rates now." A spokesman said: "The current epidemic, affecting school age children in particular, is the legacy of a damaging and unfounded health scare in the late 1990s. Since then, trust in the MMR has been regained, to the point where almost 95% of pre-school children are vaccinated. We believe that at this point, the hard-won trust in the MMR vaccine and in GPs would be damaged by introducing compulsory vaccination."

Health officials dealing with the outbreak in the Swansea area said despite 1,700 people being vaccinated with the MMR jab at drop-in clinics at the weekend, the spread of the disease was still rising. Experts said they were not seeing enough children aged 10 to 17 coming forward for the jab. PHW estimate 6,000 children have still not been vaccinated, with the outbreak still not peaking. Parents across Swansea, Neath Port Talbot and Bridgend are being urged to get their children

Measles outbreak
Reported cases in Wales, cumulative



vaccinated with GPs. Dr Marion Lyons, director of health protection for PHW, warned there was no sign of the outbreak, which began last November, easing. "We're getting a lot of new cases in this week," Dr Lyons told BBC Radio Wales. "And because so many are unvaccinated still, you know they will infect so many more that we will see next week and the week after because of the long incubation period. It is still rising at an alarming rate."

More hospital drop-in clinics will be held in Swansea, Neath Port Talbot and Bridgend on Saturday, targeting children and adolescents who did not have their scheduled MMR (measles, mumps and rubella) jabs as babies and toddlers. Some GP surgeries are also laying on special vaccination sessions, while children will be given the jab at schools in the outbreak area when they return next week after the Easter break. Dr Lyons said it is the older children who are now most at risk from the disease because parents

have taken babies and toddlers for vaccination in recent days. "Most of our cases are occurring in the 10 to 17 year olds. That's the population where a lot of them haven't had the vaccine," she said. "They'll go back to school next week, they'll be playing together, socialising together and they will spread it." She said the public health trust has written to every parent about vaccination.

Concerns over the safety of the MMR jab were raised in the late 1990s when a surgeon published a since discredited paper in *The Lancet* suggesting MMR was linked to an increased risk of autism. That paper, and subsequent media coverage, led to immunisation rates plummeting. "I think it is a case of just reminding the parents that their children are just as vulnerable as the little ones" Dr Marion Lyons, *Public Health Wales*. But Dr Lyons also said she did not believe parents were concerned any longer about the 'myth' surrounding the MMR jab. "I don't think that is the issue now," she said. She said parents of normally healthy older children, who don't visit GPs and miss spot-checks, can forget they are at risk of measles. "I think it is a case of just reminding the parents that their children are just as vulnerable as the little ones," she said.

Health Minister Mark Drakeford thanked *NHS* staff for their response to the measles outbreak and said it was "vital to maintain momentum" of people having vaccinations. "Those not vaccinated are highly likely to catch the disease as measles is still circulating, and we still face the awful possibility of a child left with serious and permanent complications such as eye disorders, deafness or brain damage, or dying," he added.

The total number of measles cases in the Swansea area now stands just two short of the total in the outbreak in the north west of England in the year to February 2013. Most of these cases were on Merseyside, in Greater Manchester and west Lancashire.

03. Schools Face Measles Outbreaks As Teenagers Unvaccinated by Hannah Furness & Andrew Hough**25 Apr 2013**

Health officials today admitted they are growing increasingly 'worried' about the spread of the disease, which is now at its highest level for almost two decades in England and Wales. More than a million children and teenagers are to be targeted in a national catch-up vaccination campaign aimed at curbing a rise in measles cases in England. Medical experts warned that while levels were not at 'epidemic' levels 'yet', they urged parents to get their children vaccinated to prevent outbreaks spreading in schools.

Prof David Salisbury, director of immunisation at the *Department of Health*, said: "If you think your child has not had one or even two doses of MMR, for goodness sake contact your GP and get it sorted out."

Dr Mary Ramsay, *Public Health England's (PHE)* head of immunisation, said there was particular concern about the potential for measles outbreaks in schools in London, the South and East of England where MMR vaccination rates have not been historically as high as other areas in the north of the country.

"We have this legacy of older children who were not vaccinated as toddlers and these young people are now secondary school age," she told the *Today* programme. "So they are now at the position where they can spread infection very effectively. Our concern is that we have a potential for school outbreaks in many areas of the country - probably the areas most likely to be affected would be London and the South and East of the country where we know that the historical coverage was not as high as it was in the northern parts of the country."

She added: "We are worried but this is not some sort of epidemic yet, we have not got a national spread. The cases have been localised into three areas [Wales], the north east and the northwest. But the potential for that [an epidemic] to happen in other areas is there because we know there is this group of children unvaccinated. And we really want to get ahead of that. We don't want to have the Welsh situation happening across England. I would have preferred that it didn't happen this way but it is a perfect opportunity to bring people's attention to it again."

GP surgeries, schools and community programmes will be used to vaccinate children and young people who have not had either one or two doses of the measles, mumps and rubella (MMR) vaccine in a £20 million campaign. The scheme has been launched after new figures from *PHE* disclosed that there were 587 confirmed measles cases in the first three months of this year in England, more than three times the 168 cases in the same period of 2012. The highest regional total was in the North West at 179, followed by 175 in the North East.

Out of the total number of confirmed cases this year, nearly one in five were admitted to hospital, with 15 of these experiencing complications such as pneumonia, meningitis and gastroenteritis. The figures, if unchecked, put England on course for another record annual high in measles cases after 1,920 confirmed cases last year. The rise comes in spite of the highest ever national MMR vaccination level being achieved in England with 94% of five-year-olds receiving one dose and 90% receiving two doses according to the latest *PHE* figures.

The leap in the number of confirmed cases can mostly be attributed to the proportion of unprotected 10 to 16-year-olds who missed out on vaccination in the late 1990s and early years of 2000 when fears about the discredited link between autism and the vaccine was widespread, according to public health experts.

Children are offered an MMR vaccine at 12 to 13 months, giving 95% protection and then a second dose at around three-and-a-half-years-old which boosts this protection to 99%.

An estimated one third of a million 10 to 16-year-olds who are unvaccinated will be made a 'first priority' in the new campaign. This will be followed by a further estimated third of a million children in this age group who need at least one further MMR jab to give them full protection and another estimated one third of a million children above and below this age group who need at least one further MMR vaccination.

Dr Andrew Mimmagh, a GP in Liverpool, said some parents who remain "implacably opposed" to the vaccine have



falsely accused doctors of insisting on injections in order to receive a 'paltry' amount of money in reward. She said that once children reached their fifth birthday, parents forgot about vaccinations. She added, however, that coverage is the "highest it has ever been". She added: "I don't think parents realise that measles risk doesn't stop. If you haven't had a vaccine there is not upper limit. You can get measles as an adult and it can be really unpleasant."

The figures for England follow a measles outbreak in the south west Wales region where the total number of people who have contracted the disease now stands at 886.

Prof David Salisbury, director of immunisation at the *Department of Health*, said: "The situation in Swansea, I believe, is a wake-up call for parents - for parents who for whatever reason, quite a few years ago chose not to vaccinate their children and for whom these days vaccines aren't really things that they think about very much. But what happened and is continuing to happen in Swansea can happen anywhere in England. Whilst this may sound slightly odd, you can of course catch measles but you can't catch up with measles - what I mean is that chasing measles is a forlorn exercise. You have to prevent measles and that means we need to get ahead before we have got large numbers of cases and large outbreaks occurring in England."

He added that measles spreads like 'wildfire'. "If you think your child has not had one or even two doses of MMR, for goodness sake contact your GP and get it sorted out," he said in a direct message to parents. I think that the message from Swansea is very clear and it is trivialised at the risk of your children's health."

He said he was concerned about the situation in London with its densely packed population where there was traditionally a high turnover of residents. "London to their credit has done a great deal of good work recently and they really have pulled up their immunisation coverage, but that is age-appropriate, that is for their young children," he said. "They did do a catch-up programme but I would be surprised if they got all [of the unprotected youngsters]. People are densely packed together in London and that is just what measles likes for high levels of transmission, so I worry about London." Talking about the risks of measles, he said: "The risk of measles in terms of complications and death is particularly in the under ones, who we really can best protect by preventing them being exposed and the risk goes up again as you get older. The risk now for measles in teenagers and adolescents ... of actually measles being a much more serious illness is staring at us."

The appeal comes after doctor Andrew Wakefield was struck off the medical register for his discredited research which claimed to find a link between autism and the MMR vaccine. The study, published in 1998, caused a global scare and uptake levels of the vaccination - which protects against MMR - fell significantly in the years after its publication.

Measles, described as one of the most infectious diseases known to man, can lead to serious complications, including blindness and even death. The virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes.

04. MMR fears grow as mumps outbreak follows measles by Claire Duffin

Daily Telegraph on 8th May 2013

It is feared that a mumps epidemic could follow the measles outbreak in South Wales. *Cardiff University* has put out a warning after a number of students became ill with the viral infection, which can lead to deafness. *Public Health Wales*

is advising people who have not had the MMR jab, the combined vaccine that protects against both conditions as well as rubella, to get vaccinated as soon as possible.

The letter from the university comes as the number of people infected with measles in South Wales reached 1039 - 85 of whom have needed hospital treatment. The measles outbreak has been blamed on a reluctance by some parents to allow their children to have the MMR jab after a health scare. As a result, many children were left unprotected. Following the outbreak in October, a major immunization drive was launched to immunize those who have not had the jab. the university put out a warning yesterday. It said *Public Health Wales* had received "increasing numbers of notifications of mumps in the University population" and advised students to contact their GP for the vaccination as soon as possible.

Public Health Wales could not provide figures for how many people had caught mumps so far this year but said the outbreak was not restricted to university students. The spokesman added, however, that cases were fairly common and numbers had not reached the levels of 2005, the last epidemic, when there were more than 3,000 confirmed cases, compared with 86 in 2012.

He said that, as was the case with measles, people who have not had the MMR jab should have one as soon as possible, especially those aged 10 to 18 who are most at risk of catching the diseases and passing them on. "We want to encourage everyone who is eligible for the vaccine, including students, to come forward," he said. "Two doses of MMR give you 99 percent protection against measles, mumps and rubella. These are all highly contagious and could spread quickly in closed communities such as schools and universities. Students should get the vaccine as a matter of urgency and those I doubt should receive the MMR again as a precaution."

The measles epidemic was blamed on a decision by some parents not to get their children immunized after research was published in the medical journal *The Lancet* in 1998, suggesting a link between the vaccination and autism, claims which are now entirely discredited.

05. The Moral Panic in Swansea

Posted by Steve Scrutton at Tuesday, April 16, 2013

The outbreak of measles in Swansea this month (April 2013) has led to a moral panic that has been extraordinary to watch. First, measles has been with us for a very long time. It was first described in the 7th century, and eventually differentiated from smallpox and chickenpox, in the 10th century. It has been estimated that 220 million people had died from the disease, and this kind of data forms the basis of the modern day 'scare' stories that so often hit the headlines today. This outbreak of measles is a panic created by a disease that the *British Medical Journal (BMJ)* know is no longer a serious, killer illness.

Indeed, the *BMJ* knew this as long ago as 1959 (7th February, p354), where they speak about the large number of cases recorded in England and Wales (41,000 compared with under 1,000 in Swansea). They asked doctors to comment on Measles and concluded that: *"these writer agree that measles is nowadays normally a mild infection, and they rarely have occasion to give prophylactic gamma globulin"*.

The reality is, now as then, that although most children will contract measles during their lifetime, for most healthy people it is a disease that the body deals with quite normally, and without complications. It has, however, always been a 'killer' disease to those living in poverty, in poor, damp housing, with a poor diet.

This is why the death rates rose so rapidly during the Agricultural and Industrial Revolutions of the late 18th, early 19th centuries. And it is why, following the increasing affluence of the Victorian era, alongside the urban public health measure that were introduced, the disease has been on a steady decline.

"The combined death rate of scarlet fever, diphtheria, whooping cough, and measles among children up to fifteen shows that nearly 90 per cent of the total decline in mortality between 1860 and 1965 had occurred before the introduction of antibiotics and widespread immunization. In part this recession may be attributed to improved housing and to a decrease in the virulence of micro-organisms, but by far the most important factor was a higher host-resistance due to better nutrition. In poor countries today, diarrhoea and upper-respiratory-tract infections occur more frequently, last longer, and lead to higher mortality where nutrition is poor, no matter how much or how little medical care is available".

Ivan Illich² wrote this in 1975 - but the idea that conventional medicine has cured measles persists, largely owing to the success of its brilliant, self-congratulatory propaganda over recent years. Listen to the conventional medical

² See *Medical Nemesis* by Ivan Illich.

establishment and you will be led to believe that antibiotics and vaccines have achieved this result. They have not. The decline of measles as a 'killer' disease has been consistent over the decades, and the introduction of antibiotics or vaccines have played no visible role in this decline whatsoever.

So why has measles become a more serious disease over the last few decades, and certainly since 1959 - a time when mother's organised measles parties in order to ensure that their children contracted it naturally? Has it, perhaps, something to do with the promotion of the MMR vaccine?

Certainly, the purposeful generation of fear in Swansea has been something that the *NHS*, with the supine support of the mainstream media (led, as always by the *BBC*, compliant as always to the wishes of the conventional medical establishment) has created.

We are told that those people contracting measles are those who have not been vaccinated in the late 1990's, largely owing to that 'awful' doctor, Andrew Wakefield, who had the audacity to suggest that the MMR vaccines might be dangerous! These children should get vaccinated as soon as possible, to protect themselves from this dreadful disease. Yet measles is not 'dreadful'. And the MMR vaccine is not safe. So the *NHS* are telling us to take a medication that is dangerous to prevent an illness that is not serious. And the treatment of the measles, with homeopathy, can take the fear of the illness away, completely.

Even the alleged cause of the outbreak in Swansea is far from certain. We have been told that it has arisen from too many children not being vaccinated in the late 1990's. Is this really the case? If so, where are the statistics? Where are the children, aged 13 and just below, who have contracted the disease? We must patiently await the statistics that will ultimately emerge. The evidence about outbreaks of disease, like this one at Swansea, have hitherto shown that it is the vaccinated, and not the unvaccinated that are more likely to contract the disease.

If my hunch is correct, the Swansea episode has been another example of a health scare, a panic created in order to sell more drugs and vaccines. If so, the *Department of Health*, the *NHS*, our GP's, and our national media, have all been complicit in yet another marketing exercise in favour of the *Big Pharma* drug companies.

06. MMR doctor links 170 cases of autism to vaccine By Lorraine Fraser**25 Jan 2001**

The consultant who first raised concerns about MMR vaccinations has disclosed to *The Telegraph* that he has identified nearly 170 cases of a new syndrome of autism and bowel disease in children who have had the triple-dose injection.

Andrew Wakefield, a consultant gastroenterologist at the *Royal Free Hospital* in London, said that in the 'majority' of cases parents had documentary evidence that their child's physical and mental decline had followed the vaccination. Professor Wakefield said: "Last week in our clinic we saw nine or ten new children with exactly the same story, referred by jobbing paediatricians from around the country who said, "This child developed normally, had a reaction to MMR and is now autistic".

In his first public comments since the row erupted in 1998, when he reported on 12 cases, Professor Wakefield said that he remained seriously concerned by the safety of the vaccine, despite reassurances from the *Department of Health*. He said: "The department says that the safety of MMR has been proven. The argument is untenable. It cannot be substantiated by the science. That is not only my opinion but increasingly the view of healthcare professionals and the public. He said: "Tests have revealed time and time again that we are dealing with a new phenomenon. The *Department of Health's* contention that MMR has been proven to be safe by study after study after study just doesn't hold up. Frankly, it is not an honest appraisal of the science and it relegates the scientific issues to the bottom of the barrel in favour of winning a propaganda war."

The doctor, who was fiercely attacked by health officials for voicing his doubts three years ago, said in an exclusive interview that he felt driven to break his silence because of the accumulating evidence. His remarks will infuriate the government and sharpen the dilemma of parents over whether to have children inoculated with MMR.

It emerged last month that a rising number of doctors and nurses were worried about giving second doses of the vaccine, and pressure is growing for its separation into its three component vaccinations, spread over three years. In his 1998 article in *The Lancet*, Professor Wakefield reported finding a devastating combination of bowel disease and autism in 12 children.

His revelation that that figure has reached almost 170 cases will shock parents and doctors and add pressure on the government to justify its vaccination policy. This month Dr David Salisbury, the head of the government's immunisation programme, insisted that MMR was safe.

The vaccine, which contains live measles, mumps and rubella virus, has been given to millions of children in the UK since its introduction in 1988 but the take-up rate has fallen sharply since Dr Wakefield made his original claims.

Ten days ago health chiefs warned parents that Britain could face a measles outbreak unless more had their children vaccinated with MMR. Professor Wakefield said, however, that if an outbreak were to erupt it would be the fault of the health department, which had “failed to address the safety issues”. The doctor and his colleagues are testing the hypothesis that the measles virus from the vaccine can lodge in the gut of susceptible children, damaging the bowel and causing autism, and that the addition of the mumps virus makes that more likely.

07. Ministry is blocking single-dose vaccines by Celia Hall**13 Jan 2001**

Single dose vaccines for measles, mumps or rubella will not be made available to British children, health officials said yesterday as they began a new drive to reassure parents of the safety of the all-in-one vaccine.

Despite growing calls for single vaccines to be made available to the minority of parents who refuse to let their children have the triple jab, they said the single dose alternative was more dangerous. Dr David Salisbury, head of immunisation at the Department of Health, said: “We cannot support a policy that would put children at risk. Separate injections are less safe.”

Three years ago, researchers suggested a link between the MMR vaccine, introduced in 1988 and autism and inflammatory bowel disease in children. This link has not been supported by other research. However, 500 parents are planning to sue the Department of Health over damage to their children allegedly caused by the vaccine.

Vaccination levels have fallen from 92-93 per cent to an average 88 per cent and it is as low as 75 per cent in some parts of the South East. The *Department of Health* has already issued a warning of a measles outbreak as children who have not been protected return to school. Julie Kirkbride, Conservative MP for Bromsgrove, is introducing a *Private Member's Bill* calling for single doses to be available.

Yesterday, Dr Liam Fox, the shadow health secretary, added his weight to the proposal. He said that the Conservatives would reintroduce single-dose vaccines if they were re-elected - if vaccination levels were still low. He said: “It must be better for children to have a single vaccine than to have nothing at all. This is not an ideal situation but it must be infinitely preferable to the prospect of dead or damaged children.”

He said: “There is no point sitting on the high moral ground awaiting an epidemic that could claim the lives of children in Britain. It's a huge failure of the Government's health policy - neither to reassure the public effectively nor to provide an alternative. We cannot sit by and watch immunisation rates fall to levels that will virtually guarantee a measles epidemic.”

Ministers were understood to be ‘furious’ over Dr Fox's ‘purely opportunistic’ comments. A *Department of Health* source said: “It is all very well the Tories jumping on bandwagons when it is politics but it is deeply irresponsible when it is children's lives.”

Yesterday the department again sought to allay fears about the safety of the vaccine. The chairmen of both independent bodies that advise the Government - the *Committee on Safety of Medicines (CSM)* and the *Joint Committee on Vaccination and Immunisation* - reiterated their belief, based on scientific evidence, that the vaccine was safe.

Professor Alasdair Breckenridge, *CSM* chairman said: “The evidence of long-term safety of MMR, especially in respect of autism and inflammatory bowel diseases, is very convincing.” The *Department of Health* made available a report from the ‘largest ever’ study of adverse events following MMR vaccination.

The 14-year study from Finland was published in America in the journal *Paediatric Infectious Disease* last December. It confirmed the results of an earlier analysis of 1.8 million vaccinated children published in the *Lancet* in 1998. The report said that serious side-effects related to MMR vaccine were rare “and greatly outweighed by the risks of natural MMR diseases.”

The researchers found an adverse reaction rate of 3.2 per 100,000 doses of vaccine. But Marilyn Smith, of the parent support group *Jabs*, said: “When you've got a child it's the most precious thing in the world and no amount of figures can change the concerns we have about MMR.”

Another study, published yesterday in the *British Medical Journal*, said that about half of health professionals had reservations about giving children a second dose of MMR vaccine before they started school.

