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THE CROYDON IMMUNISATION CHALLENGE

THERE has been a vigorous discussion on the evils of immunisation in the news and correspondence columns of "The Croydon Times." It opened with a letter to the Editor on 28th November, 1953, from Mr. H. Jarvis a local Naturopath, which reads as follows:—

CROYDON TIMES, 28th November, 1953.

Is Immunisation Unsound?

RECENTLY I received a form from the Medical Officer of Health for Croydon asking my permission to have my little boy immunised against diphtheria. As I consider the practice of immunisation unsound, I wrote to the Medical Officer pointing out that there was considerable divergence of opinion on the subject, and that I would be willing to debate the matter with him (or his representative) before a public audience.

He replied to me that he was not aware that there was any divergence of opinion on immunisation, but would not accept my invitation to debate. Surely the fact that half the children of Croydon are not immunised is due in some measure to differences of opinion? Nobody knows better than a medical officer that serious illnesses have followed immunisation, and that the public is very disturbed about the situation.

I should have thought that if a good case could be made out for immunisation that a medical officer (or his representative) would be only too pleased to come forward and assure the public, especially when we hear so much about the £800,000 a year that Croydon spends on health.—H. JARVIS.

Park-lane,
Croydon.

If in spite of his knowledge, the M.O.H. is not an effective debater, the offer to debate with a representative would have allowed him to bring forward his most capable supporter. Surely among the thousands of doctors in the country, with 150 in Croydon alone, there must be one with sufficient knowledge and faith in immunisation, coupled with ability to support it in debate. It will be noted that care was taken to extend the invitation not only to the M.O.H. himself, but to any representative he might appoint.

The above letter was duly brought to the notice of the M.O.H. who lost no time in hitting back. The following week the "Croydon Times" brought out a placard with the words "M.O.H. attacks diphtheria critics." The lengthy news item on 4th December, 1953 was as follows:—

CROYDON TIMES, 4th December, 1953.

Diphtheria Precautions still Necessary, says Medical Officer.

DR. S. L. WRIGHT, Croydon Medical Officer of Health, this week answered criticisms of immunisation against diphtheria, expressed in a letter to the "Times" last week. The correspondent alleged that the practice of immunisation was unsound and that serious illnesses had followed it.

Dr. Wright refutes any suggestion that immunisation is unsound and quotes figures claiming that following immunisation diphtheria has decreased to such an extent that so far this year no case has been reported locally. "I believe that thoughtful and prudent parents will continue to have their children immunised, realising that diphtheria is still dangerous, and immunisation which gives reasonable protection at minimum risk is still essential," he says.

The Medical Officer has the backing of Sir Herbert Williams, M.P. for Croydon East, who points out in another statement to the "Times" that the results of immunisation in Britain have been dramatic.

Dr. Wright says the nation-wide campaign against diphtheria began in this country in 1941. He continues: "It seems hardly necessary to re-state that recent immunisation reduces the risk of catching diphtheria and lessens still more the risk of dying from this disease. It is the need to continue the campaign which may now be questioned. Evidence from other areas shows that danger persists. About 65 per cent. of Croydon children under 15 years of age are now protected and to ensure continued freedom from diphtheria in Croydon, this percentage must at least be maintained.

"Both the Ministry of Health and the local health authorities seek to prevent illness by measures which careful scrutiny of prolonged trials prove safe and effective, and to ensure by constant re-examination that these criteria are maintained."

Dr. Wright gives these figures for Croydon:

Year	Cases	Deaths	Children immune
1936—40	1,025	59	5,258
1941—45	217	11	20,756
1946—50	71	5	18,384
1951... ..	Nil	Nil	3,436
1952... ..	1	Nil	2,833
1953 to date	Nil	Nil	2,425

Sir Herbert Williams says he was very disturbed and rather shocked to read the letter in last week's edition. "I am very worried lest this letter may induce parents to decline to have their children immunised," he says. "The results of immunisation have been dramatic. Before the recent war there were 70,000 or 80,000 cases a year of the foul disease diphtheria and over 3,000 deaths. Immunisation was introduced generally in 1942.

"The results for the United Kingdom are shown in the following figures of deaths and notifications:

Year	Deaths	Notifications
1941... ..	3,268	64,794
1942... ..	2,148	52,074
1943... ..	1,643	44,176
1950... ..	58	1,178
1951... ..	40	843
1952... ..	40	478

"Notification is compulsory and immunisation is voluntary, but I am glad to say that a very high percentage of the population have their children immunised."

Dr. Wright said that serious illnesses do not follow diphtheria immunisation, although this was so in the case of yellow fever immunisation.