08. GP's, the NHS and Big Pharma know the MMR Vaccine is dangerous by Steve Scrutton

Wednesday, April 10, 2013

How would you describe a vaccine that caused Seizures, Febrile Convulsions, Diabetes, Pancreatitis, Purpura, Arthritis, Myalgia, Encephalitis, Guillian-Barre Syndrome, Meningitis, Retinitis, and Death? More to the point, would you take it? Or would you give it to your child? These are just a few of the diseases that are apparently caused by the MMR Vaccine. Your doctor, the NHS, and the *Big Pharma* companies tell us that the vaccine is safe. They urge us to ensure that our children are vaccinated. Many people within the Conventional Medical Establishment support compulsory vaccination. And our Media, headed by the public broadcaster, the *BBC*, appear to support them in this, unreservedly, and without any serious questioning. Indeed, *BBC News* seems to go out of their way to urge us all to ensure that we, and our children, are fully vaccinated.

Jeremy Paxman, on *Newsnight* (9th April 2013) appeared incredulous that mandatory vaccination was not imposed in Britain. He interviewed just two people, both in support of vaccination, one in support of compulsorily vaccination. This is typical of *BBC's* lack of impartiality. Whilst Paxman clearly expressed his personal views, he (and the *BBC*) clearly have no knowledge that there are real and genuine concerns about the safety of vaccines.

But, I hear you say, how do we know that the MMR vaccine causes these diseases? Where is the evidence? Our doctors, the *NHS*, and the *Department of Health* would surely not approve a vaccine, or a drug, that can cause such dangers. Well, according to this website, they DO know, and the information comes on the MMR package insert from the manufacturer.

Merck lists the following adverse reactions on their package insert: Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability; vasculitis; pancreatitis; diarrhea; vomiting; parotitis; nausea; diabetes mellitus; thrombocytopenia; purpura; regional lymphadenopathy; leukocytosis; Anaphylaxis and anaphylactoid reactions; angioneurotic edema; bronchial spasms; arthritis; anthralgia; myalgia; encephalitis; encephalopathy; subacute sclerosing panencephalitis; Guillian Barre Syndrome; febrile; convulsions; seizures; ataxia; polyneuritis; polyneuropathy; ocular palsies; paresthesia; aseptic meningitis; Pneumonitis; sore throat; cough; rhinitis; Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; pruritis; nerve deafness; otitis media; retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis; Orchitis.

The issue here is not just that this vaccine causes these diseases, it is that parents and patients are not being told about it, either by the conventional medical establishment, or by the British media. So, we need to know from the *Department of Health*, the *NHS*, and our GP's, why we are not being told about this. And we need to know from the British media, including the *BBC*, why they are not fulfilling their duty to inform the public.

Measles is a childhood disease that was once a major killer. It is no longer. But it still continues to cause concern for parents, who have to make a decision about injecting their child with the MMR vaccine when aged about 15 months. This page seeks to provide information for parents regarding that decision.

Conventional prevention of measles is through the MMR vaccine, The *NHS Choices* webpage describes the vaccine, and when it is given to children; but it does not provide any information about the adverse reactions known to be caused by the MMR vaccine. One manufacturer's description of these adverse reactions, given on their package insert, includes several serious diseases, are listed here. Parents do not appear to be told about these, and therefore, parents have to decide whether the NHS is being entirely honest in this matter. The *NHS Choices* website states that "there is no specific treatment for measles". Advice is to rest and to use painkilling drugs, like Paracetamol or Ibuprofen. It also has other good routine care advice, plus the suggestion to use vitamin A.

09. The Illusion of Modern Medicine by Maurice Cotterell ³from *FutureScience* by Celtic Press on 22nd March 2011

Black's Medical Dictionary describes the objectives of modern medical practice in this way: "...conventional medicine tries to base Diagnosis and treatment on Scientific evidence."⁴

Modern medicine cannot consider itself to be a Science, although it calls upon areas of Science...for example biology, chemistry and radiology...to aid in diagnosis and treatment. Medical practice itself does not conform to any scientific law. Diagnosis and treatment scientifically believed to work (to be effective) on one individual human may have no effect on another because humans are complex beings comprised of an emotional body, an intellectual body, a spiritual

³ Source: *Science and Illusion*, the final chapter of *FutureScience* by Maurice Cotterell (pps 231-235).

⁴ Macpherson, Gordon (Ed.), *Black's Medical Dictionary*, p.722, A&C Black, 2002).

body and a physical body. The Physician, concerned only with the physical body, rejects 75% of the available information when trying to make a diagnosis and recommend treatment. A Science embraces all of the available data.

The myths of so-called 'modern' medicine are easily dispelled, relying, as they do, on four basic lines of defence: hygiene, to disinfect the environment and preclude infection; antibiotics, to kill bacterial and microbial infections; surgery, to remove, bypass or supplement dysfunctional tissue, and vaccinations, intended to provide immunity from a specific disease. None of these practices can be described as 'modern'.

Hygiene protocols have changed little since their inception by Louis Pasteur, in around 1888, to prevent exposure to bacteria and antiseptic protocols have changed little since they were first implemented by Joseph Lister, in around 1850.

Antibiotics were not the proud product of feasoning among the medical rather fraternity but the chance result of an accidental discovery by Alexander Fleming, in 1940. The dark side of antibiotics is now beginning to emerge; not only do antibiotics kill infections but they also kill friendly bacteria in the gut leading to gut disguises and leaky-gut syndrome, which inspires widespread food allergies, toxemia (blood poisoning by gut toxins) and death, as well as a long list of so-called 'auto immune' diseases.

Life-threatening antibiotic-resistant infections have mutated into the difficult to manage MRSA (Methicillin-resistant Staphylococcus Aureus) and Clostridium Difficile bacteria that now plague UK hospitals, so much so that an increasing number of patients prefer to suffer with an ailment, and survive, rather than enter hospital for treatment and possible dear. MRSA and C.Diff. Infections were linked to more than 8,000 deaths in England and Wales in 2006, up from 5,300 the previous year.

Surgery, arguably the only successful branch of modern medicine - when used to bypass, remove and/or supplement damaged tissue - was made possible by the introduction of an aesthetics ether and chloroform, in around 1840 - without which the patient would die of shock.

Vaccinations were firstly used in 1796 by Edward Jenner to produce immunity against disease. But a growing body of opinion questions the efficacy of Vaccination:



A recent Australian documentary *Vaccinations, the hidden truth* persuasively exposes the practice of vaccination as flawed-Science. One investigation, carried out by the Australian economist and statistician Dr Isaac Golden following the death of one of his own children immediately after vaccination, shows an overwhelming statistical correlation between adverse reactions to vaccination and deaths associated with vaccination programmes.⁵

Dr Viera Scheibner, PhD., shows, using UK, US and Australian Government data, that the reduction in infection and death rates of epidemics of whooping cough, measles and rubella owes nothing to the vaccination programmes, that were only introduced during the final stages of the decline of each of the outbreaks - and that other factors ranging from hygiene, sanitation and nutrition were responsible for the decline, not the vaccines.

Another Australian MD, Dr Archie Kalokerinos, shows that where official figures did support a contribution to the effective prevention of disease through vaccination the data had been deliberately manipulated to hide the true numbers of those vaccinated; one method of obfuscation related to numbers based on false-positive infection rates and another to other misleading diagnosis that skewed the results.

He also questions the belief that the presence of antibodies, inspired by vaccination, provides immunity, by contrasting the claim against the modern epidemic of AIDS, where the presence of antibodies, therefore, is no indictator of protection from a disease. He points out that antibodies can be present and yet the patient can still catch the disease, or antibodies might not be present and the patient does not catch the disease. The presence of antibodies simply shows an 'exposure' to an antigen and not protection from it.

⁵ *Vaccination? A review of risks and alternatives* by Dr Isaac Golden,.

Dr Robyn Cosford, an MD from Sydney, agrees with Dr Schreibner and, using her own persuasive date, points out that vaccines are contaminated with poisons such as:

- (i) the carcinogen formaldehyde, that can cause eye and mucous membrane irritation, breathing difficulties, headaches and death;
- (ii) mercury, known to cause brain damage and thought to be a contributor in Alzheimer's disease and dementia;
- (iii) aluminum, known to cause encephalopathy (stuttering, gait disturbance, seizures and coma) and;
- (iv) contamination in the form of animal viruses that can cause death in children and changes to human DNA, leading to a host of auto-immune diseases.

She believes that the body is best protected by naturally-acquired immunity provided by a nutritious diet, fresh air, sunshine, exercise water, pure thoughts, stress-free living and forgiveness. Her evidence put forward in the documentary overwhelming shows the so-called underlying Science-of-vaccination to be entirely flawed and responsible for more deaths and disease than it is intended to preclude.

Today, doctors who dare to speak out against the prevailing 'flat-Earth' vaccination mentality risk ex-communication from the medial fraternity and career destruction by drug companies and vaccine manufacturers eager to protect a steady income-flow from products that without question are poisoning the World's population.

The pioneering US independent medical researcher and activist Dr Len Horowitz has put forward his own findings on vaccinations in a documentary available on DVD, called *In Lies we Trust* that reaches the same conclusions. And this is not the extent of the charade of modern medicine:

- Doctors cannot cure the common cold.
- Modern drugs and medical practice can cure almost none of the 20,000 or so diseases listed by the World Health Organisation (while natural remedies like vitamins and minerals, found in food, can cure rickets, scurvy beriberi and many skin disorders).
- In the UK, the Medical Health Research Association reported that between May and December 2009, 9801 cases of patients in the UK experienced suspected serious adverse reactions to prescribed drugs.
- In the USA in 2010 a paper by Professor Donald Light of the American Sociological Society reported that more people die in the USA from prescription drugs than from wars and road traffic accident injuries put together.
- Doctors recommend organ transplants despite knowing that the human body is programmed to reject foreign tissue. To overcome rejection the patient's immune system is deliberately suppressed with powerful drugs that expose to patient to death from the common cold.
- In 2010 the Dr Foster Intelligence Health Report carried out by the UK National Health Service reported that between April 2009 and March 2010, 62800 patients in the UK suffered adverse medical reactions following surgery.
- Patients are misled into believing that if they get sick doctors will cure them. This is a fallacy; if antibiotics cannot kill the infection or if surgeons cannot cut out, bypass or supplement the problem tissue then the patient is left to suffer, die or both.
- Patients are misled into believing that when they get sick they will have access to pain-killers. This is true: excess Paracetamol destroys the liver and therefore can only be used to manage low-level pain. Aspirin and non-steroidal anti-inflammatory drugs burn holes in the digestive system leading to a host of ailments, diseases and possible death from toxemia. Opiate-based pain killers cause addiction and eventually withdrawal of the opiate causes more pain than it was intended to alleviate.
- Doctors bombard cancer patients with X-rays, knowing they cause cancer, and with chemotherapy, knowing it to be poisonous.
- Not one of the mental illnesses can be cured by psychiatry and psychiatrists routinely prescribe medication to patients knowing that it will damage them, kill them or turn them into zombies.

Dr Horowitz also believes that the modern diseases of *AIDS* and the *Ebola virus* were deliberately manufactured in the laboratory by scientists.

Dr Lorraine Day who for many years practiced in the USA as an orthopaedic surgeon cured herself of cancer homeopathically. She agrees with Dr Horowitz on the uselessness of vaccinations and points out that the Bible teaches

that the body is designed to heal itself of every disease - providing it is left to its own devices, providing it is given the time to allow healing to take place, and providing the patient lives life according to God's laws:

Thou shalt therefore keep the Commandments, and the statutes and the judgements, wherefore it shall come to pass, if ye harken to these judgements, and keep and do them, that The Lord Thy God shall keep unto thee the covenant and mercy which he swore unto thy fathers. And He will love thee and bless thee and multiply thee: He will also bless the fruit of thy womb and the fruit of the land, thy corn and thy wine, and thine oil, the increase of thy kin, and the flocks of thy sheep, in the land which he swore unto thy fathers to give thee. Thou shalt be blessed above all people: there shall not be male or female barren among you, or among your cattle. And the Lord will take away from thee all sickness, and will put none of the evil diseases of Egypt which thou knowest upon thee. (*Deuteronomy VII, 11-15*).

Bless The Lord O my soul, and all that is within me, bless his holy name. Bless The Lord, O my soul, and forget not all his benefits: who forgiveth all thine iniquities; who healeth all thy diseases. (*Psalms CIII, 1-3*).

Dr Day believes that the best form of healthcare is prevention, rather than cure and, like Dr Robyn Cosford, advocates programmes based on *New Start*; Nutrition, Exercise, lots of fresh drinking Water, Sunlight, Temperance, fresh Air, Rest, relaxation and sleep, and Thankfulness, along with a love-thy-neighbour philosophy that includes forgiveness.

[The Hospital Sketch from The Meaning of Life by Monty Python](#)

And do not be misled, or lured into a false sense of security, by the 'high-tech' image that greets the patient on arrival in hospital; the bright lights, the MRI (Magnetic Resonance Imaging) scanners, the CT (X-ray computed tomography) scanners, ultrasound scanners, hyperdermic needles, ambulances, beds and even watches on the wrists of the medical staff were conceived, designed and manufactured by engineers, not doctors.

Letter from Swansea

by

William Shepherd



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a cesc dispatch
June 2013

10. Vaccinated children five times more prone to disease by Ethan A. Huff

Friday, January 11, 2013

An ongoing study out of Germany comparing disease rates among vaccinated and unvaccinated children points to a pretty clear disparity between the two groups as far as illness rates are concerned. As reported by the group *Health Freedom Alliance*, children who have been vaccinated according to official government schedules are up to five times more likely to contract a preventable disease than children who developed their own immune systems naturally without vaccines.

Released as its own preliminary study back in September 2011, the survey includes data on 8,000 unvaccinated children whose overall disease rates were compared to disease rates among the general population, the vast majority of which has been vaccinated. And in every single disease category, unvaccinated children fared far better than vaccinated children in terms of both disease prevalence and severity. In other words, the evidence suggests that vaccines are neither effective nor safe.

"No study of health outcomes of vaccinated people versus unvaccinated has ever been conducted in the US by *CDC* or any other agency in the 50 years or more of an accelerating schedule of vaccinations (now over 50 doses of 14 vaccines given before kindergarten, 26 doses in the first year)," wrote Louis Rain back in 2011 for *Health Freedom Alliance* about the survey.

As disclosed at *VaccineInjury.info*, vaccinated children are nearly twice as likely as unvaccinated children to develop neurodermatitis, for instance, a skin disorder marked by chronic itching and scratching. Similarly, vaccinated children are about two-and-a-half times as likely to develop a pattern of migraine headaches compared to unvaccinated children.

The numbers are even more divergent for asthma and chronic bronchitis, where vaccinated children are about eight times more likely than unvaccinated children to develop such respiratory problems. Vaccinated children are also far more likely to develop hyperactivity, hayfever, and thyroid disease, with their likelihood three times, four times, and a shocking 17 times higher, respectively, compared to unvaccinated children.

11. Serious Chicken Pox Outbreak in Indiana is Among Vaccinated Children

Vigo County of Indiana is currently experiencing the country's largest outbreak of *Chicken Pox*, with 92 cases so far. Out of these 92 cases, only 3 were never vaccinated. That means this may be the nation's first case of a serious *Chicken Pox* outbreak among children who were actually vaccinated for *Chicken Pox*. The *Indiana Coalition for Vaccination Choice* reports on their *Facebook* page: 'Placed another call to the *Indiana State Department of Health*. Was able to reach the epidemiologist working the chicken pox outbreak. There are a total of 92 cases so far. Only 3 were never vaccinated. 10 had received one vaccine and 79 were fully vaccinated. They are seeing fewer lesions in the fully vaccinated. Zero deaths. Possibly one hospitalization but not sure off the top of their head. Zero complications from chicken pox. We were told that only one chicken pox vaccine was supposed to provide lifelong immunity but this did not turn out to be the case. A booster was added and yet we are seeing a very high rate of fully vaccinated children contracting chicken pox. We asked if another booster will be mandated and told possibly. We asked about vaccine failures and were told this is not vaccine failure because the severity of lesions in the fully vaccinated was less than if never vaccinated and that no vaccine is 100% effective. We were told that if vaccines save one life they are worth it. We asked how many children died from chicken pox before the vaccine. This epidemiologist was unsure.'

12. Latest research shows vaccinated children more chronically ill than non-vaccinated

The choice to vaccinate is a very important and complex decision in which parents must take the responsibility to try to find enough information to make an educated decision that can affect their children for the rest of their lives. As a parent, this decision can be overwhelming and many trust their doctors to act in the parent's best interest to provide guidance in such instances. Unfortunately, there is a major distortion of information out there and many people have the misconception that vaccines result in healthier children. However research is showing that vaccinated children are more chronically ill than their non-vaccinated counterparts. According to the *CDC*, the number of vaccines that are given to children has increased more than three times in the last 29 years. In 1983, children were given 10 shots from birth to 6 years of age, compared to 36-38 for the same age group in 2012.

Vaccines can carry with them very serious side effects, ranging from mild complications such as fever or rash, to major issues such as seizure and death. Children who are lucky enough to evade any major difficulties, can carry with them health problems that will last the rest of their lives. According to a survey on *VaccineInjury.Info*, vaccinated children have a much higher rate of autism, ear infections, ADHD, asthma and allergies - in some cases even 30 percent higher than children who are not vaccinated.

The assessment continues to show that unvaccinated children were less likely to suffer from hyperactivity, skin disorders, auto-immune disorders, depression, anxiety and many other diseases. In addition to the fact that they are being shown to cause health problems, vaccines that are being given today have not been tested for long-term safety. Most of the studies only evaluate side effects that occur within 48-72 hours, while the truth is that many serious side effects show up long after that time span.

Vaccines are a combination of many different toxic additives, preservatives and cell types that are initiated during the manufacturing process. The problem is that the shots create a temporary vaccine-induced antibody production rather than letting the body build up its natural immune system, and have little evidence as to their effectiveness.

Whooping cough outbreaks are higher in areas that have a higher percentage of children who took the whooping cough vaccine! Over-vaccinating weakens the immune system, making children more susceptible to infections with less ability to fight them off. The injections also promote viral adaption...responsible for creating vaccine resistant super bugs.

In 2010, 77 percent of the over 1,000 people infected with mumps had received the *MMR* vaccine...a statistic left unreported by the media. So while the number of outbreaks occurs the medical establishment can recommend more vaccines to try to reduce the numbers, causing a vicious cycle fueled by misinformation and deception.

Healthier options to inoculations include eating organic food, increasing vitamin D intake and avoiding GMO foods, additives and preservatives. Diet is a very important factor in ensuring our bodies work effectively. Foods high in refined sugars and other additives require our body to use stored vitamins and minerals in order to metabolize, increasing the production of hormones, which suppresses our immune system. Eating fresh whole foods and getting an ample amount of vitamin D is vital in helping to strengthen the body's defense system. In addition, allowing the body to fight off infection and only using antibiotics when absolutely necessary, will develop natural resistance.

About the author:

Victoria Moore is a natural health researcher/blogger, yoga instructor and Usui Reiki master. Her passions include empowering women on how to prepare for natural labor, teaching yoga to adults and children and learning about alternative approaches to health and lifestyle. Through her website www.yogimami.com she enjoys connecting with other like-minded people and sharing information about health and wellness, natural parenting, alternative medicine and organic living.

13. Unvaccinated children far less prone to allergies and disease by Ethan A. Huff

Thursday, October 13, 2011

It is commonly assumed that vaccinations bring substantial improvements in public health, and that humans were much more prone to developing serious disease prior to their advent. But a new survey released by *VaccineInjury.info* debunks this myth by showing that unvaccinated children are far less prone to developing allergies, auto-immune disorders, neurological problems, endocrine diseases, and other illnesses than vaccinated children.

German homeopathic practitioner Andreas Bachmair compiled health data on more than 8,000 unvaccinated children from at least 15 different countries, and compared it to health data compiled on more than 17,400 vaccinated children involved in the German KiGGS study...*Health Interview & Examination Survey for Children and Adolescents*.

The children involved in both studies ranged in age from 0 - 17, but most of the children involved in the unvaccinated study were eight years of age or younger. Both studies, however, used the same criteria for collecting data on children's health, and both are considered to have arrived at valid results.

In every single health category evaluated as part of both studies, the overall health of unvaccinated children was leaps and bounds ahead of the vaccinated children. The allergy rate among vaccinated children, for instance, was more than double the allergy rate among unvaccinated children. And worse, vaccinated children were found to be nearly eight times more prone to developing asthma or chronic Bronchitis than were unvaccinated children.

Another significant difference between the two groups was observed in the category of auto-immune disorders. While less than half of one percent of unvaccinated children were found to have developed an auto-immune disease, roughly seven percent of vaccinated children developed one...and according to the US *National Institutes of Health (NIH)*, nearly 25 percent of Americans today suffer from at least one auto-immune disorder.

The other health categories where unvaccinated children fared better than vaccinated children included neurodermatitis, herpes, otitis media, hay fever, hyperactivity, scoliosis, epilepsy and seizures, migraine headaches, and thyroid disease. The only category where disease rates were roughly equal between the two groups was in the category of diabetes mellitus, a disease which affects only about 0.2% of children under 20 anyway.

14. Autism extremely rare among unvaccinated children

Autism is a long-held point of contention in the vaccine safety debate. According to the data, only four of the 8,000 unvaccinated children that were included in the 2011 release of the study responded as having severe autism, which is a mere half of one percent of the overall population. Meanwhile the autism rate among the general population, as tabulated in the German *KiGGS* study used for comparison, is about 1.1 percent.

This means that vaccinated children are about 2.5 times more likely to develop severe autism compared to unvaccinated children, a shocking find when considering the medical establishment vehemently denial of any link whatsoever between vaccines and autism. And as it turns out, the four unvaccinated children who reported severe autism all tested high for heavy metals, including mercury, which further indicts vaccines and their disease-causing adjuvants.

Though this correlation does not necessarily conclude causation, the overall disparity of disease rates between vaccinated and unvaccinated children, at the very least, points to a very strong connection that cannot be denied or dismissed. Even after accounting for bias, as the survey's authors have tried to do over the years, the data continues to show much higher disease rates among vaccinated children compared to unvaccinated children.

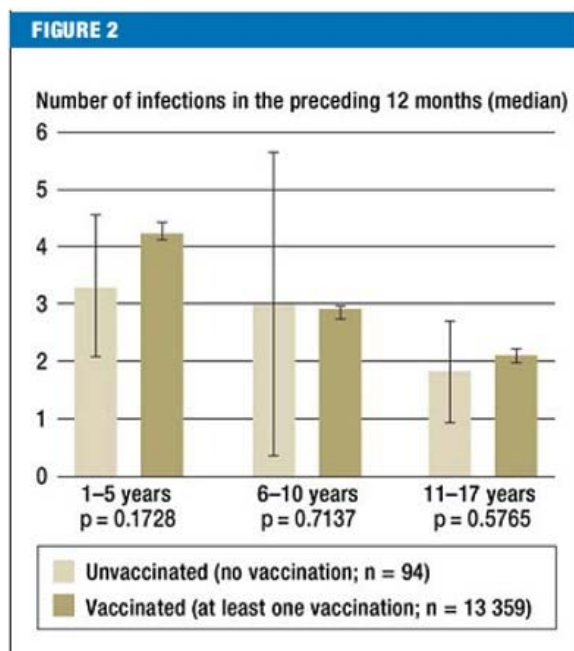
In a similar but unrelated study in the 1990s, researchers found that the death rate among vaccinated children for from diphtheria, tetanus, and whooping cough is also twice as high, on average, compared to unvaccinated children.

Related Articles:

- The ADHD Scam and the Mass Drugging of Schoolchildren (Transcript)
- Vaccines and Medical Experiments on Children, Minorities, Woman and Inmates (1845 - 2007)
- Human medical experimentation on children: The exploitation of poor children by Big Pharma (part two)
- Child-centered marketing causing kids to carry unhealthy food habits into adulthood
- Top 20 things that are more dangerous to children than lead paint in Mattel toys
- Ritalin stunts growth of children; long-term risk to children's health unknown

15. Unvaccinated Children Suffer Fewer Infectious Diseases by Heidi Stevenson

13 March 2013



This study stated a conclusion absolving vaccinations of causing harm to children. But their conclusion doesn't match their results! Worse still is that close inspection shows that the study was utterly inadequate.

That they showed vaccinated children have more infectious diseases, though, is rather amusing. Since a German study has found that unvaccinated children suffer from significantly less infectious disease than vaccinated children. Particularly amusing is that the article's introduction contradicts the findings:

Protective vaccinations theory claims it to be among the most important and effective preventive measures in modern medicine. Vaccination makes a substantial contribution to reducing the probability of contracting many infectious diseases and limits their severity. The immediate goal of a vaccination is to protect the vaccinated person from a disease. Achieving high rates of vaccinated persons additionally results in so-called herd immunity.

The study found that (1) Vaccinated children aged 1-5 had 27% more infectious disease than unvaccinated children and (2) Vaccinated children aged 11-17 had 16% more infectious

disease than unvaccinated children. The conclusion, though, doesn't even mention this! Instead, it states that '...the prevalence of allergic diseases and non-specific infections in children and adolescents was not found to depend on vaccination status.' Of course, the researchers' conclusion had little to do with the findings, but it's what you must expect from a study led by a researcher who was lead researcher for a major study funded by *Sanofi Pasteur* and *GlaxoSmithKline*, and another employed by the *Robert Koch Institute*. What is remarkable is that the study was published.

The *Robert Koch Institute*, Germany's agency for vaccine policy and its vaccination promoter, produced *The German Health Interview and Examination Survey for Children and Adolescents (KiGGS)*.

It was an interview and examination study that ran from May 2003 to May 2006, set up "to collect representative data on the health status of children and adolescents aged up to 17 years."

17,641 children aged newborn to 17 years were selected randomly from 167 German locations. Parents were asked to participate and 66.7% did so.

Children who had received no vaccines were classified as unvaccinated, and those who'd received one or more vaccinations were classified as vaccinated.

Only 0.7% of the children were unvaccinated, making that group quite small. They included 48 girls and 46 boys, for a total of 94 unvaccinated children.

The study found that children who had received no vaccinations were significantly more likely to come down

with pertussis, measles, mumps, or rubella than those determined to be 'sufficiently vaccinated' against those diseases.

Notice that this is a different comparison than made in all other cases, where all those classified as vaccinated were compared with those who were unvaccinated. Instead, they picked subsets of the vaccinated children for making comparisons about these diseases.

When the number of infections was calculated the story changed dramatically. The infections considered included: cold/flu-like infection; tonsillitis, herpesvirus infection, bronchitis (not when asthma was present); gastrointestinal infection; cystitis and/or urethritis purulent conjunctivitis (bacterial conjunctivitis); and croup (in children up to age 11).

Notice that unvaccinated children aged 1-5 and 11-17 were significantly less likely to suffer from any infection than vaccinated children, while the unvaccinated aged 6-10 were only slightly more likely to suffer from an infectious disease than the vaccinated - and the p-value for that age group is exceptionally high, indicating that the age 6-10 results could easily have been reached by pure chance.

One must wonder what the results might have been if only those children who'd been fully vaccinated had been compared with unvaccinated children - as they did when they produced their results for four vaccination-related diseases.

TABLE 1

Description of the study population (n = 13 453) by vaccination status and sociodemographic characteristics as percentages (95% confidence interval)

	Unvaccinated (no vaccination)	n	Vaccinated (at least one vaccination)	n
Total	0.7 (0.5 to 0.9)	94	99.3 (99.1 to 99.5)	13 359
Age (years)				
1-5	1.1 (0.7 to 1.7)	44	98.9 (93.3 to 99.3)	3886
6-10	0.5 (0.3 to 0.8)	20	99.5 (99.2 to 99.7)	4149
11-17	0.6 (0.4 to 1.0)	30	99.4 (99.0 to 99.6)	5324
				p = 0.0013
Sex				
Girls	0.7 (0.5 to 1.0)	48	99.3 (99.0 to 99.5)	6572
Boys	0.7 (0.5 to 1.0)	46	99.3 (99.0 to 99.5)	6787
				p = 0.7566
Socioeconomic status				
Low	0.6 (0.4 to 1.0)	22	99.4 (99.0 to 99.6)	3054
Medium	0.7 (0.5 to 1.0)	41	99.3 (99.0 to 99.5)	6454
High	0.8 (0.5 to 1.3)	29	99.2 (98.7 to 99.5)	3769
				p = 0.7045
Place of residence				
New German states	0.6 (0.4 to 1.0)	30	99.4 (99.0 to 99.6)	5052
Old German states	0.7 (0.5 to 1.0)	64	99.3 (99.0 to 99.5)	8307
				p = 0.2856

TABLE 2

Lifetime prevalence of atopic disorders by vaccination status and age as percentages (with 95% confidence interval)

	Unvaccinated (no vaccination)	n	Vaccinated (at least one vaccination)	n	
Allergic rhinoconjunctivitis					
1 to 5 years	5.0 (0.9 to 23.8)	1	2.7 (2.2 to 3.4)	100	p = 1.0000
6 to 10 years	8.7 (2.3 to 27.7)	3	10.0 (8.9 to 11.2)	386	p = 0.4296
11 to 17 years	8.2 (2.8 to 22.0)	3	17.4 (16.1 to 18.7)	891	p = 0.4630
atopic eczema					
1 to 5 years	12.6 (5.0 to 28.3)	4	12.2 (10.9 to 13.7)	482	p = 0.8143
6 to 10 years	26.4 (10.2 to 53.3)	4	15.6 (14.3 to 17.1)	653	p = 0.5503
11 to 17 years	6.4 (1.5 to 23.5)	2	15.3 (14.0 to 16.6)	800	p = 0.3045
Bronchial asthma					
1 to 5 years	0	0	1.8 (1.4 to 2.3)	60	p = 1.0000
6 to 10 years	0	0	4.6 (3.9 to 5.4)	182	p = 1.0000
11 to 17 years	8.4 (2.8 to 22.3)	2	7.0 (6.2 to 7.8)	375	p = 0.1655

I suspect that they'd have found a significantly greater distinction between vaccinated and unvaccinated children than they did. That they did a different sort of calculation here than they did for vaccination-related diseases makes me wonder if they actually did run the numbers, but didn't like the results.

The results for allergic conjunctivitis, eczema, and bronchial asthma were quite mixed, as is apparent in Table 2. The results appear to be all over the place. Allergic rhinoconjunctivitis seems to be more common in unvaccinated children aged 1-5, but becomes significantly less common as they age, until it's twice as common in ages 11-17 in vaccinated children.

The rate of atopic eczema is nearly identical in ages 1-5, becomes more common in unvaccinated children aged 6-10, and then becomes nearly 2½ times more common in vaccinated children aged 11-17. No cases of bronchial asthma were reported in unvaccinated children aged 1-10. Between the ages of 11 and 17, the unvaccinated had a slightly larger percentage of cases. However, the number is so small - just 2 - that the comparison is fairly meaningless.

It's good to see these results, but most interesting that they've been utterly ignored by the press and the agencies responsible for our vaccination policies. Considering the fact that the study is steeped in *Big Pharma* funds, the most amazing thing is that it was published. I can only imagine that there must have been some pre-arranged agreement that forced its publication. It's too bad, though, that the authors were allowed to get away with a conclusion that absolutely does not reflect the findings:

- Unvaccinated children clearly suffered fewer infectious diseases than vaccinated children.
- The trends in allergic rhinoconjunctivitis and atopic eczema as children get older clearly favors the unvaccinated. Only bronchial asthma might show a different trend, but that result is, as explained, questionable.
- In terms of the selected vaccination-related diseases, the authors showed only numbers of cases. That, though, tells us little. It isn't, after all, a serious matter getting these diseases in most cases. What would have been worthwhile noting is how many children suffered harm or death from them. Interestingly, the study is quiet on that.
- They got only a two-thirds response from parents, but they don't adjust for that. Could that have skewed their results. I would think so, since parents who don't vaccinate their children tend to be suspicious of medicine and might fear taking part in such a trial.
- The study did not lump all infectious diseases together, including both vaccination-related ones and non-vaccine-related conditions. That might have told a more interesting story.
- They further failed to consider that only four of the vaccination-related diseases were considered, which means that each one could have been gotten by a child only once. So, from birth to age 17, they could have gotten ill only four times from those conditions, and two of those four diseases, mumps and rubella, are exceptionally mild.
- On top of that, they didn't simply take note of all infectious diseases the children might have had, but only some of them. Pneumonia wasn't considered. Are they suggesting that not a single child had pneumonia? What about encephalitis?
- In terms of serious auto-immune disorders, which are the greatest concern nowadays, the study is entirely silent.
- There is no investigation into the epidemic of auto-immune and neurological disorders. What about Diabetes? Arthritis? Autism? Obesity? Cancer? These are all becoming more and more common in our children. Yet, the study didn't even look at any of them.
- Their claim that the study set out "to collect representative data on the health status of children and adolescents" is demonstrably false, since the most common and worst diseases that today's children are subject to were not even addressed.
- The lack of morbidity and mortality information, the lack of any reference to auto-immune or neurological disorders, and the limitation to mostly mild infectious diseases and only four vaccination-related ones, are salient points.

If the authors had truly been interested in verifying whether vaccinated children's health is improved or harmed, they surely would have focused on the modern plague of auto-immune and neurological disorders and accounted for all incidents of infectious diseases. It's telling that they didn't. It even suggests that they didn't dare, that they had a good

idea that, even though this study required some spinning, it would have been far worse, possibly unspinnable, if they'd produced an honest study.

In spite of themselves, the authors and their funders have provided information that supports the hypothesis that vaccines harm children's health. What might have been found if they'd done an honest study investigating all aspects of health, not just a few select ones? Any parent who presumes that agencies like the ones that produced this study actually care whether vaccines are beneficial or harmful need to think again. If they did, they'd do a genuine study comparing a large number of unvaccinated children with vaccinated ones, and they'd investigate all aspects of health, not just a carefully selected few.

But we can take heart in noting that, even when they tried to produce a study giving the false impression of vaccine safety, they bungled it!

Source: *Vaccination Status and Health in Children and Adolescents*, Deutsches Ärzteblatt International; Roma Schmitz, Christina Poethko-Müller, Sabine Reiter, Martin Schlaud; DOI: 10.3238/arztebl.2011.0099

Article Discussion

DocLee

"Notice that unvaccinated children aged 1-5 and 11-17 were significantly less likely to suffer from any infection than vaccinated children, while the unvaccinated aged 6-10 were only slightly more likely to suffer from an infectious disease than the vaccinated - and the p-value for that age group is exceptionally high, indicating that the age 6-10 results could easily have been reached by pure chance." Somebody needs a basic course in statistics. None of the p-values are 'significant'. A p-value of 0.05 or less would be significant. Also, overlapping 95% confidence intervals does not mean significant. There's a reason the authors of the paper made the correct conclusions of "The prevalence of allergic diseases and non-specific infections in children and adolescents was not found to depend on vaccination status." It's because that's what the data shows. There is no significance no matter how much you want there to be. Also, we're dealing with non-specific diseases and allergic reactions, both of which aren't vaccinated against. It's not as if you get a vaccine for mumps and it automatically means you're protected from something like norovirus or a skin rash. Your analysis is absolute trash as well. There have been numerous studies that you choose to ignore showing that vaccines do not cause diabetes, neurological disorders, obesity, arthritis, auto-immune disorders, or cancer. Keep your head in the sand and keep on screaming. I'm sure you'll get some where.

Heidi Stevenson vs DocLee

If that's the case, then why would they bother to produce graphs? There would be no point. The article said not one word about confidence intervals. In general, a significant p-value is not defined - though one as high as .7137 is nearly equivalent to getting results by pure luck. The study is trash. And your statement that vaccines don't cause 'diabetes, neurological disorders, obesity, arthritis, autoimmune disorders, or cancer' is based on absolutely nothing. There is documentation of vaccines causing diabetes, neurological disorders, autoimmune disorders, and arthritis - and the *BMJ* states that a vaccine caused narcolepsy, clearly a neurological disorder. But you don't care about that.

Statisque vs Heidi Stevenson

(1) They produce the graphs to prove that there is no difference in acquired infections between vaccinated and non-vaccinated groups. (2) The article mentions confidence intervals (CI) at least 27 times! Those error bars in Figure 2 represent confidence intervals for example. Click on the link provided and look for yourself. (3) P-values are well defined in general. When you have a p-value of less than 0.05 then you have a 95% chance that your result is not from chance alone. This means that all three differences in Figure 2 are not statistically significant. (4) The article authors even tell us this plainly: "The slight differences between the vaccination status groups did not reach significance."

Heidi Stevenson vs Statisque

So, you're saying that the authors claim that their study demonstrated nothing - but it was published as if it demonstrated something. If the authors didn't believe that a set of data demonstrated anything, then there's no need to produce a graph. The fact is that the graph does not demonstrate anything about the p-values. So if a graph was produced, it was produced to show something else. Statistical significance refers to the difference between groups. To suggest that there was no statistical significance between vaccinated and unvaccinated in infectious diseases is absurd. Likewise with the selected chronic conditions listed. It requires picking and choosing which groups and how to set up groups to suggest that there are no significant differences. The statement about 'slight differences' is just plain absurd. If the authors had believed that there was no validity to their data because of poor p-values or confidence intervals, then they should simply have stated that and pointed out that they don't believe the resulting data is meaningful. But they didn't do that. Then, there's the fact that the authors didn't look at the elephant in the room: chronic disease. Apparently, on one thing we agree: This is junk science.

Statisque vs Heidi Stevenson

No. The authors demonstrated from the data in Figure 2 that, in the year before the survey, non-vaccinated and vaccinated groups of children had statistically the same number of infections in direct contrast to this article's title and the claim that 'The study found: Vaccinated children aged 1-5 had 27% more infectious disease than unvaccinated children. Vaccinated children aged 11-17 had 16% more infectious disease than unvaccinated children.' cannot be supported by the data from the paper. To repeat again, the differences between the non-vaccinated and vaccinated in each age group would only reach significance if the respective p-values would be less than 0.05. None of them come close to being that small, thus statistically there is no difference. As an example look at Figure 1, which shows lifetime percentage prevalence of Pertussis, Measles, Mumps, and Rubella in vaccinated and non-vaccinated children. It clearly shows that vaccines protected against Pertussis ($P < 0.0001$), Measles ($P = 0.0095$), Mumps ($P = 0.0307$), but not Rubella ($P = 0.1038$). The implications of Figure 1 were not discussed in this article.

Heidi Stevenson vs Statistique

The study DID find what the article stated, and the study DID publish the data. The degree of value of the data is referenced by the p-value. The value of the p-value is not set in stone. Actually, the point of the pertussis, measles, mumps, and rubella was discussed - along with the fact that the comparison used - 'fully vaccinated' only was entirely different from that used for infectious diseases in general. And that's not legitimate. Also, the fact is that the full range of potential adverse effects wasn't included. Nor was a comparison between vaccinated and unvaccinated kids in terms of chronic disease included. As was made clear in this article, that's significant - very much so in an age when chronic disease in children has grown so massively that ill health is not standard. This study was bogus from the start - and that, of course, was the real point of the article.

Maddy vs Heidi Stevenson

Why should one study have to do every study? This was a study on how infectious diseases relate to vaccination. Another study can look at auto-immune diseases and vaccination. That this study didn't does not negate its results. You appear to be suggesting the only data that should be published is data that shows an effect. That would be fraudulent in the extreme. Sometimes, isolated studies show an effect - maybe for some freak reason - but several other replicates of the same study show no effect. The overall conclusion is that there is no effect, but if only the study showing an effect were published, that would give utterly the wrong impression of the truth. All data, if collected with a valid method, is meaningful. Data that does not disprove a null hypothesis is useful and demonstrates something - it provides support for the null hypothesis, in this case, that there is no difference in the incidence of infectious diseases (those not vaccinated against) between vaccinated and unvaccinated children. If that data had shown a difference, the null hypothesis would have been disproved. It did not, however, show a statistically significant difference. This graph was produced to support the null hypothesis. Statistical significance refers to the likelihood that the difference between the groups was, in this case, due to vaccination and not to chance. Something in biology is generally considered to be statistically significant if there is only a 5% or less possibility that the difference in the means is by chance. In the three age cohorts, the % are 17%, 75% and 58% respectively. NOT significant enough for biology (and biology is the most relaxed in terms of what p value is needed for significance; chemistry and physics expect lower p values for a difference to be conclusive).



Heidi Stevenson vs Maddy

The problem is that the study makes conclusions that it cannot support, and has been promoted according to those conclusions. Had it been honest about finding nothing of significance, that would be fine - but that's not the case. Furthermore, this study, which demonstrates nothing of value, is being used by pro-vax shills to 'prove' that there's legitimate science saying that vaccines don't do harm. It's not true. But thank you for the lecture.

Connie Lagle Daugherty

How is there any kind of validity to this study at all... "Children who had received no vaccines were classified as unvaccinated, and those who'd received even one vaccination were classed as vaccinated. [Only 0.7% of the children were unvaccinated, making that group quite small.] They included 48 girls and 46 boys, for a total of 94 unvaccinated children." That's 94 unvaccinated children out of 17,641 children aged newborn to 17 years.... 94 children versus 17,547... How in the world do they even begin to consider this a valid study... I mean seriously, one group comprising less than 1% of the subjects... there is no way for them to get any degree of comparable information with any degree of accuracy. I agree with Heidi.... This study is pure trash. I don't understand 'p-values' so am just guessing that means percentages. I don't know, but just looking at the sheer absence of balance in this so-called study is enough to turn me off from it. It's irresponsible to conduct a study that is so severely skewed.

Heidi Stevenson vs Connie Lagle Daugherty

P-values are a statistical estimate of the likelihood of getting the same result by chance. A p-value of .05 suggests that if you run the same type of study 20 times, then you'll get that result by chance once. A p-value of .7 says that you'd get that result by chance 7 out of 10 times. But the fact is that the authors ran with that study and drew a conclusion. The funny thing is that this piece of junk study was tossed at me (figuratively) by a provaxer trying to claim that there is research showing that vaccinated children aren't harmed. Yes, the study is pure trash - but what little can be seen does suggest that the health of vaccinated children is harmed. The study's conclusion is completely bogus.

Maddy vs Heidi Stevenson

High p values do not mean the study is trash. They mean there is no statistical difference. The conclusion the study made fits their data and its p values. Sure, having such a small sample size of unvaccinated people is more likely to result in high p values, but the study itself had over 17 000 participants. That's not a small sample size at all. It is not the researcher's fault that most people had sought at least one vaccine for the study participants. What IS a bogus conclusion is trying to claim this study shows a significant difference, when it clearly does not. Your conclusion is bogus. And if you think the study is junk, then so is your conclusion anyway.

Paul Fassa

Nothing invites absurd commentary from vaccination shills more than a well written anti-vaccine article. They seem to be in the air as disembodied beings who are able to infest the internet with their garble.

16. The Marvellous Health of Unvaccinated Children by Françoise Berthoud

published on June 25, 2010

In April 2009 I was invited to give a speech at a conference on vaccination. I was to talk after two of the best speakers France has to offer on the subject had their turn, journalist Sylvie Simon and biologist Michel Georget. On hearing them speak in the past, it was absolutely clear to me that the best option was to stay as far away from vaccines as possible. I just did not know what to do instead to best assure staying alive and well.

As a paediatrician and homeopath qualified to speak on the subject, I decided to set up a conference called *The Marvellous Health of Unvaccinated Children* along with my friends, Sylvie and Michel. This work would later evolve into a book that analyses various life choices often made by families that do not vaccinate, including home birth, breastfeeding, simple therapies, good food (often vegetarian), a tranquil living environment and trust in the capacity of the body to heal itself.

In my life as a paediatrician, I had spent lots of time in dialogue with the parents who often needed to voice their fears about both disease and vaccines. We worked out together the best route for their children. Some chose not to vaccinate at all. Others held onto fear of disease, especially tetanus. In those cases, we postponed vaccination as much as possible and used a homeopathic protection and "cleansing" called nosode.

I worked in Switzerland where there is no real legal obligation to vaccinate, only great social pressure. In France, just a few kilometres from my office, there were four compulsory vaccinations at the time (BCG was fortunately removed in 2007, and three remain: Di Te Pol).

Some of the basis of my ability to speak on the marvellous health of unvaccinated children comes from my personal experience as a medical doctor, having collected years of feedback: "My child began coughing immediately after the vaccination"; "He has had constant ear aches since he was vaccinated"; "My 16 years old daughter is completely unvaccinated. She is almost never sick. If she does get sick, it's two days at the most"; "The neighbour's kids followed normal vaccination guidelines. They are constantly sick and on antibiotics."

That was not enough upon which to write a book; however. As it would turn out, I found these observations were paralleled over and over again all over the world. Follow me around the planet.

Europe

In England, Michel Odent, MD showed in two studies that children having received no Pertussis vaccine had 5-6 times less asthma than those who were vaccinated for it. The first study was on 450 babies from La Leche League; the second one on 125 children in a Steiner school. (1) Throughout Europe, a group of mostly paediatricians studied 14,893 children in Steiner schools in Austria, Germany, Holland, Sweden and Switzerland and found that children living in "anthroposophist culture" (where vaccination is largely shunned) were in better health than the controls. (2) In Germany, one of the European Steiner schools study researchers wrote, "In the eastern part of Berlin before the fall of the wall, we saw less allergies than in the west. This population was poorer, nearer nature and less vaccinated." Too much hygiene is not always good. As UK researcher and originator of the "hygiene hypothesis" David Strachan might say, "give us this day our daily germs". In Spain, Xavier Uriarte, MD and J. Manuel MarÃn, MD published a study in 1999 on 314 children they followed between 1975 to 2000. (3) This group of children is characterized by a majority of homebirth or natural births, prolonged breastfeeding, no vaccinations, holistic health education and no allopathic medicine. There were no serious diseases, few hospitalisations (mostly for traumas), and 3.3% asthma compared to the 20% in the general population. And of course, a lot of money was spared!

USA

The rate of autism in the U.S. is now an unthinkable 1 in 100. Those who are unvaccinated boast numbers that run in shocking contrast to the nation's statistics. As this article is directed to the American people, I will not go on at length here. Most of you know the work of your very own journalist Dan Olmsted showing the incredible absence of autism in the unvaccinated Amish communities of Pennsylvania and Ohio. Further impressive is Chicago-based Homefirst Medical Clinic

run by a group of doctors including medical director Mayer Eisenstein, MD, JD, MPH. They have no known autism and super-scarce allergies in their children, many of whom were home deliveries, and most of whom have had no vaccinations. In 1985, I translated to French U.S. paediatrician Robert Mendelsohn, MD's *How to Raise a Healthy Child in Spite of Your Doctor*. Now I find concrete result in the marvellous health of kids whose doctors are his pupils! I like these synchronicities in my life.

Australia & New Zealand

In 1942, Leslie Owen Bailey, founder of the Natural Health Society of Australia, accepted guardianship of 85 children whose mothers were unable to care for them. Among these 85 children, no vaccinations were ever given, no drugs were ever taken or used, and no operations were ever performed. The only malady that occurred was when 34 of the children developed chicken pox. They were immediately put to bed and given only pure water or fresh fruit juice. They all recovered quickly without after-effects. Investigations revealed that these children whilst at school had been swapping their healthy lunches for unhealthy conventional foods, so this outbreak was not altogether surprising. Many of these children inherited poor health due to a history of illness and malnourishment in their mothers. Despite this, and the fact that they were never breastfed nor could enjoy the normal bonding of mother to child, they were able to grow into sturdy, self-reliant children. Two studies done in New Zealand in 1992 and 1995 show that the unvaccinated children clearly have less allergies, less otitis (ear aches), less tonsillitis, less running noses, less epilepsies and less ADHD. (4)

Japan

An interesting period in Japan was 1975-1980, when a decision was made to begin the first vaccinations at two years of age instead of at two months. The reason was that more and more was discovered linking vaccines and cot-death (SIDS). A study was published in *Pediatrics* showing that from 1970 to January 1975, there were 57 cases of serious vaccine reactions, including 37 deaths. From February 1975 to August 1981 there were eight cases of serious vaccine reactions, including three deaths. Unfortunately for kids and their parents, the Japanese vaccination plan is now "normalized" again. The study shows well that the immune system is stronger at two years than at two months. How well would these kids have done had they not been vaccinated at all?

We find the same observation in a *Journal of Allergy and Clinical Immunology* study. Of 11,531 children studied at age seven, here are the results: vaccinated at two months, 13.8% are asthmatic, vaccinated between two and four months, 10.3%, vaccinated after four months, 5.9 %. Again, how well would these kids have done had they not been vaccinated at all? As a concerned, compassionate and considerate paediatrician, I can only arrive at one conclusion. Unvaccinated children have by far the best chance of enjoying marvellous health. Any vaccination at all works to cripple the chances of this end.

Letter from Swansea

by

William Shepherd



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a cesc dispatch
June 2013

17. Measles is not the scary disease the press want you to think it is

Magda Taylor of *The Informed Parent* has been attempting to reintroduce some sense into the mindless panic of the UK media about a small number of measles cases in a small part of Wales in the UK. Magda has picked some extracts from back copies of *The British Medical Journal* of the times when measles cases were rife. She has been finding how relaxed the medical profession was to what was considered then a mild disease. Today people would think measles has always been public enemy #1 and it has not. Compare how one week ago the *BBC's* shroud-waver-in-chief Fergus Walsh described measles with how it was described in 1959 a decade before the measles vaccine. *BBC's* Fergus Walsh last week wrote "Measles is a highly contagious viral infection. Prior to the introduction of a vaccine it was a major public health threat...around one in five infants infected needs hospital treatment":

Long shadow cast by MMR scare (BBC 9 April 2013 Medical Correspondent Fergus Walsh)

18. Measles Epidemic - reports From General Practitioners

Br Med J 1959;1:351.2 (Published 07 February 1959)

Br Med J 1959;1:380 (Published 07 February 1959); extracts [pages 380-381]

In the first three weeks of this year [1959] about 41,000 cases of measles were recorded in England and Wales. This is well above the corresponding figures of the last two years - namely, about 9,000 in 1958 and 28,000 in 1957 - though it is below the highest levels reached in the last nine years. To give some idea of the main features of the disease as it appears today and of how it is best treated, we invited some general practitioners to write short reports on the cases they have seen in their practices recently, which appear at p.380 (extracts from this page follow this article). It is interesting to note, first, that the distribution of the disease is rather patchy at present. It has not yet reached the areas where two of these doctors practise (in South Scotland and Cornwall), and other areas are known to be free of the disease so far. On the other hand, in Kent it is reported to have arrived in time to put the children to bed over Christmas. These writers agree that measles is nowadays normally a mild infection, and they rarely have occasion to give prophylactic gamma globulin. As to the treatment of the disease and its complications, the emphasis naturally varies from one practice to another. Amount of bed-rest, when to administer a sulphonamide or antibiotic, the use of analgesics and linctuses - all these may still be debatable problems in the treatment of what is said to be the commonest disease in the world. But there is probably much in the opinion which one of the writers expresses: "It is the frequent visiting by the interested clinician and not the therapy which produces the good results."

Dr G. I. WATSON (*Peaslake, Surrey*) writes: Measles was introduced just before Christmas by a child from Petworth. No drugs are given for either the fever or the cough; if pressed, I dispense mist. salin. B.N.F. as a placebo. Glutethimide 125 mg. may be given in the afternoon if the child is restless when the rash develops; 250 mg. in single or divided doses at bedtime ensures a good night's sleep in spite of coughing. I encourage a warm humid atmosphere in the room by various methods: some electric fires and most electric toasters allow an open pan of water to rest on top; an electric kettle blows off too much steam to be kept on for more than short periods. Parents, conscious of the need to darken the room and to forbid reading, may carry this to an unnecessary extreme, starting even before the rash appears. To save a mother some demands, the wireless is a boon to children in darkened rooms. They are allowed up when the rash fades from the abdomen-usually the fourth or fifth day-and may go outside on the next fine day. Apart from fruit to eat, solid food is avoided on the day the rash is appearing; fruit drinks or soups are all they appear to want. So far few complications have arisen. Four cases of otitis media occurred in the first 25 children, but only one had pain. No case of pneumonia has occurred, but one child had grossly abnormal signs in the chest for a few days after the fever subsided, uninfluenced by oral penicillin. One girl had a tear-duct infection and another an undue blepharitis. Of three adult males with the disease, two have been more severely affected than any of the children.

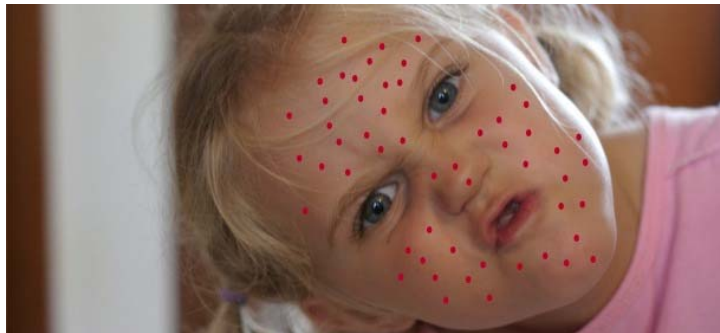
Dr. R. E. HOPE SIMPSON (*Cirencester, Glos*) writes: We make no attempt to prevent the spread of measles, and would only use gamma globulin to mitigate the severity of the disease in the case of the exposure of a susceptible adult or child who is already severely debilitated. Bed rest, for seven days for moderate and severe cases and of five to six days in mild cases, seems to cut down the incidence of such complications as secondary bacterial otitis media and bronchopneumonia. We have not been impressed by the prophylactic or therapeutic use of antibiotics and sulphonamides in the first week of the disease. As soon as the patient is out of bed we allow him out of doors almost regardless of the weather. Otitis Media and Bronchopneumonia - these conditions often appear so early, sometimes even before the rash, that in such cases one can only conclude that the responsible agent is the virus itself. Despite their initial alarming severity, they tend to resolve spontaneously, and treatment apart from first principles seems useless. When, on the other hand, otitis media or bronchopneumonia comes on after the subsidence of the initial symptoms of measles, it is probably due to a secondary bacterial invader, and we find antibiotics or sulphonamides useful.

Dr. JOHN FRY (*Beckenham, Kent*) writes: The expected biennial epidemic of measles appeared in this region in early December, 1958, just in time to put many youngsters to bed over Christmas. To date there have been close on 150 cases in the practice, and the numbers are now steadily decreasing. Like previous epidemics, the primary cases have been chiefly in the 5- and 6-year-olds, with secondary cases in their younger siblings. No special features have been noted in this relatively mild epidemic. It has been mild because complications have occurred in only four children. One little girl aged 2 suffered from a lobular pneumonia, and three others developed acute otitis media following their measles. In the majority of children the whole episode has been well and truly over in a week, from the prodromal phase to the disappearance of the rash, and many mothers have remarked "how much good the attack has done their children," as they seem so much better after the measles. A family doctor's approach to the management of measles is essentially a personal and individual matter, based on the personal experiences of the doctor and the individual character and background of the child and the family. In this practice measles is considered as a relatively mild and inevitable childhood ailment that is best encountered any time from 3 to 7 years of age. Over the past 10 years there have been few serious complications at any age, and all children have made complete recoveries. As a result of this reasoning no special attempts have been made at prevention even in young infants in whom the disease has not been found to be especially serious.

19. Welsh Measles Epidemic Was Faked by Heidi Stevenson

first published Sunday May 26, 2013

The Great Measles Epidemic of Wales - the one that's being used to stampede sheeple into vaccine clinics for the MMR jab - never happened. Seriously! It was faked. The actual data from the Welsh government on cases of measles proves it.



Update: It is now 10 May 2013 and we have an updated report for you! As might be expected, the number of reported and confirmed measles cases has increased, though it also appears that this so-called epidemic is winding down.

The current number of reported cases for 1 January – 7 May is 1103. For some reason, the numbers for 2012 have been updated, with a total of 111 reported cases in November and December of 2012, for a total of 1214 reported cases during the recent outbreak. It should be noted that only 33

cases are reported for the first week of May, indicative of a strong slowing trend in the outbreak.

The number of confirmed cases lags the number of reported cases by a significant amount. Confirmed measles cases through 7 May is 279, and for November-December 2012 it was 13 (total of 18 for the year). In this measles outbreak, the total number of confirmed cases is now 292. Why were the figures for 2012 changed? That's a good question. Because of reader Tomas Kotrik's inquiries (see comments below), Wales has added a statement to their website stating that confirmations from labs outside Wales are not included in these reports.

All measles patients are asked to give saliva samples, which are sent to labs for analysis. Therefore, the number of confirmed measles cases is salient to the severity of an outbreak. The number of reported cases is simply irrelevant. So, as the "Great Wales Measles Outbreak of 2013" winds down, the total number of confirmed cases is only 292, only enough for a small fraction of GPs to have seen even a single case. Multiply the number ten times over, and you still wouldn't have enough cases for every GP to see one. An epidemic? Hardly!

The news media have been chock-full of the "measles epidemic" in Wales, along with the young man whom it was claimed had died of it. He didn't - and the epidemic never happened. The proof is in Wales' own official statistics.

The young man who died during the proclaimed measles epidemic, Gareth Colfer-Williams, did not die from measles. But even those few reports that admitted he didn't die of the disease went on to a discourse of how terrible measles is and how the "epidemic" was so horrible. In the BBC article linked, we're informed that "83 people have needed hospital treatment for the illness." That, though, cannot be true.

The fact is that, though 446 measles notifications were made between 1 January and 31 March of this year, those were merely reports. The reality is that only 26 cases were actually confirmed!

You may have noted that this faux measles epidemic started in November, and the figures for last year weren't included. However, that doesn't help make the case for an epidemic, or even come close to the claim that 83 people had to be hospitalized for measles. You see, the total number of confirmed measles cases in Wales for all of 2012 was 14. So,

adding 14 for all of 2012 to 26 for the first three months of this year, we get a total of 40 confirmed cases of measles—less than half the falsely reported 83 hospitalizations!

Admittedly, this doesn't include the month of April—but with the presentation of this information, is it believable that the figures for April will make any difference? (Unless, of course, they're simply faked—and who knows just how far these fear mongerers are willing to go?)

Keep in mind that measles is a reportable disease. That means any doctor who suspects someone has measles must report it. It does not mean that the person has the measles. When a disease is considered reportable and there's supposedly an epidemic going on, doctors aren't taking any chances with their licenses to practice. They're reporting anything that bears the slightest resemblance to measles. However, as is obvious here, it doesn't mean that the doctors have any skill at diagnosing it.

So what's going on? It doesn't take much to figure out that this has been nothing but a plan to fear monger people into rushing out for the MMR vaccine. Sadly, it's worked. Far too many sheeple have been stampeded to the clinics. Baaa! Unfortunately, we can anticipate that it will also be used to promote forced vaccination. Don't ever forget that the Great Welsh Measles Epidemic of 2013 never happened. It was faked.

20. Autism's False Scientists by Jagannath Chatterjee

May 26, 2013

The science behind claims that autism has no association with vaccines is false. While this pseudo science is promoted, the autism rate keeps growing. The vaccine manufacturers are shielded from risk while lives are devastated ... and the fake science goes on to support this regime.

The global epidemic of autism has exploded. In March 2013, the Centers for Disease Control (CDC) of the USA declared that it now affects 1 in 50 children in the USA. When compared to the rate of 1 in 14,857 in 1970 in Wisconsin, the terrifying rate of growth vividly stands out. One case of autism is now diagnosed every 20 minutes making this the fastest growing epidemic in history, making the combined growth of AIDS, cancer, and diabetes in children pale in comparison.



Autism is a complex disability resulting in brain damage, gastrointestinal damage, sleep disorders, food sensitivities, epilepsy, immune dysfunction, self destructive behaviour patterns, repetitive behaviour, communication deficits and unresponsiveness to other people. It was first written about in a case study in 1943 by Dr Leo Kanner, who described 11 children with a condition that had never before been observed.

The vast majority of the cases are termed regressive autism, meaning that children seem to suddenly slip into this condition after a stage of normal development. It is this form of autism that has become an epidemic.

Doctors and medical experts baffled by the extensive physical damage noticed in autistic children say that such conditions are likely caused by toxins, particularly as these children are more susceptible and do not have the ability to excrete them. According to them, the behavioural disorders are in fact a reflection of the intense agony experienced by these children who lack the communication skills to verbally express their extreme pain and discomfort. These doctors prefer to call autism a whole body disorder.

According to the CDC, the origin of this epidemic is a mystery. However the agency regularly takes great pains to point out through various discredited studies that it is not caused by vaccines. It also maintains that this disorder, which it terms behavioural, is genetic in origin. While examining the veracity of these claims, it would be prudent to point out that the mandate of the CDC is to ensure that all children follow the vaccine schedule. It thus suffers from a conflict of interest when it says anything about vaccines, as even a hint that vaccines are unsafe goes against its mandate.

It was the parents who first raised the alarm as they observed their normal children react violently after one or many vaccines given at a time, then slipping into a world of their own with a completely different personality and exhibiting

strange behaviours they never displayed earlier. The change was difficult not to notice and parents even had videos of their once lovely and playful children to prove their point.

The debate picked up when researchers started comparing the disorder with symptoms of mercury poisoning. A mercury compound called thiomersal, which contains ethyl mercury, is used as a preservative in vaccines. When US politicians raised the issue in Congress, an inquiry was set in motion that revealed vaccinated children received 187.5 µg of this compound by six months and 237 µg by two years of age, clearly exceeding safe limits by a very wide margin. Ethyl mercury can be toxic even in very minute doses. It is also known that this form of mercury crosses the blood brain barrier and can remain in the brain for decades. Evidence of the parallels between mercury intoxication and autism continues to mount.

A nervous CDC, along with the American Academy of Pediatrics (AAP), spurred by the sting of the FDA Modernization Act, recommended in 1999 that mercury in vaccines be phased out as soon as possible. It was a recommendation that was never strictly followed. Stocks of vaccines with thiomersal continued to be given while they lasted. Mercury still remains as a preservative in almost all vaccines given to pregnant mothers and infants in developed nations, either as a preservative or as an excipient, and in developing countries the rule never applied.

Thiomersal is, in fact, so toxic that according to Professor Boyd Haley, no study can ever be designed to prove it safe. As a genotoxin, mercury defies the dose makes the poison rule and is highly dangerous in minute doses.

Recently in a great display of solidarity, the many world bodies enforcing the vaccine mandate saw to it that children will continue to receive this devastating neurotoxin in the United Nations Environment Program (UNEP) treaty that tried to eliminate mercury from all products.

In an attempt to end the debate the CDC set in motion two sets of studies. The first, called the Verstraeten study, initially found that more than 25 µg of monthly exposure of thiomersal through vaccines from one to three months could increase the chances of autism by 7.62 to 11.35 times. A blatant cover up and deliberate manipulation ensured an opposite result. The next set of studies, called the Danish studies, ran into trouble when it emerged that the lead author, Poul Thorsen, defrauded the CDC of a considerable amount by diverting funds to himself. Dr Thorsen is now declared a fugitive by the US after a federal grand jury indicted him, and faces a life sentence if convicted. However the CDC still stands by the results of these studies, pretending that nothing ever happened.

In the latest attempt this March, just before the start of the April Autism Awareness Month, the CDC let loose another study that only compared the antigens in vaccines, while the debate is primarily about preservatives, adjuvants, excipients, and contaminants, and flashed claims all over the globe that multiple vaccines are safe. The *Institute of Medicine (IOM)* also did a review of existing industry sponsored studies to claim that vaccines do not cause autism. While the latest CDC study has been found to be a rehash of an old database used in an earlier manipulated study, the IOM had emphatically declared its intention to deny the vaccine autism link when its Chief had stated in 2001 “We are never ever going to come down that it [autism] is a true side effect”.

In the meantime, independent research into vaccines as a probable cause of autism has mounted and one researcher has compiled a formidable list of several hundred studies that detail the grave physical damage in autistic children and justify the link to vaccine adverse effects.

Various vaccines like the DTaP, MMR, Hep-B, and chicken pox, have become controversial for their probable link to autism. Babies getting multiple vaccines on a single day have regressed into autism and been awarded compensation.

To date, the US based *National Vaccine Injury Compensation Program (NVICP)* has awarded compensation to 85 cases of vaccine induced autism, including two recent cases in 2012.

An Italian Court too has awarded compensation to an autistic child injured by the MMR vaccine.

There has been a flurry of activities to prove that autism is genetic. This has been achieved by withdrawing all funds from vaccine autism studies and pouring them into research studying genes. Up to \$27.4 million were wasted on 127 genetic studies from 2006 to March 2012, and still the “autism gene” remains elusive. Rather, the April 2012 Joseph Baxbaum study found unexplained mutations in 800-1000 genes.

Are genotoxins involved? Ethyl mercury is known to be a genotoxin, and so is aluminium, an adjuvant used in vaccines. The two also interact in synergistic toxicity, making them immensely more toxic when used together. Formaldehyde, a known carcinogen, further adds to the toxic effects of vaccines.

Vaccines also contain contaminants from various human and animal matter used. These foreign genetic materials introduced via vaccines may alter human genes in a process called “reverse transcriptase”. Human material used in vaccines is suspect also, because the body may form antibodies against them and then attack itself.

The largest genetic study conducted so far, the Joachim Hallmayer study in July 2011, upon 192 pairs of twins emphatically declared that autism is more environmental (62%) than genetic (38%). “We have to study both the genetics and the environment,” Hallmayer said, “If we look only at one side, I don’t think that will lead us to the right answer.” However, this very important finding has been ignored and the genetic angle continues to excite scientists drawn by the flow of research funds. According to Professor Richard Deth: “Perpetuating the myth of autism as a primarily genetic disorder is a disservice to those who might benefit from treatment and diverts attention from nongenetic causes.”

More such misdirected efforts have blamed autism on the mothers’ age, the grandfathers’ age, the month of birth of the child, on the mothers’ history of abuse as a child, and the mothers’ history of depression, almost harking back to the dark ages of autism when mothers were blamed for being “cold” towards their children earning them the epithet “refrigerator mothers”.

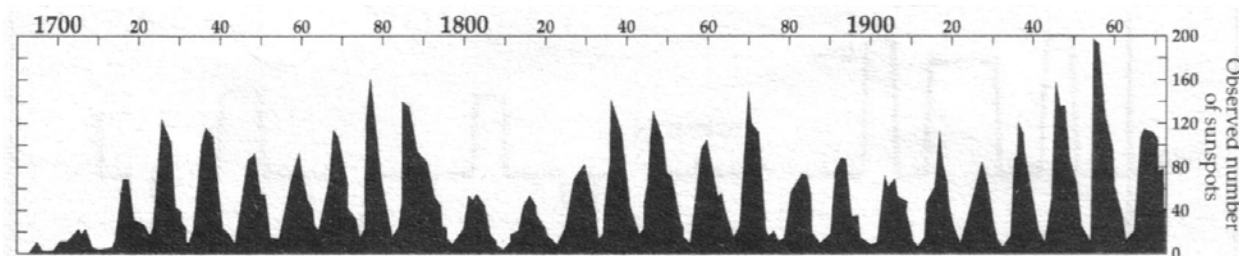
Instead of proactively reacting to this immense tragedy, the establishment has instead shielded both the vaccine industry and Eli Lilly, the manufacturer of thiomersal, by providing them immunity from law suits. Clearly false scientists are having a field day in this reckless game of hide and seek even as autism rates soar menacingly across the globe.

21. Sunspots & Viruses by William Shepherd

first published as [Sundance Blog Number 10](#) on Saturday 25th May 2013

Throughout history, civilizations have catalogued the presence of black spots on the sun's surface which appear in a cycle peaking approximately every 11½-years. In the middle of these mini-cycles as few as perhaps five pairs of spots might be visible (through tinted plastic). At cycle maxima perhaps 100 pairs of spots may appear on the surface. From 1645-1715 no sunspots were recorded.

Magnetic disturbances associated with spots may vary enormously, from around 0.4 Gauss (Gauss being a measure of magnetic field strength; the earth's field strength is 0.6 Gauss) at minima to around 4,000 Gauss at maxima. This 6,000-fold cyclical increase plays havoc with the sun, which showers off 6,000 times more particles in the solar wind. These in turn bombard the earth, disrupting not just fertility but also human behaviour through variations in biorhythmic hormones (and other hormones known to cause schizophrenia).



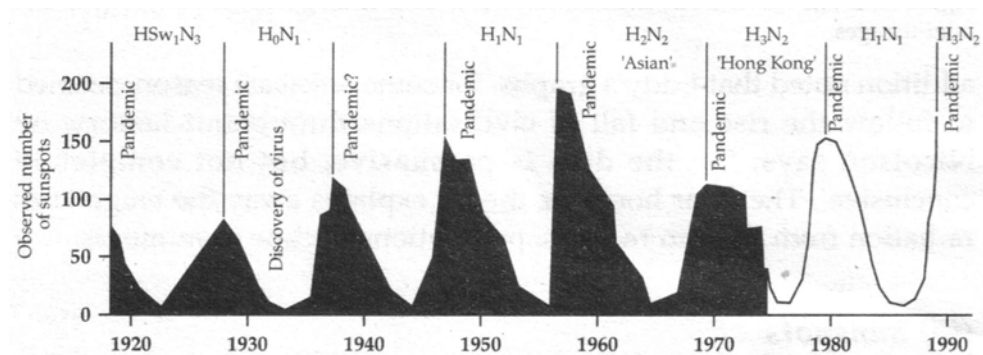
The (approximate) 11½-year sunspot cycle from observations since 1680

In 1971 *Nature* magazine published the research of R.E. Hope-Simpson, *Nature*, 275.86, 1978) which showed a remarkable coincidence between peaks in the 11½-years sunspot cycle (where solar activity is at a maximum) and influenza pandemics associated with antigenic shifts in the virus; the virus mutated to a different variety with each successive sunspot cycle, showing that the sun's radiation can disrupt the replication of a virus. Solar radiation appears to mutate the virus every 11½-years.

In 1991 *The Daily Telegraph* reported that scientists had found a direct link between schizophrenia and influenza (3 July 1991). Professor Robyn Murray of the *London Institute of Psychiatry* said his research "...showed that there was an 88 per cent increase in the number of babies, who later developed schizophrenia, born in England in the spring of 1958 following the massive influenza pandemic (sunspot maximum) of 1957. The correlation is conclusive from 1939 onwards..." Putting together the Hope-Simpson experimental evidence of links between sunspots & viruses and Murray's demonstration of a link between viruses & schizophrenia, it is clear that radiation from the sun is causing variations in hormones, leading to schizophrenia.

This electromagnetic view also explains the perplexing enigma about why rates of schizophrenia in West Indian immigrants are higher in England than for the indigenous population of the West Indies, and higher than for those born

in England? This is due to biorhythmic desynchronisation: whenever an organism is removed from its place of birth to a different geographical location it is subjected to a different combination of magnetic fields from the sun *and* the earth (together), because the earth's field will have changed.



This would seems to be how the homing pigeon finds its way home, although the picture is slightly more complicated as the homing pigeon appears to have an 'erasable, programmable memory', enabling it to re-home to new geographical locations. A different magnetic field disrupts hormone levels in the endocrine system through *electromagnetic transduction*...'homesickness' in its simplest sense. The body, like the pigeon, simply wished to return to the geographical place on the earth's surface where it was conceived, where its endocrine system was in equilibrium. Homesickness is a biochemical response, like jetlag, to a shift in magnetism affecting the endocrine system. The higher incidence in schizophrenia can be ascribed to the same phenomenon.

22. Measles notifications and deaths in England and Wales, 1940-2008

Office for National Statistics

Year	Notifications	Deaths	Year	Notifications	Deaths	Year	Notifications	Deaths
1940	409,521	857	1964	306,801	73	1988	86,001	16
1941	409,715	1,145	1965	502,209	115	1989	26,222	3
1942	286,341	458	1966	343,642	80	1990	13,302	1
1943	376,104	773	1967	460,407	99	1991	9,680	1
1944	158,479	243	1968	236,154	51	1992	10,268	2
1945	446,796	729	1969	142,111	36	1993	9,612	4
1946	160,402	204	1970	307,408	42	1994	16,375	0
1947	393,787	644	1971	135,241	28	1995	7,447	1
1948	399,606	327	1972	145,916	29	1996	5,614	0
1949	385,935	307	1973	152,578	33	1997	3,962	3
1950	367,725	221	1974	109,636	20	1998	3,728	3
1951	616,182	317	1975	143,072	16	1999	2,438	3
1952	389,502	141	1976	55,502	14	2000	2,378	1
1953	545,050	242	1977	173,361	23	2001	2,250	1
1954	146,995	45	1978	124,067	20	2002	3,232	1*
1955	693,803	174	1979	77,363	17	2003	2,488	0
1956	160,556	28	1980	139,487	26	2004	2,356	1
1957	633,678	94	1981	52,979	15	2005	2,089	0
1958	259,308	49	1982	94,195	13	2006	3,705	1
1959	539,524	98	1983	103,700	16	2007	3,670	1
1960	159,364	31	1984	62,079	10	2008**	5,088	2
1961	763,531	152	1985	97,408	11			
1962	184,895	39	1986	82,054	10			
1963	601,255	127	1987	42,158	6			

* Known not to be measles infection

**Provisional data

In 2006 there was one measles death in a 13-year old male who had an underlying lung condition and was taking immunosuppressive drugs. Another death in 2008 was also due to acute measles in an unvaccinated child with congenital immunodeficiency whose condition did not require treatment with immunoglobulin.

Prior to 2006, the last death from acute measles was in 1992. All other measles deaths, since 1992 are in older individuals and caused by the late effects of measles. These infections were acquired during the 1980s or earlier, when epidemics of measles occurred.

Letter from Swansea

by

William Shepherd



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a cesc dispatch
June 2013

23. The Homeopathic Treatment of Measles

Many homeopaths feel that it is better for children, who are otherwise healthy, to contract measles naturally. Homeopathy is less concerned with doing this as it has remedies to treat measles, especially if it persists, or become severe. Other homeopaths will use the measles nosode, *Morbillinum*, for prevention. Homeopaths have been treating measles for over 200 years with success. These are the main remedies used for the condition.

Aconite - Useful in the early stages; Sudden onset, with apprehension; Dry croupy barking cough; Worse, cold dry wind; otherwise chilled; Catarrh and high fever before rash confirms this remedy; Shivering, or violent fever; Hot dry (itching) skin; Thirsty; Much sneezing with pain at root of nose; Runny nose; Red eyes, dread of light; Restlessness, restless sleep; Drenching sweat with hot and cold spells; Diarrhoea; Hot heavy head, bursting, throbbing; Throat feels constricted; Throws off bedclothes; Chilliness when uncovered; Pains unbearable; Stitching pains in chest; Worse, in evening, at night; before midnight; for touch; light and noise; from being in cold wind; Better, for cold water and drink; for fresh, open air; for rest

Belladonna - Useful in early stages of measles; sudden onset of HIGH fever; violence of attack; fury. Child may cry out thinking there are monsters, wild animals; Excited behaviour or incoherent; Drowsy, delirious: drugged expression; Dry, hot, red face with large pupils, staring eyes Inflammation of eyes; Burning dry hot body, moist sweat on covered parts; Arms, legs may twitch or jerk; Icy cold feet and hands, hot head; Sneezing with runny nose; Rash bright red.; Throbbing headache; Tickling in larynx with dry cough; Icy cold feet and hands, hot head ; Usually thirstless; Unable to sleep; Worse, afternoon, 3pm to midnight; cold; draughts to head; light (sensitive eyes), touch, noise, jarring; lying down; Better for bed rest, lying propped up; keeping still; warmth

Gelsemium - Useful in early stages of slow measles; Slow onset of measles; Tired, weak, dull and shaky; Heavy relaxation of body, won't eat, drink, move eyelids heavy, droopy, looks sleepy; Red eyes; Runny nose that burns upper lip, sneezing; Thirstless; Harsh croupy cough; Dusky, red face (also useful during rash-stage of measles, and post-measles fatigue); Occipital pain (back of head); Cold shivers up and down back with no sweat Feels alternately hot and cold; Aching, bruised, sore muscular pains; Weakness, weariness; Numbness; Mouth and lips very dry; burning nasal discharge; Tickling cough better near fire/ heater; Sore throat; Worse, anticipation, emotion; change from dry weather to cold, damp weather; lying propped up; for Sun; Better for urination, sweating; keeping quiet; open air

Euphrasia - Catarrhal symptoms of eyes and nose predominate; Profuse bland non-irritating streaming nasal discharge; Abundant burning acrid tears stream from eyes; Eyes red, unusually bright, swollen; Conjunctivitis; Intense sensitivity to light; constant winking; Loose daytime cough with much mucous; Dry and hoarse cough at night; Throbbing headache: improves once rash appears; Worse, Evening, Sunlight; from warmth, warm room; lying down (nasal discharge worse); Better, open air; lying down; bathing eyes, wiping eyes

Bryonia - When rash appears late; symptoms appear gradually; Chest affected, right-side; Stitches and tearing pains in chest; clutch chest when coughing; Irritable; want to be left alone; don't want to be moved; want to go home (when at home); Cough hard, dry, painful; little/no expectation; weeping before cough; Foul, dry tongue; Soreness limbs and body; Twitching muscles in face, eyes and mouth; Pale twitching face, red eyes, chewing motion of jaw Eyes held still with headache; Pains stitching, like little needles, bursting aching; Dry mucous membranes, dry tongue, dry mouth; Feels dried out, hot and irritable; Frontal headaches; Tickling in throat; Intense thirst; Stiffness in head, legs, arms and back ; Constipation; Worse, least movement, like jarring, sneezing or coughing; Right side; excitement; Headache worse cough; becoming hot room, weather; eating; on waking, 9 PM; Better, thirsty for large amounts of cold fluids at infrequent intervals; pressure, like holding painful part, or lying on it; when quiet and still in their own room; for cold air

Pulsatilla - Once the rash is out (and fever is down or gone); Mild, gentle child, possibly weepy; Desires sympathy, better for consolation; Changeable, shifting symptoms; Skin red, dry and hot alternating with paleness ; Nasal catarrh: bland, thick, yellow or green ; Eyes water profusely and stick together; Dry mouth, thirstless; Cough dry at night, loose during day; Chilliness even in warm room; intolerant of heat ; Eye problems that linger after measles; Earache (otitis media) ; Changing shifting symptoms ; Nausea, queasiness during diarrhoea; Worse, warm rooms, warm covering; after lying down, night; twilight and morning; from fats and rich food; Better, uncovering, cold fresh open air; cold food and drink; cold applications like washing; gentle motion like cradling; after weeping

Kali Bich - Useful during the later stages of measles; Affects mucous membranes; Ropy thick yellow stringy nasal mucous; Burning copious tears from eyes; Eyes sensitive to light if crusts torn from nose; Nasal crusts, scabs hard to detach; cause pain; Salivary glands very swollen; Rattling cough; Pain in small spots; Sinusitis; Painful earache; Stitching pains from ear into head and neck; Pressure at the root of nose; Throbbing and burning in nasal cartilage; Chilly; Sensation of hair on tongue; Worse, night; 2-5 a.m. becoming cold; morning, on waking; hot weather; Better, warmth of bed and warmth in general; warm applications; motion; short sleep

Sulphur - Skin dusky, purplish; Rash slow, or does not come out; Convalescence is slow; Child weak and prostrate; Cough and diarrhoea worse in morning; Offensive secretions (stool, urine, sweat); Reddened mucous membranes; Thirsty; Will scratch eruptions till bleed, itching worse for scratching; History of eczema or other eruptions, especially pustular; Itching anus; Has many questions, many ideas; Indifferent about personal appearance; Untidy; Stick feet out of bed at night; Itchy skin; Pains are burning; discharges burning, excoriating; Like sweets and hot, spicy food; Worse, bathing (especially itchy skin), getting heated (clothing, sunshine),

early morning, 4-5 a.m. (diarrhoea, coughing), standing, speaking, any effort, high places, milk, scratching; Better, snacking at 11 a.m.(hungry), open air (warm-blooded children), dry warm weather, movement

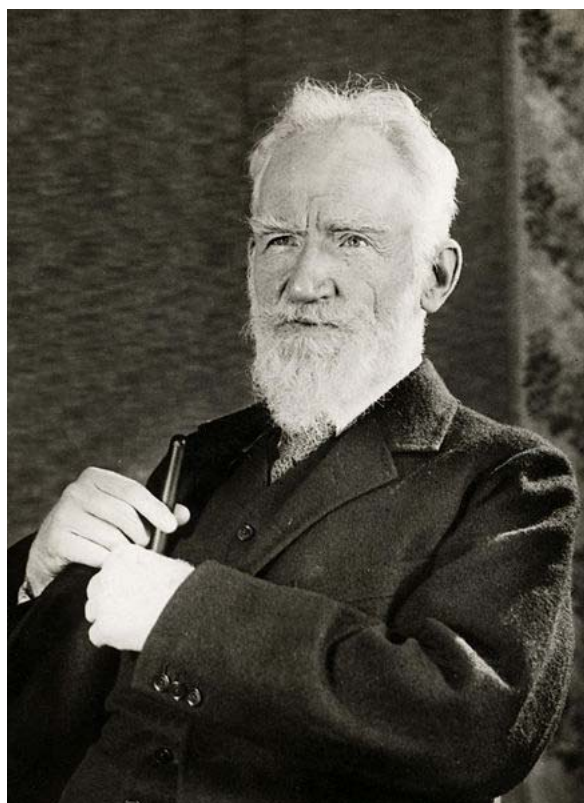
Apis Mel - Rash goes in and brain symptoms appear; High fever: but no rash ; Delirious, stupor; High-pitched screaming; Restless; Irritable; Skin swollen, pink, puffy: like bee-sting - oedema; Inflamed eyes and lips; Tearful; Scanty urine; Stinging, burning pains; Earache: right-sided; Thirstless; Don't want to be touched; Worse, for heat, hot drinks or food; hot room, baths, right side; late afternoon; after sleeping; Better, open cool air, uncovering, cold baths

Arsenicum - Severe cases of measles; Extreme weakness and prostration, yet restless; Anguish; anxiety and distress; fear of death; Delirium; Extremely chilly and shivery; Fastidious: hard to please; Diarrhoea: offensive and exhausting; Frequent sneezing; Nose blocked or dry; alternating with burning, watery discharge; Teasing cough; Exhausted; Want someone in the room with them; Eyes sensitive to light; burning, red and watery; Burning pains here and there, relieved by hot applications; Want to lie in warmth with head propped up (and window open); Rash itching and burning; Worse, after midnight, 1pm to 2pm; changes in temperature; cold (but wants window open). Better, being with someone to calm; anxiety, fears; heat and warm applications, warm bed; sips of water, sips of warm drinks.

Randomised Controlled Test (RCTs)

To my knowledge, there have been no RCTs conducted on either the prevention or treatment of Measles with Homeopathy. However, Homeopaths have been treating Measles safely and effectively since the early 19th Century, and through many serious epidemics throughout the world.

24. The Doctor's Dilemma



Included are 21 of the 48 short essays in George Bernard Shaw's preface to his 1906 play *The Doctor's Dilemma*. The [preface](#) is online

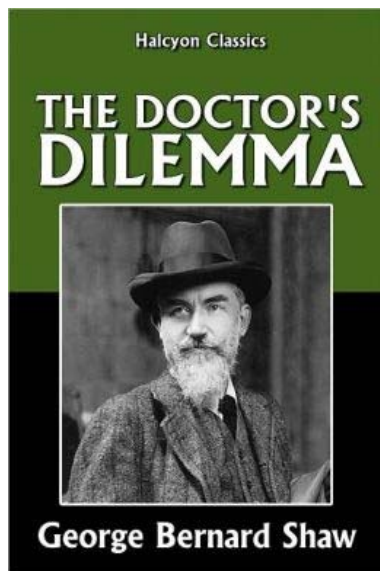
- Character of the Medical Profession
- Doctor's Consciences
- The Peculiar People
- Dogma of Medical Infallibility
- Why Doctors Do Not Differ
- Are Doctors Men of Science
- Bacteriology As A Superstition
- Economic Difficulties of Immunization
- The Perils of Inoculation
- Trade Unionism and Science
- What the Public Wants and Will not Get
- The Vaccination Craze
- Statistical Illusions
- Surprises of Attention and Neglect
- Stealing Credit from Civilization
- Biometrika
- Patient-Made Therapeutics
- Reforms Come from the Laity
- Fashions and Epidemics
- The Doctor's Virtues
- The Latest Theories

Doubtful Character Borne by The Medical Profession

I hear the voices indignantly muttering old phrases about the high character of a noble profession and the honor and conscience of its members. I must reply that the medical profession has not a high character: it has an infamous character. I do not know a single thoughtful and well-informed person who does not feel that the tragedy of illness at present is that it delivers you helplessly into the hands of a profession which you deeply mistrust, because it not only advocates and practises the most revolting cruelties in the pursuit of knowledge, and justifies them on grounds which would equally justify practising the same cruelties on yourself or your children, or burning down London to test a patent fire extinguisher, but, when it has shocked the public, tries to reassure it with lies of breath-bereaving brazenness.

That is the character the medical profession has got just now. It may be deserved or it may not: there it is at all events, and the doctors who have not realized this are living in a fool's paradise. As to the humor and conscience of doctors,

they have as much as any other class of men, no more and no less. And what other men dare pretend to be impartial where they have a strong pecuniary interest on one side?



Nobody supposes that doctors are less virtuous than judges; but a judge whose salary and reputation depended on whether the verdict was for plaintiff or defendant, prosecutor or prisoner, would be as little trusted as a general in the pay of the enemy. To offer me a doctor as my judge, and then weight his decision with a bribe of a large sum of money and a virtual guarantee that if he makes a mistake it can never be proved against him, is to go wildly beyond the ascertained strain which human nature will bear.

It is simply unscientific to allege or believe that doctors do not under existing circumstances perform unnecessary operations and manufacture and prolong lucrative illnesses. The only ones who can claim to be above suspicion are those who are so much sought after that their cured patients are immediately replaced by fresh ones. And there is this curious psychological fact to be remembered: a serious illness or a death advertizes the doctor exactly as a hanging advertizes the barrister who defended the person hanged.

Suppose, for example, a royal personage gets something wrong with his throat, or has a pain in his inside. If a doctor effects some trumpery cure with a wet compress or a peppermint lozenge nobody takes the least notice of him. But if he operates on the throat and kills the patient, or extirpates an internal organ and keeps the whole nation palpitating for days whilst the patient hovers in pain and fever between life and death, his fortune is made: every rich man who omits to call him in when the same symptoms appear in his household is held not to have done his utmost duty to the patient. The wonder is that there is a king or queen left alive in Europe.

Doctor's Consciences

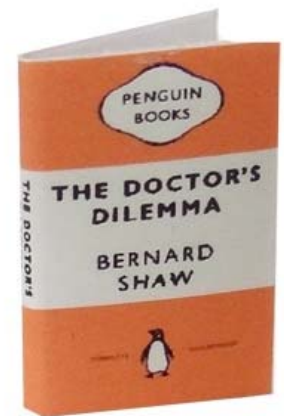
There is another difficulty in trusting to the honor and conscience of a doctor. Doctors are just like other Englishmen: most of them have no honor and no conscience: what they commonly mistake for these is sentimentality and an intense dread of doing anything that everybody else does not do, or omitting to do anything that everybody else does. This of course does amount to a sort of working or rule-of-thumb conscience; but it means that you will do anything, good or bad, provided you get enough people to keep you in countenance by doing it also. It is the sort of conscience that makes it possible to keep order on a pirate ship, or in a troop of brigands.

It may be said that in the last analysis there is no other sort of honor or conscience in existence - that the assent of the majority is the only sanction known to ethics. No doubt this holds good in political practice. If mankind knew the facts, and agreed with the doctors, then the doctors would be in the right; and any person who thought otherwise would be a lunatic. But mankind does not agree, and does not know the facts.

All that can be said for medical popularity is that until there is a practicable alternative to blind trust in the doctor, the truth about the doctor is so terrible that we dare not face it. Moliere saw through the doctors; but he had to call them in just the same. Napoleon had no illusions about them; but he had to die under their treatment just as much as the most credulous ignoramus that ever paid sixpence for a bottle of strong medicine.

In this predicament most people, to save themselves from unbearable mistrust and misery, or from being driven by their conscience into actual conflict with the law, fall back on the old rule that if you cannot have what you believe in you must believe in what you have. When your child is ill or your wife dying, and you happen to be very fond of them, or even when, if you are not fond of them, you are human enough to forget every personal grudge before the spectacle of a fellow creature in pain or peril, what you want is comfort, reassurance, something to clutch at, were it but a straw. This the doctor brings you.

You have a wildly urgent feeling that something must be done; and the doctor does something. Sometimes what he does kills the patient; but you do not know that; and the doctor assures you that all that human skill could do has been done. And nobody has the brutality to say to the newly bereft father, mother, husband, wife, brother, or sister, "You have killed your lost darling by your credulity."



The Peculiar People

Besides, the calling in of the doctor is now compulsory except in cases where the patient is an adult - and not too ill to decide the steps to be taken. We are subject to prosecution for manslaughter or for criminal neglect if the patient dies without the consolations of the medical profession. This menace is kept before the public by the Peculiar People.

The Peculiars, as they are called, have gained their name by believing that the Bible is infallible, and taking their belief quite seriously. The Bible is very clear as to the treatment of illness. The Epistle of James; chapter v., contains the following explicit directions: Verse 14 - Is any sick among you? let him call for the elders of the Church; and let them pray over him, anointing him with oil in the name of the Lord: Verse 15 - And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed sins, they shall be forgiven him. The Peculiars obey these instructions and dispense with doctors. They are therefore prosecuted for manslaughter when their children die.

When I was a young man, the Peculiars were usually acquitted. The prosecution broke down when the doctor in the witness box was asked whether, if the child had had medical attendance, it would have lived. It was, of course, impossible for any man of sense and honor to assume divine omniscience by answering this in the affirmative, or indeed pretending to be able to answer it at all. And on this the judge had to instruct the jury that they must acquit the prisoner.

Thus a judge with a keen sense of law (a very rare phenomenon on the Bench, by the way) was spared the possibility of leaving to sentence one prisoner (under the Blasphemy laws) for questioning the authority of Scripture, and another for ignorantly and superstitiously accepting it as a guide to conduct. To-day all this is changed.

The doctor never hesitates to claim divine omniscience, nor to clamor for laws to punish any scepticism on the part of laymen. A modern doctor thinks nothing of signing the death certificate of one of his own diphtheria patients, and then going into the witness box and swearing a peculiar into prison for six months by assuring the jury, on oath, that if the prisoner's child, dead of diphtheria, had been placed under his treatment instead of that of St. James, it would not have lived. And he does so not only with impunity, but with public applause, though the logical course would be to prosecute him either for the murder of his own patient or for perjury in the case of St. James.

Yet no barrister, apparently, dreams of asking for the statistics of the relative case-mortality in diphtheria among the Peculiars and among the believers in doctors, on which alone any valid opinion could be founded. The barrister is as superstitious as the doctor is infatuated; and the Peculiar goes unpitied to his cell, though nothing whatever has been proved except that his child does without the interference of a doctor as effectually as any of the hundreds of children who die every day of the same diseases in the doctor's care.

Recoil of the Dogma of Medical Infallibility on the Doctor

On the other hand, when the doctor is in the dock, or is the defendant in an action for malpractice, he has to struggle against the inevitable result of his former pretences to infinite knowledge and unerring skill. He has taught the jury and the judge, and even his own counsel, to believe that every doctor can, with a glance at the tongue, a touch on the pulse, and a reading of the clinical thermometer, diagnose with absolute certainty a patient's complaint, also that on dissecting a dead body he can infallibly put his finger on the cause of death, and, in cases where poisoning is suspected, the nature of the poison used.

Now all this supposed exactness and infallibility is imaginary; and to treat a doctor as if his mistakes were necessarily malicious or corrupt malpractices (an inevitable deduction from the postulate that the doctor, being omniscient, cannot make mistakes) is as unjust as to blame the nearest apothecary for not being prepared to supply you with sixpenny-worth of the elixir of life, or the nearest motor garage for not having perpetual motion on sale in gallon tins.

But if apothecaries and motor car makers habitually advertized elixir of life and perpetual motion, and succeeded in creating a strong general belief that they could supply it, they would find themselves in an awkward position if they were indicted for allowing a customer to die, or for burning a chauffeur by putting petrol into his car.

That is the predicament the doctor finds himself in when he has to defend himself against a charge of malpractice by a plea of ignorance and fallibility. His plea is received with flat credulity; and he gets little sympathy, even from laymen who know, because he has brought the incredulity on himself.

If he escapes, he can only do so by opening the eyes of the jury to the facts that medical science is as yet very imperfectly differentiated from common curemongering witchcraft; that diagnosis, though it means in many instances (including even the identification of pathogenic bacilli under the microscope) only a choice among terms so loose that they would not be accepted as definitions in any really exact science, is, even at that, an uncertain and difficult matter on which doctors often differ; and that the very best medical opinion and treatment varies widely from doctor to doctor, one

practitioner prescribing six or seven scheduled poisons for so familiar a disease as enteric fever where another will not tolerate drugs at all; one starving a patient whom another would stuff; one urging an operation which another would regard as unnecessary and dangerous; one giving alcohol and meat which another would sternly forbid, etc., etc., etc.: all these discrepancies arising not between the opinion of good doctors and bad ones (the medical contention is, of course, that a bad doctor is an impossibility), but between practitioners of equal eminence and authority.

Usually it is impossible to persuade the jury that these facts are facts. Juries seldom notice facts; and they have been taught to regard any doubts of the omniscience and omnipotence of doctors as blasphemy. Even the fact that doctors themselves die of the very diseases they profess to cure passes unnoticed. We do not shoot out our lips and shake our heads, saying, "They save others: themselves they cannot save": their reputation stands, like an African king's palace, on a foundation of dead bodies; and the result is that the verdict goes against the defendant when the defendant is a doctor accused of malpractice.

Fortunately for the doctors, they very seldom find themselves in this position, because it is so difficult to prove anything against them. The only evidence that can decide a case of malpractice is expert evidence: that is, the evidence of other doctors; and every doctor will allow a colleague to decimate a whole countryside sooner than violate the bond of professional etiquette by giving him away.

It is the nurse who gives the doctor away in private, because every nurse has some particular doctor whom she likes; and she usually assures her patients that all the others are disastrous noodles, and soothes the tedium of the sick-bed by gossip about their blunders. She will even give a doctor away for the sake of making the patient believe that she knows more than the doctor.

But she dare not, for her livelihood, give the doctor away in public. And the doctors stand by one another at all costs. Now and then some doctor in an unassailable position, like the late Sir William Gull, will go into the witness box and say what he really thinks about the way a patient has been treated; but such behavior is considered little short of infamous by his colleagues.

Why Doctors Do Not Differ

The truth is, there would never be any public agreement among doctors if they did not agree to agree on the main point of the doctor being always in the right. Yet the two guinea man never thinks that the five shilling man is right: if he did, he would be understood as confessing to an overcharge of one pound seventeen shillings; and on the same ground the five shilling man cannot encourage the notion that the owner of the sixpenny surgery round the corner is quite up to his mark. Thus even the layman has to be taught that infallibility is not quite infallible, because there are two qualities of it to be had at two prices.

But there is no agreement even in the same rank at the same price. During the first great epidemic of influenza towards the end of the nineteenth century a London evening paper sent round a journalist-patient to all the great consultants of that day, and published their advice and prescriptions; a proceeding passionately denounced by the medical papers as a breach of confidence of these eminent physicians. The case was the same; but the prescriptions were different, and so was the advice.

Now a doctor cannot think his own treatment right and at the same time think his colleague right in prescribing a different treatment when the patient is the same. Anyone who has ever known doctors well enough to hear medical shop talked without reserve knows that they are full of stories about each other's blunders and errors, and that the theory of their omniscience and omnipotence no more holds good among themselves than it did with Moliere and Napoleon.

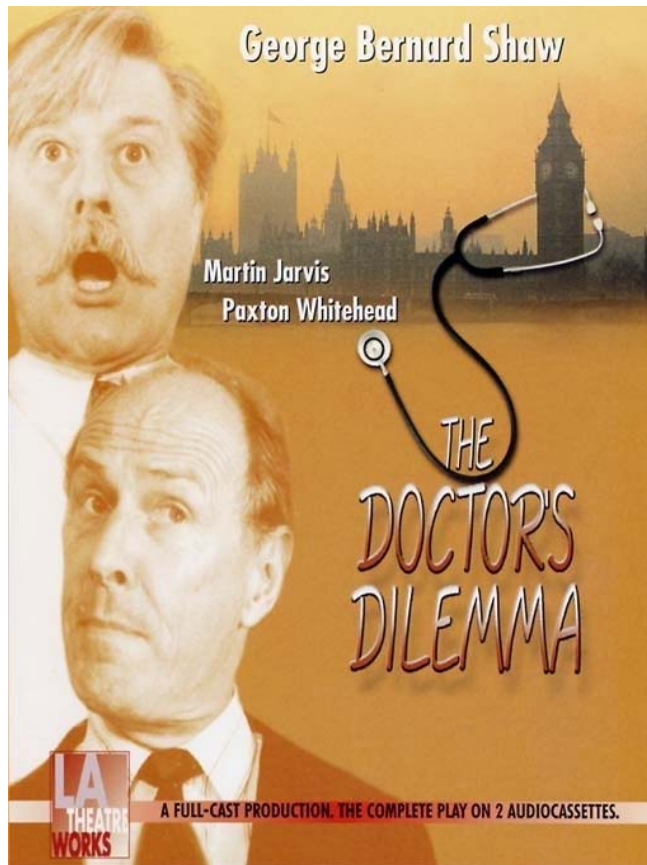
But for this very reason no doctor dare accuse another of malpractice. He is not sure enough of his own opinion to ruin another man by it. He knows that if such conduct were tolerated in his profession no doctor's livelihood or reputation would be worth a year's purchase. I do not blame him: I would do the same myself.

But the effect of this state of things is to make the medical profession a conspiracy to hide its own shortcomings. No doubt the same may be said of all professions. They are all conspiracies against the laity; and I do not suggest that the medical conspiracy is either better or worse than the military conspiracy, the legal conspiracy, the sacerdotal conspiracy, the pedagogic conspiracy, the royal and aristocratic conspiracy, the literary and artistic conspiracy, and the innumerable industrial, commercial, and financial conspiracies, from the trade unions to the great exchanges, which make up the huge conflict which we call society. But it is less suspected.

The Radicals who used to advocate, as an indispensable preliminary to social reform, the strangling of the last king with the entrails of the last priest, substituted compulsory vaccination for compulsory baptism without a murmur.

Are Doctors Men of Science?

I presume nobody will question the existence of widely spread popular delusion that every doctor is a titan of science. It is escaped only in the very small class which understands by science something more than conjuring with retorts and spirit lamps, magnets and microscopes, and discovering magical cures for disease.



To a sufficiently ignorant man every captain of a trading schooner is a Galileo, every organ-grinder a Beethoven, every piano-tuner a Hemholtz, every Old Bailey barrister a Solon, every Seven Dials pigeon dealer a Darwin, every scrivener a Shakespeare, every locomotive engine a miracle, and its driver no less wonderful than George Stephenson.

As a matter of fact, the rank and file of doctors are no more scientific than their tailors; or, if you prefer to put it the reverse way, their tailors are no less scientific than they. Doctoring is an art, not a science: any layman who is interested in science sufficiently to take in one of the scientific journals and follow the literature of the scientific movement, knows more about it than those doctors (probably a large majority) who are not interested in it, and practise only to earn their bread.

Doctoring is not even the art of keeping people in health (no doctor seems able to advise you what to eat any better than his grandmother or the nearest quack): it is the art of curing illnesses.

It does happen exceptionally that a practising doctor makes a contribution to science (my play describes a very notable one); but it happens much oftener that he draws disastrous conclusions from his clinical experience because he has no conception of scientific method, and believes, like any rustic, that the handling of evidence and statistics needs no expertness.

The distinction between a quack doctor and a qualified one is mainly that only the qualified one is authorized to sign death certificates, for which both sorts seem to have about equal occasion. Unqualified practitioners now make large incomes as hygienists, and are resorted to as frequently by cultivated amateur scientists who understand quite well what they are doing as by ignorant people who are simply dupes. Bone-setters make fortunes under the very noses of our greatest surgeons from educated and wealthy patients; and some of the most successful doctors on the register use quite heretical methods of treating disease, and have qualified themselves solely for convenience.

Leaving out of account the village witches who prescribe spells and sell charms, the humblest professional healers in this country are the herbalists. These men wander through the fields on Sunday seeking for herbs with magic properties of curing disease, preventing childbirth, and the like. Each of them believes that he is on the verge of a great discovery, in which Virginia Snake Root will be an ingredient, heaven knows why! Virginia Snake Root fascinates the imagination of the herbalist as mercury used to fascinate the alchemists.

On week days he keeps a shop in which he sells packets of pennyroyal, dandelion, etc., labelled with little lists of the diseases they are supposed to cure, and apparently do cure to the satisfaction of the people who keep on buying them. I have never been able to perceive any distinction between the science of the herbalist and that of the duly registered doctor.

A relative of mine recently consulted a doctor about some of the ordinary symptoms which indicate the need for a holiday and a change. The doctor satisfied himself that the patient's heart was a little depressed. Digitalis being a drug labelled as a heart specific by the profession, he promptly administered a stiff dose.

Fortunately the patient was a hardy old lady who was not easily killed. She recovered with no worse result than her conversion to Christian Science, which owes its vogue quite as much to public despair of doctors as to superstition. I am

not, observe, here concerned with the question as to whether the dose of digitalis was judicious or not; the point is, that a farm laborer consulting a herbalist would have been treated in exactly the same way.

Bacteriology as a Superstition

The smattering of science that all - even doctors - pick up from the ordinary newspapers nowadays only makes the doctor more dangerous than he used to be. Wise men used to take care to consult doctors qualified before 1860, who were usually contemptuous of or indifferent to the germ theory and bacteriological therapeutics; but now that these veterans have mostly retired or died, we are left in the hands of the generations which, having heard of microbes much as St. Thomas Aquinas heard of angels, suddenly concluded that the whole art of healing could be summed up in the formula: Find the microbe and kill it. And even that they did not know how to do.

The simplest way to kill most microbes is to throw them into an open street or river and let the sun shine on them, which explains the fact that when great cities have recklessly thrown all their sewage into the open river the water has sometimes been cleaner twenty miles below the city than thirty miles above it.

But doctors instinctively avoid all facts that are reassuring, and eagerly swallow those that make it a marvel that anyone could possibly survive three days in an atmosphere consisting mainly of countless pathogenic germs.

They conceive microbes as immortal until slain by a germicide administered by a duly qualified medical man.

All through Europe people are adjured, by public notices and even under legal penalties, not to throw their microbes into the sunshine, but to collect them carefully in a handkerchief; shield the handkerchief from the sun in the darkness and warmth of the pocket; and send it to a laundry to be mixed up with everybody else's handkerchiefs, with results only too familiar to local health authorities.



In the first frenzy of microbe killing, surgical instruments were dipped in carbolic oil, which was a great improvement on not dipping them in anything at all and simply using them dirty; but as microbes are so fond of carbolic oil that they swarm in it, it was not a success from the anti-microbe point of view. Formalin was squirted into the circulation of consumptives until it was discovered that formalin nourishes the tubercle bacillus handsomely and kills men.

The popular theory of disease is the common medical theory: namely, that every disease had its microbe duly created in the garden of Eden, and has been steadily propagating itself and producing widening circles of malignant disease ever since. It was plain from the first that if this had been even approximately true, the whole human race would have been wiped out by the plague long ago, and that every epidemic, instead of fading out as mysteriously as it rushed in, would spread over the whole world.

It was also evident that the characteristic microbe of a disease might be a symptom instead of a cause. An unpunctual man is always in a hurry; but it does not follow that hurry is the cause of unpunctuality: on the contrary, what is the matter with the patient is sloth. When Florence Nightingale said bluntly that if you overcrowded your soldiers in dirty quarters there would be an outbreak of smallpox among them, she was snubbed as an ignorant female who did not know that smallpox can be produced only by the importation of its specific microbe.

If this was the line taken about smallpox, the microbe of which has never yet been run down and exposed under the microscope by the bacteriologist, what must have been the ardor of conviction as to tuberculosis, tetanus, enteric fever, Maltese fever, diphtheria, and the rest of the diseases in which the characteristic bacillus had been identified!

When there was no bacillus it was assumed that, since no disease could exist without a bacillus, it was simply eluding observation. When the bacillus was found, as it frequently was, in persons who were not suffering from the disease, the theory was saved by simply calling the bacillus an impostor, or pseudobacillus.

The same boundless credulity which the public exhibit as to a doctor's power of diagnosis was shown by the doctors themselves as to the analytic microbe hunters. These witch finders would give you a certificate of the ultimate constitution of anything from a sample of the water from your well to a scrap of your lungs, for seven-and-sixpence. I do not suggest that the analysts were dishonest. No doubt they carried the analysis as far as they could afford to carry it for the money. No doubt also they could afford to carry it far enough to be of some use.

But the fact remains that just as doctors perform for half-a-crown, without the least misgiving, operations which could not be thoroughly and safely performed with due scientific rigor and the requisite apparatus by an unaided private practitioner for less than some thousands of pounds, so did they proceed on the assumption that they could get the last word of science as to the constituents of their pathological samples for a two hours cab fare.

Economic Difficulties of Immunization

I have heard doctors affirm and deny almost every possible proposition as to disease and treatment. I can remember the time when doctors no more dreamt of consumption and pneumonia being infectious than they now dream of sea-sickness being infectious, or than so great a clinical observer as Sydenham dreamt of smallpox being infectious.

I have heard doctors deny that there is such a thing as infection. I have heard them deny the existence of hydrophobia as a specific disease differing from tetanus. I have heard them defend prophylactic measures and prophylactic legislation as the sole and certain salvation of mankind from zymotic disease; and I have heard them denounce both as malignant spreaders of cancer and lunacy.

But the one objection I have never heard from a doctor is the objection that prophylaxis by the inoculatory methods most in vogue is an economic impossibility under our private practice system. They buy some stuff from somebody for a shilling, and inject a pennyworth of it under their patient's skin for half-a-crown, concluding that, since this primitive rite pays the somebody and pays them, the problem of prophylaxis has been satisfactorily solved.

The results are sometimes no worse than the ordinary results of dirt getting into cuts; but neither the doctor nor the patient is quite satisfied unless the inoculation "takes"; that is, unless it produces perceptible illness and disablement. Sometimes both doctor and patient get more value in this direction than they bargain for.



The results of ordinary private-practice-inoculation at their worst are bad enough to be indistinguishable from those of the most discreditable and dreaded disease known; and doctors, to save the credit of the inoculation, have been driven to accuse their patient or their patient's parents of having contracted this disease independently of the inoculation, an excuse which naturally does not make the family any more resigned, and leads to public recriminations in which the doctors, forgetting everything but the immediate quarrel, naively excuse themselves by admitting, and even claiming as a point in their favor, that it is often impossible to distinguish the disease produced by their inoculation and the disease they have accused

the patient of contracting. And both parties assume that what is at issue is the scientific soundness of the prophylaxis.

It never occurs to them that the particular pathogenic germ which they intended to introduce into the patient's system may be quite innocent of the catastrophe, and that the casual dirt introduced with it may be at fault. When, as in the case of smallpox or cowpox, the germ has not yet been detected, what you inoculate is simply undefined matter that has been scraped off an anything but chemically clean calf suffering from the disease in question.

You take your chance of the germ being in the scrapings, and, lest you should kill it, you take no precautions against other germs being in it as well. Anything may happen as the result of such an inoculation. Yet this is the only stuff of the kind which is prepared and supplied even in State establishments: that is, in the only establishments free from the commercial temptation to adulterate materials and scamp precautionary processes.

Even if the germ were identified, complete precautions would hardly pay. It is true that microbe farming is not expensive. The cost of breeding and housing two head of cattle would provide for the breeding and housing of enough microbes to inoculate the entire population of the globe since human life first appeared on it.

But the precautions necessary to insure that the inoculation shall consist of nothing else but the required germ in the proper state of attenuation are a very different matter from the precautions necessary in the distribution and consumption of beefsteaks. Yet people expect to find vaccines and antitoxins and the like retailed at "popular prices" in private enterprise shops just as they expect to find ounces of tobacco and papers of pins.

The Perils of Inoculation

The trouble does not end with the matter to be inoculated. There is the question of the condition of the patient.

The discoveries of Sir Almroth Wright have shown that the appalling results which led to the hasty dropping in 1894 of Koch's tuberculin were not accidents, but perfectly orderly and inevitable phenomena following the injection of dangerously strong "vaccines" at the wrong moment, and reinforcing the disease instead of stimulating the resistance to it. To ascertain the right moment a laboratory and a staff of experts are needed.

The general practitioner, having no such laboratory and no such experience, has always chanced it, and insisted, when he was unlucky, that the results were not due to the inoculation, but to some other cause: a favorite and not very tactful one being the drunkenness or licentiousness of the patient.

But though a few doctors have now learnt the danger of inoculating without any reference to the patient's "opsonic index" at the moment of inoculation, and though those other doctors who are denouncing the danger as imaginary and opsonin as a craze or a fad, obviously do so because it involves an operation which they have neither the means nor the knowledge to perform, there is still no grasp of the economic change in the situation.

They have never been warned that the practicability of any method of extirpating disease depends not only on its efficacy, but on its cost. For example, just at present the world has run raving mad on the subject of radium, which has excited our credulity precisely as the apparitions at Lourdes excited the credulity of Roman Catholics. Suppose it were ascertained that every child in the world could be rendered absolutely immune from all disease during its entire life by taking half an ounce of radium to every pint of its milk.

The world would be none the healthier, because not even a Crown Prince - no, not even the son of a Chicago Meat King, could afford the treatment. Yet it is doubtful whether doctors would refrain from prescribing it on that ground. The recklessness with which they now recommend wintering in Egypt or at Davos to people who cannot afford to go to Cornwall, and the orders given for champagne jelly and old port in households where such luxuries must obviously be acquired at the cost of stinting necessities, often make one wonder whether it is possible for a man to go through a medical training and retain a spark of common sense.

This sort of inconsiderateness gets cured only in the classes where poverty, pretentious as it is even at its worst, cannot pitch its pretences high enough to make it possible for the doctor (himself often no better off than the patient) to assume that the average income of an English family is about 2,000 pounds a year, and that it is quite easy to break up a home, sell an old family seat at a sacrifice, and retire into a foreign sanatorium devoted to some "treatment" that did not exist two years ago and probably will not exist (except as a pretext for keeping an ordinary hotel) two years hence.

In a poor practice the doctor must find cheap treatments for cheap people, or humiliate and lose his patients either by prescribing beyond their means or sending them to the public hospitals. When it comes to prophylactic inoculation, the alternative lies between the complete scientific process, which can only be brought down to a reasonable cost by being very highly organized as a public service in a public institution, and such cheap, nasty, dangerous and scientifically spurious imitations as ordinary vaccination, which seems not unlikely to be ended, like its equally vaunted forerunner, XVIII-century inoculation, by a purely reactionary law making all sorts of vaccination, scientific or not, criminal offences.

Naturally, the poor doctor (that is, the average doctor) defends ordinary vaccination frantically, as it means to him the bread of his children. To secure the vehement and practically unanimous support of the rank and file of the medical profession for any sort of treatment or operation, all that is necessary is that it can be easily practised by a rather

shabbily dressed man in a surgically dirty room in a surgically dirty house without any assistance, and that the materials for it shall cost, say, a penny, and the charge for it to a patient with 100 pounds a year be half-a-crown.

And, on the other hand, a hygienic measure has only to be one of such refinement, difficulty, precision and costliness as to be quite beyond the resources of private practice, to be ignored or angrily denounced as a fad.

Trade Unionism and Science

Here we have the explanation of the savage rancor that so amazes people who imagine that the controversy concerning vaccination is a scientific one. It has really nothing to do with science.

The medical profession, consisting for the most part of very poor men struggling to keep up appearances beyond their means, find themselves threatened with the extinction of a considerable part of their incomes: a part, too, that is easily and regularly earned, since it is independent of disease, and brings every person born into the nation, healthy or not, to the doctors.

To boot, there is the occasional windfall of an epidemic, with its panic and rush for revaccination. Under such circumstances, vaccination would be defended desperately were it twice as dirty, dangerous, and unscientific in method as it actually is.

The note of fury in the defence, the feeling that the anti-vaccinator is doing a cruel, ruinous, inconsiderate thing in a mood of indignant folly: all this, so puzzling to the observer who knows nothing of the economic side of the question, and only sees that the anti-vaccinator, having nothing whatever to gain and a good deal to lose by placing himself in opposition to the law and to the outcry that adds private persecution to legal penalties, can have no interest in the matter except the interest of a reformer in abolishing a corrupt and mischievous superstition, becomes intelligible the moment the tragedy of medical poverty and the lucrativeness of cheap vaccination is taken into account.

In the face of such economic pressure as this, it is silly to expect that medical teaching, any more than medical practice, can possibly be scientific. The test to which all methods of treatment are finally brought is whether they are lucrative to doctors or not.

It would be difficult to cite any proposition less obnoxious to science, than that advanced by Hahnemann: to wit, that



drugs which in large doses produce certain symptoms, counteract them in very small doses, just as in more modern practice it is found that a sufficiently small inoculation with typhoid rallies our powers to resist the disease instead of prostrating us with it.

But Hahnemann and his followers were frantically persecuted for a century by generations of apothecary-doctors whose incomes depended on the quantity of drugs they could induce their patients to swallow.

These two cases of ordinary vaccination and homeopathy are typical of all the rest. Just as the object of a trade union under existing conditions must finally be, not to improve the technical quality of the work done by its members, but to secure a living wage for them, so the object of the medical profession today is to

secure an income for the private doctor; and to this consideration all concern for science and public health must give way when the two come into conflict.

Fortunately they are not always in conflict. Up to a certain point doctors, like carpenters and masons, must earn their living by doing the work that the public wants from them; and as it is not in the nature of things possible that such public want should be based on unmixed disutility, it may be admitted that doctors have their uses, real as well as imaginary.

But just as the best carpenter or mason will resist the introduction of a machine that is likely to throw him out of work, or the public technical education of unskilled laborers' sons to compete with him, so the doctor will resist with all his powers of persecution every advance of science that threatens his income.

And as the advance of scientific hygiene tends to make the private doctor's visits rarer, and the public inspector's frequenter, whilst the advance of scientific therapeutics is in the direction of treatments that involve highly organized laboratories, hospitals, and public institutions generally, it unluckily happens that the organization of private

practitioners which we call the medical profession is coming more and more to represent, not science, but desperate and embittered antisience: a statement of things which is likely to get worse until the average doctor either depends upon or hopes for an appointment in the public health service for his livelihood.

So much for our guarantees as to medical science. Let us now deal with the more painful subject of medical kindness.

What The Public Wants and Will Not Get

The demands of this poor public are not reasonable, but they are quite simple. It dreads disease and desires to be protected against it. But it is poor and wants to be protected cheaply. Scientific measures are too hard to understand, too costly, too clearly tending towards a rise in the rates and more public interference with the insanitary, because insufficiently financed, private house. What the public wants, therefore, is a cheap magic charm to prevent, and a cheap pill or potion to cure, all disease. It forces all such charms on the doctors.

The Vaccination Craze

Thus it was really the public and not the medical profession that took up vaccination with irresistible faith, sweeping the invention out of Jenner's hand and establishing it in a form which he himself repudiated. Jenner was not a man of science; but he was not a fool; and when he found that people who had suffered from cowpox either by contagion in the milking shed or by vaccination, were not, as he had supposed, immune from smallpox, he ascribed the cases of immunity which had formerly misled him to a disease of the horse, which, perhaps because we do not drink its milk and eat its flesh, is kept at a greater distance in our imagination than our foster mother the cow.

At all events, the public, which had been boundlessly credulous about the cow, would not have the horse on any terms; and to this day the law which prescribes Jennerian vaccination is carried out with an anti-Jennerian inoculation because the public would have it so in spite of Jenner.

All the grossest lies and superstitions which have disgraced the vaccination craze were taught to the doctors by the public. It was not the doctors who first began to declare that all our old men remember the time when almost every face they saw in the street was horribly pitted with smallpox, and that all this disfigurement has vanished since the introduction of vaccination.

Jenner himself alluded to this imaginary phenomenon before the introduction of vaccination, and attributed it to the older practice of smallpox inoculation, by which Voltaire, Catherine II. and Lady Mary Wortley Montagu so confidently expected to see the disease made harmless.

It was not Jenner who set people declaring that smallpox, if not abolished by vaccination, had at least been made much milder: on the contrary, he recorded a pre-vaccination epidemic in which none of the persons attacked went to bed or considered themselves as seriously ill. Neither Jenner, nor any other doctor ever, as far as I know, inculcated the popular notion that everybody got smallpox as a matter of course before vaccination was invented.

That doctors get infected with these delusions, and are in their unprofessional capacity as members of the public subject to them like other men, is true; but if we had to decide whether vaccination was first forced on the public by the doctors or on the doctors by the public, we should have to decide against the public.

Statistical Illusions

Public ignorance of the laws of evidence and of statistics can hardly be exaggerated. There may be a doctor here and there who in dealing with the statistics of disease has taken at least the first step towards sanity by grasping the fact that as an attack of even the commonest disease is an exceptional event, apparently over-whelming statistical evidence in favor of any prophylactic can be produced by persuading the public that everybody caught the disease formerly.

Thus if a disease is one which normally attacks fifteen per cent of the population, and if the effect of a prophylactic is actually to increase the proportion to twenty per cent, the publication of this figure of twenty per cent will convince the public that the prophylactic has reduced the percentage by eighty per cent instead of increasing it by five, because the public, left to itself and to the old gentlemen who are always ready to remember, on every possible subject, that things used to be much worse than they are now (such old gentlemen greatly outnumber the *laudatores temporis acti*), will assume that the former percentage was about 100.

The vogue of the Pasteur treatment of hydrophobia, for instance, was due to the assumption by the public that every person bitten by a rabid dog necessarily got hydrophobia. I myself heard hydrophobia discussed in my youth by doctors in Dublin before a Pasteur Institute existed, the subject having been brought forward there by the scepticism of an

eminent surgeon as to whether hydrophobia is really a specific disease or only ordinary tetanus induced (as tetanus was then supposed to be induced) by a lacerated wound.

There were no statistics available as to the proportion of dog bites that ended in hydrophobia; but nobody ever guessed that the cases could be more than two or three per cent of the bites. On me, therefore, the results published by the Pasteur Institute produced no such effect as they did on the ordinary man who thinks that the bite of a mad dog means certain hydrophobia. It seemed to me that the proportion of deaths among the cases treated at the Institute was rather higher, if anything, than might have been expected had there been no Institute in existence. But to the public every Pasteur patient who did not die was miraculously saved from an agonizing death by the beneficent white magic of that most trusty of all wizards, the man of science.

Even trained statisticians often fail to appreciate the extent to which statistics are vitiated by the unrecorded assumptions of their interpreters. Their attention is too much occupied with the cruder tricks of those who make a corrupt use of statistics for advertizing purposes. There is, for example, the percentage dodge.

In some hamlet, barely large enough to have a name, two people are attacked during a smallpox epidemic. One dies: the other recovers. One has vaccination marks: the other has none. Immediately either the vaccinists or the antivaccinists publish the triumphant news that at such and such a place not a single vaccinated person died of smallpox whilst 100 per cent of the unvaccinated perished miserably; or, as the case may be, that 100 per cent of the unvaccinated recovered whilst the vaccinated succumbed to the last man.

Or, to take another common instance, comparisons which are really comparisons between two social classes with different standards of nutrition and education are palmed off as comparisons between the results of a certain medical treatment and its neglect. Thus it is easy to prove that the wearing of tall hats and the carrying of umbrellas enlarges the chest, prolongs life, and confers comparative immunity from disease; for the statistics show that the classes which use these articles are bigger, healthier, and live longer than the class which never dreams of possessing such things.

It does not take much perspicacity to see that what really makes this difference is not the tall hat and the umbrella, but the wealth and nourishment of which they are evidence, and that a gold watch or membership of a club in Pall Mall might be proved in the same way to have the like sovereign virtues. A university degree, a daily bath, the owning of thirty pairs of trousers, a knowledge of Wagner's music, a pew in church, anything, in short, that implies more means and better nurture than the mass of laborers enjoy, can be statistically palmed off as a magic-spell conferring all sorts of privileges.

In the case of a prophylactic enforced by law, this illusion is intensified grotesquely, because only vagrants can evade it. Now vagrants have little power of resisting any disease: their death rate and their case-mortality rate is always high relatively to that of respectable folk.

Nothing is easier, therefore, than to prove that compliance with any public regulation produces the most gratifying results. It would be equally easy even if the regulation actually raised the death-rate, provided it did not raise it sufficiently to make the average householder, who cannot evade regulations, die as early as the average vagrant who can.

The Surprises of Attention and Neglect

There is another statistical illusion which is independent of class differences. A common complaint of houseowners is that the Public Health Authorities frequently compel them to instal costly sanitary appliances which are condemned a few years later as dangerous to health, and forbidden under penalties. Yet these discarded mistakes are always made in the first instance on the strength of a demonstration that their introduction has reduced the death-rate.

The explanation is simple. Suppose a law were made that every child in the nation should be compelled to drink a pint of brandy per month, but that the brandy must be administered only when the child was in good health, with its digestion and so forth working normally, and its teeth either naturally or artificially sound. Probably the result would be an immediate and startling reduction in child mortality, leading to further legislation increasing the quantity of brandy to a gallon.

Not until the brandy craze had been carried to a point at which the direct harm done by it would outweigh the incidental good, would an anti-brandiness party be listened to. That incidental good would be the substitution of attention to the general health of children for the neglect which is now the rule so long as the child is not actually too sick to run about and play as usual. Even if this attention were confined to the children's teeth, there would be an improvement which it would take a good deal of brandy to cancel.

This imaginary case explains the actual case of the sanitary appliances which our local sanitary authorities prescribe today and condemn tomorrow. No sanitary contrivance which the mind of even the very worst plumber can devise could be as disastrous as that total neglect for long periods which gets avenged by pestilences that sweep through whole continents, like the black death and the cholera.

If it were proposed at this time of day to discharge all the sewage of London crude and untreated into the Thames, instead of carrying it, after elaborate treatment, far out into the North Sea, there would be a shriek of horror from all our experts. Yet if Cromwell had done that instead of doing nothing, there would probably have been no Great Plague of London.

When the Local Health Authority forces every householder to have his sanitary arrangements thought about and attended to by somebody whose special business it is to attend to such things, then it matters not how erroneous or even directly mischievous may be the specific measures taken: the net result at first is sure to be an improvement.

Not until attention has been effectually substituted for neglect as the general rule, will the statistics begin to show the merits of the particular methods of attention adopted. And as we are far from having arrived at this stage, being as to health legislation only at the beginning of things, we have practically no evidence yet as to the value of methods.

Simple and obvious as this is, nobody seems as yet to discount the effect of substituting attention for neglect in drawing conclusions from health statistics. Everything is put to the credit of the particular method employed, although it may quite possibly be raising the death rate by five per thousand whilst the attention incidental to it is reducing the death rate fifteen per thousand. The net gain of ten per thousand is credited to the method, and made the excuse for enforcing more of it.

Stealing Credit from Civilization

There is yet another way in which specifics which have no merits at all, either direct or incidental, may be brought into high repute by statistics.

For a century past civilization has been cleaning away the conditions which favor bacterial fevers. Typhus, once rife, has vanished: plague and cholera have been stopped at our frontiers by a sanitary blockade. We still have epidemics of smallpox and typhoid; and diphtheria and scarlet fever are endemic in the slums. Measles, which in my childhood was not regarded as a dangerous disease, has now become so mortal that notices are posted publicly urging parents to take it seriously.

But even in these cases the contrast between the death and recovery rates in the rich districts and in the poor ones has led to the general conviction among experts that bacterial diseases are preventable; and they already are to a large extent prevented. The dangers of infection and the way to avoid it are better understood than they used to be.

It is barely twenty years since people exposed themselves recklessly to the infection of consumption and pneumonia in the belief that these diseases were not "catching." Nowadays the troubles of consumptive patients are greatly increased by the growing disposition to treat them as lepers. No doubt there is a good deal of ignorant exaggeration and cowardly refusal to face a human and necessary share of the risk. That has always been the case. We now know that the medieval horror of leprosy was out of all proportion to the danger of infection, and was accompanied by apparent blindness to the infectiousness of smallpox, which has since been worked up by our disease terrorists into the position formerly held by leprosy.

But the scare of infection, though it sets even doctors talking as if the only really scientific thing to do with a fever patient is to throw him into the nearest ditch and pump carbolic acid on him from a safe distance until he is ready to be cremated on the spot, has led to much greater care and cleanliness. And the net result has been a series of victories over disease.

Now let us suppose that in the early nineteenth century somebody had come forward with a theory that typhus fever always begins in the top joint of the little finger; and that if this joint be amputated immediately after birth, typhus fever will disappear. Had such a suggestion been adopted, the theory would have been triumphantly confirmed; for as a matter of fact, typhus fever has disappeared. On the other hand cancer and madness have increased (statistically) to an appalling extent. The opponents of the little finger theory would therefore be pretty sure to allege that the amputations were spreading cancer and lunacy.

The vaccination controversy is full of such contentions. So is the controversy as to the docking of horses' tails and the cropping of dogs' ears. So is the less widely known controversy as to circumcision and the declaring certain kinds of flesh unclean by the Jews.

To advertize any remedy or operation, you have only to pick out all the most reassuring advances made by civilization, and boldly present the two in the relation of cause and effect: the public will swallow the fallacy without a wry face. It has no idea of the need for what is called a control experiment.

In Shakespear's time and for long after it, mummy was a favorite medicament. You took a pinch of the dust of a dead Egyptian in a pint of the hottest water you could bear to drink; and it did you a great deal of good. This, you thought, proved what a sovereign healer mummy was. But if you had tried the control experiment of taking the hot water without the mummy, you might have found the effect exactly the same, and that any hot drink would have done as well.

Biometrika

Another difficulty about statistics is the technical difficulty of calculation. Before you can even make a mistake in drawing your conclusion from the correlations established by your statistics you must ascertain the correlations. When I turn over the pages of *Biometrika*, a quarterly journal in which is recorded the work done in the field of biological statistics by Professor Karl Pearson and his colleagues, I am out of my depth at the first line, because mathematics are to me only a concept: I never used a logarithm in my life, and could not undertake to extract the square root of four without misgiving.

I am therefore unable to deny that the statistical ascertainment of the correlations between one thing and another must be a very complicated and difficult technical business, not to be tackled successfully except by high mathematicians; and I cannot resist Professor Karl Pearson's immense contempt for, and indignant sense of grave social danger in, the unskilled guesses of the ordinary sociologist.

Now the man in the street knows nothing of *Biometrika*: all he knows is that "you can prove anything by figures," though he forgets this the moment figures are used to prove anything he wants to believe. If he did take in *Biometrika* he would probably become abjectly credulous as to all the conclusions drawn in it from the correlations so learnedly worked out; though the mathematician whose correlations would fill a Newton with admiration may, in collecting and accepting data and drawing conclusions from them, fall into quite crude errors by just such popular oversights as I have been describing.

Patient-Made Therapeutics

To all these blunders and ignorances doctors are no less subject than the rest of us. They are not trained in the use of evidence, nor in biometrics, nor in the psychology of human credulity, nor in the incidence of economic pressure. Further, they must believe, on the whole, what their patients believe, just as they must wear the sort of hat their patients wear.

The doctor may lay down the law despotically enough to the patient at points where the patient's mind is simply blank; but when the patient has a prejudice the doctor must either keep it in countenance or lose his patient. If people are persuaded that night air is dangerous to health and that fresh air makes them catch cold it will not be possible for a doctor to make his living in private practice if he prescribes ventilation.

We have to go back no further than the days of *The Pickwick Papers* to find ourselves in a world where people slept in four-post beds with curtains drawn closely round to exclude as much air as possible.

Had Mr. Pickwick's doctor told him that he would be much healthier if he slept on a camp bed by an open window, Mr. Pickwick would have regarded him as a crank and called in another doctor. Had he gone on to forbid Mr. Pickwick to drink brandy and water whenever he felt chilly, and assured him that if he were deprived of meat or salt for a whole year, he would not only not die, but would be none the worse, Mr. Pickwick would have fled from his presence as from that of a dangerous madman.

And in these matters the doctor cannot cheat his patient. If he has no faith in drugs or vaccination, and the patient has, he can cheat him with colored water and pass his lancet through the flame of a spirit lamp before scratching his arm. But he cannot make him change his daily habits without knowing it.

The Reforms also Come from the Laity



In the main, then, the doctor learns that if he gets ahead of the superstitions of his patients he is a ruined man; and the result is that he instinctively takes care not to get ahead of them. That is why all the changes come from the laity.

It was not until an agitation had been conducted for many years by laymen, including quacks and faddists of all kinds, that the public was sufficiently impressed to make it possible for the doctors to open their minds and their mouths on the subject of fresh air, cold water, temperance, and the rest of the new fashions in hygiene.

At present the tables have been turned on many old prejudices. Plenty of our most popular elderly doctors believe that cold tubs in the morning are unnatural, exhausting, and rheumatic; that fresh air is a fad and that everybody is the better for a glass or two of port wine every day; but they no longer dare say as much until they know exactly where they are; for many very desirable patients in country houses have lately been persuaded that their first duty is to get up at six in the morning and begin the day by taking a walk barefoot through the dewy grass. He who shows the least scepticism as to this practice is at once suspected of being "an old-fashioned doctor," and dismissed to make room for a younger man.

In short, private medical practice is governed not by science but by supply and demand; and however scientific a treatment may be, it cannot hold its place in the market if there is no demand for it; nor can the grossest quackery be kept off the market if there is a demand for it.

Fashions and Epidemics

A demand, however, can be inculcated. This is thoroughly understood by fashionable tradesmen, who find no difficulty in persuading their customers to renew articles that are not worn out and to buy things they do not want. By making doctors tradesmen, we compel them to learn the tricks of trade; consequently we find that the fashions of the year include treatments, operations, and particular drugs, as well as hats, sleeves, ballads, and games. Tonsils, vermiform appendices, uvulas, even ovaries are sacrificed because it is the fashion to get them cut out, and because the operations are highly profitable. The psychology of fashion becomes a pathology; for the cases have every air of being genuine: fashions, after all, are only induced epidemics, proving that epidemics can be induced by tradesmen, and therefore by doctors.

The Doctor's Virtues

It will be admitted that this is a pretty bad state of things. And the melodramatic instinct of the public, always demanding; that every wrong shall have, not its remedy, but its villain to be hissed, will blame, not its own apathy, superstition, and ignorance, but the depravity of the doctors. Nothing could be more unjust or mischievous. Doctors, if no better than other men, are certainly no worse.

I was reproached during the performances of *The Doctor's Dilemma* at the *Court Theatre* in 1907 because I made the artist a rascal, the journalist an illiterate incapable, and all the doctors "angels." But I did not go beyond the warrant of my own experience.

It has been my luck to have doctors among my friends for nearly forty years past (all perfectly aware of my freedom from the usual credulity as to the miraculous powers and knowledge attributed to them); and though I know that there are medical blackguards as well as military, legal, and clerical blackguards (one soon finds that out when one is privileged to hear doctors talking shop among themselves), the fact that I was no more at a loss for private medical advice and attendance when I had not a penny in my pocket than I was later on when I could afford fees on the highest scale, has made it impossible for me to share that hostility to the doctor as a man which exists and is growing as an inevitable result of the present condition of medical practice.

Not that the interest in disease and aberrations which turns some men and women to medicine and surgery is not sometimes as morbid as the interest in misery and vice which turns some others to philanthropy and "rescue work." But the true doctor is inspired by a hatred of ill-health, and a divine impatience of any waste of vital forces.

Unless a man is led to medicine or surgery through a very exceptional technical aptitude, or because doctoring is a family tradition, or because he regards it unintelligently as a lucrative and gentlemanly profession, his motives in choosing the career of a healer are clearly generous. However actual practice may disillusion and corrupt him, his selection in the first instance is not a selection of a base character.

The Latest Theories

Medical theories are so much a matter of fashion, and the most fertile of them are modified so rapidly by medical practice and biological research, which are international activities, that the play which furnishes the pretext for this preface is already slightly outmoded, though I believe it may be taken as a faithful record for the year (1906) in which it was begun.

I must not expose any professional man to ruin by connecting his name with the entire freedom of criticism which I, as a layman, enjoy; but it will be evident to all experts that my play could not have been written but for the work done by Sir Almroth Wright in the theory and practice of securing immunization from bacterial diseases by the inoculation of "vaccines" made of their own bacteria: a practice incorrectly called vaccinotherapy (there is nothing vaccine about it) apparently because it is what vaccination ought to be and is not.

Until Sir Almroth Wright, following up one of Metchnikoff's most suggestive biological romances, discovered that the white corpuscles or phagocytes which attack and devour disease germs for us do their work only when we butter the disease germs appetizingly for them with a natural sauce which Sir Almroth named opsonin, and that our production of this condiment continually rises and falls rhythmically from negligibility to the highest efficiency, nobody had been able even to conjecture why the various serums that were from time to time introduced as having effected marvellous cures, presently made such direful havoc of some unfortunate patient that they had to be dropped hastily.

The quantity of sturdy lying that was necessary to save the credit of inoculation in those days was prodigious; and had it not been for the devotion shown by the military authorities throughout Europe, who would order the entire disappearance of some disease from their armies, and bring it about by the simple plan of changing the name under which the cases were reported, or for our own Metropolitan Asylums Board, which carefully suppressed all the medical reports that revealed the sometimes quite appalling effects of epidemics of revaccination, there is no saying what popular reaction might not have taken place against the whole immunization movement in therapeutics.

The situation was saved when Sir Almroth Wright pointed out that if you inoculated a patient with pathogenic germs at a moment when his powers of cooking them for consumption by the phagocytes was receding to its lowest point, you would certainly make him a good deal worse and perhaps kill him, whereas if you made precisely the same inoculation when the cooking power was rising to one of its periodical climaxes, you would stimulate it to still further exertions and produce just the opposite result.

And he invented a technique for ascertaining in which phase the patient happened to be at any given moment. The dramatic possibilities of this discovery and invention will be found in my play. But it is one thing to invent a technique: it is quite another to persuade the medical profession to acquire it.

Our general practitioners, I gather, simply declined to acquire it, being mostly unable to afford either the acquisition or the practice of it when acquired. Something simple, cheap, and ready at all times for all comers, is, as I have shown, the only thing that is economically possible in general practice, whatever may be the case in Sir Almroth's famous laboratory in St. Mary's Hospital.

It would have become necessary to denounce opsonin in the trade papers as a fad and Sir Almroth as a dangerous man if his practice in the laboratory had not led him to the conclusion that the customary inoculations were very much too powerful, and that a comparatively infinitesimal dose would not precipitate a negative phase of cooking activity, and might induce a positive one.

And thus it happens that the refusal of our general practitioners to acquire the new technique is no longer quite so dangerous in practice as it was when *The Doctor's Dilemma* was written: nay, that Sir Ralph Bloomfield Boningtons way of administering inoculations as if they were spoonfuls of squills may sometimes work fairly well.

For all that, I find Sir Almroth Wright, on the 23rd May, 1910, warning the *Royal Society of Medicine* that "the clinician has not yet been prevailed upon to reconsider his position," which means that the general practitioner ("the doctor," as he is called in our homes) is going on just as he did before, and could not afford to learn or practice a new technique even if he had ever heard of it. To the patient who does not know about it he will say nothing. To the patient who does, he will ridicule it, and disparage Sir Almroth. What else can he do, except confess his ignorance and starve?

But now please observe how "the whirligig of time brings its revenges." This latest discovery of the remedial virtue of a very, very tiny hair of the dog that bit you reminds us, not only of Arndt's law of protoplasmic reaction to stimuli, according to which weak and strong stimuli provoke opposite reactions, but of Hahnemann's homeopathy, which was founded on the fact alleged by Hahnemann that drugs which produce certain symptoms when taken in ordinary perceptible quantities, will, when taken in infinitesimally small quantities, provoke just the opposite symptoms; so that the drug that gives you a headache will also cure a headache if you take little enough of it.

I have already explained that the savage opposition which homeopathy encountered from the medical profession was not a scientific opposition; for nobody seems to deny that some drugs act in the alleged manner. It was opposed simply because doctors and apothecaries lived by selling bottles and boxes of doctor's stuff to be taken in spoonfuls or in pellets as large as peas; and people would not pay as much for drops and globules no bigger than pins' heads.

Nowadays, however, the more cultivated folk are beginning to be so suspicious of drugs, and the incorrigibly superstitious people so profusely supplied with patent medicines (the medical advice to take them being wrapped round the bottle and thrown in for nothing) that homeopathy has become a way of rehabilitating the trade of prescription compounding, and is consequently coming into professional credit. At which point the theory of opsonins comes very opportunely to shake hands with it.

Add to the newly triumphant homeopathist and the opsonist that other remarkable innovator, the Swedish masseur, who does not theorize about you, but probes you all over with his powerful thumbs until he finds out your sore spots and rubs them away, besides cheating you into a little wholesome exercise; and you have nearly everything in medical practice to-day that is not flat witchcraft or pure commercial exploitation of human credulity and fear of death.

Add to them a good deal of vegetarian and teetotal controversy raging round a clamor for scientific eating and drinking, and resulting in little so far except calling digestion Metabolism and dividing the public between the eminent doctor who tells us that we do not eat enough fish, and his equally eminent colleague who warns us that a fish diet must end in leprosy, and you have all that opposes with any sort of countenance the rise of *Christian Science* with its cathedrals and congregations and zealots and miracles and cures: all very silly, no doubt, but sane and sensible, poetic and hopeful, compared to the pseudo science of the commercial general practitioner, who foolishly clamors for the prosecution and even the execution of the *Christian Scientists* when their patients die, forgetting the long death roll of his own patients.

By the time this preface is in print the kaleidoscope may have had another shake; and opsonin may have gone the way of phlogiston at the hands of its own restless discoverer. I will not say that Hahnemann may have gone the way of Diafoirus; for Diafoirus we have always with us. But we shall still pick up all our knowledge in pursuit of some Will o' the Wisp or other.

What is called science has always pursued the *Elixir of Life* and the *Philosopher's Stone*, and is just as busy after them to-day as ever it was in the days of Paracelsus. We call them by different names: Immunization or Radiology or what not; but the dreams which lure us into the adventures from which we learn are always at bottom the same.

Science becomes dangerous only when it imagines that it has reached its goal. What is wrong with priests and popes is that instead of being apostles and saints, they are nothing but empirics who say "I know" instead of "I am learning," and pray for credulity and inertia as wise men pray for scepticism and activity.

Such abominations as the Inquisition and the Vaccination Acts are possible only in the famine years of the soul, when the great vital dogmas of honor, liberty, courage, the kinship of all life, faith that the unknown is greater than the known and is only the As Yet Unknown, and resolution to find a manly highway to it, have been forgotten in a paroxysm of littleness and terror in which nothing is active except concupiscence and the fear of death, playing on which any trader can filch a fortune, any blackguard gratify his cruelty, and any tyrant make us his slaves.

Lest this should seem too rhetorical a conclusion for our professional men of science, who are mostly trained not to believe anything unless it is worded in the jargon of those writers who, because they never really understand what they are trying to say, cannot find familiar words for it, and are therefore compelled to invent a new language of nonsense for every book they write, let me sum up my conclusions as dryly as is consistent with accurate thought and live conviction.

1. Nothing is more dangerous than a poor doctor: not even a poor employer or a poor landlord.
2. Of all the anti-social vested interests the worst is the vested interest in ill-health.
3. Remember that an illness is a misdemeanor; and treat the doctor as an accessory unless he notifies every case to the Public Health authority.
4. Treat every death as a possible and under our present system a probable murder, by making it the subject of a reasonably conducted inquest; and execute the doctor, if necessary, as a doctor, by striking him off the register.
5. Make up your mind how many doctors the community needs to keep it well. Do not register more or less than this number; and let registration constitute the doctor a civil servant with a dignified living wage paid out of public funds.
6. Municipalize Harley Street.
7. Treat the private operator exactly as you would treat a private executioner.
8. Treat persons who profess to be able to cure disease as you treat fortune tellers.
9. Keep the public carefully informed, by special statistics and announcements of individual cases, of all illnesses of doctors or in their families.

10. Make it compulsory for a doctor using a brass plate to have inscribed on it, in addition to the letters indicating his qualifications, the words "Remember that I too am mortal."

11. In legislation and social organization, proceed on the principle that invalids, meaning persons who cannot keep themselves alive by their own activities, cannot, beyond reason, expect to be kept alive by the activity of others. There is a point at which the most energetic policeman or doctor, when called upon to deal with an apparently drowned person, gives up artificial respiration, although it is never possible to declare with certainty, at any point short of decomposition, that another five minutes of the exercise would not effect resuscitation. The theory that every individual alive is of infinite value is legislatively impracticable. No doubt the higher the life we secure to the individual by wise social organization, the greater his value is to the community, and the more pains we shall take to pull him through any temporary danger or disablement. But the man who costs more than he is worth is doomed by sound hygiene as inexorably as by sound economics.

12. Do not try to live for ever. You will not succeed.

13. Use your health, even to the point of wearing it out. That is what it is for. Spend all you have before you die; and do not outlive yourself.

14. Take the utmost care to get well born and well brought up. This means that your mother must have a good doctor. Be careful to go to a school where there is what they call a school clinic, where your nutrition and teeth and eyesight and other matters of importance to you will be attended to. Be particularly careful to have all this done at the expense of the nation, as otherwise it will not be done at all, the chances being about forty to one against your being able to pay for it directly yourself, even if you know how to set about it. Otherwise you will be what most people are at present: an unsound citizen of an unsound nation, without sense enough to be ashamed or unhappy about it.