It will be noticed that no mention is made of the invitation to debate. This unpardonable omission reduces all other points to insignificance. A layman, so far as he is concerned, a humble citizen of Croydon whose health is in his care, challenges the medical profession to debate one of their most cherished theories—and they decline. Can it be that they know the opposition is unanswerable, or is it that they are not sufficiently convinced themselves? When they make their arrogant claims and are not prepared to discuss them in an intelligent way before the public, whom they are supposed to serve, then one cannot help regarding the whole thing as very unsatisfactory. The method of debate on subjects in which there is difference of opinion is so well established in a democratic community, forming the basis of parliament and the law, as well as of other learned societies, that such refusal by the medical profession seems most significant, and is itself a strong argument against immunisation.

What have they to lose by being honest, courageous, and true to their principles? If they are sure of exposing an opponent and the Anti-Vaccination League, why hesitate? For our part we have no personal motive in such a debate other than the satisfaction of having searched for the truth. We are fortunately free to object to these filthy practices, but only because those who have gone before us have stood up to the medical oligarchy, which acts as if it alone has any right to express an opinion.

If liberty of thought and speech is the price of perpetual vigilance, then perpetual vigilance it must be, for the alternative would be compulsory immunisation and vaccination for all.

This lengthy article of the M.O.H. reveals the weakness completely. "About 65% of Croydon children are now protected," declares Dr. Wright. He then shows that during 1951, 1952 and 1953 there were less than 9,000 children immunised in Croydon. Now as Croydon has nearly 90,000 children under 15 years of age, this means that only 10% are effectively immunised, for immunisation lasts, or is effective for only 3 years according to the British Medical Journal, May 2nd, 1953. To quote figures going back to 1936 is absurd, for if the children were only one year old when immunised, they would be 17 years of age in 1953, and therefore not fall into the category of those under 15 which he cites. In any case the whole of the data is presented in a slipshod manner. Under the heading "Year" we have for example the four year period 1936 to 1940, etc. We are left to guess whether the figures set against this represent the annual numbers, or totals for the period. Further, we are left wondering whether children immunised include those supposed to be enjoying the effect of immunisation through past injections or those actually treated during the period in point.

The following three letters occurred in the "Croydon Times" of 11th December, 1953:—

CROYDON TIMES, 11th December, 1953.

Is Immunisation Unsound?

IN REPLY to my letter, Dr. S. L. Wright, Croydon Medical Officer of Health gives some figures to show that diphtheria has declined since the introduction of immunisation. He could have given the same figures to show that diphtheria has steadily declined since the introduction of television; the point being that he has given no proof that the former has any connection with the latter. I suggest that improved hygienic conditions is the real explanation.

Dr. Wright admits that 35 per cent. of the children of Croydon are not immunised. This means that many thousands of children in Croydon are not "protected" against diphtheria. If this protection means so much, then how is it that there is not, and has not been, a serious epidemic among all these children?

The only form of immunisation is the natural resistance of the individual. It is only our natural resistance that protects us from a hundred things which threatens us daily. Surely it must seem fundamentally unsound to everybody to inoculate a healthy and perfectly fit child merely because it is thought he might catch something? Why not cut out everybody's appendix and tonsils because they might one day endanger their life?—H. JARVIS.

Park-lane,
Croydon.

Question for M.O.H.

It is a healthy sign to see an open discussion on immunisation in your columns.

Dr. S. L. Wright, in his reply, overlooks the better sanitation and hygiene during recent years contributing to the decrease in diphtheria.

Mr. H. Jarvis claims that serious illnesses do follow immunisation, yet Dr. S. L. Wright said that this is not so. May I ask Dr. S. L. Wright if it is true that instructions have been given to all M.O.H. to cease immunisation in districts where there is an outbreak of polio?

—G. E. JACKAMAN,

Hon. Secretary, the Healthy Life Society.

Croydon.

Debate Wanted.

MAY I express my appreciation that you have opened your columns to a discussion on immunisation. As a mother of a little boy and as one who is confronted with these conflicting views, I find myself in agreement with Mr. Jarvis for his suggestion of a public debate, so that I and others like me could be given an opportunity to hear both sides of this grave question.—(Mrs.) M. MARTIN.

Grange Lodge,
Upper Norwood, S.E.19.

In his answer to these letters the M.O.H. selects three things for reply. Notice carefully how he manoeuvres and still refuses to face the idea of a debate, in spite of another reader welcoming it.

CROYDON TIMES, 18th December, 1953.

Immunisation: M.O.H. Replies.

THREE POINTS would appear to require comment:

1. Is the virtual disappearance of diphtheria due not to immunisation but improved hygienic conditions?

If true, this would be most gratifying. Unfortunately, the figures for other infectious diseases of childhood—measles, scarlet fever, whooping cough, etc., show that better general health and hygiene have failed completely to diminish their frequency.

2. Why have the unprotected children shared the freedom from diphtheritic infection?

Because the likelihood of epidemics in any community diminishes as the numbers of immune individuals increases. The unprotected minority owe their relative safety to the positive action of the prudent majority.

3. Is the postponement of immunisation recommended when there is an outbreak of poliomyelitis?

When poliomyelitis is exceptionally prevalent we follow the advice of the Ministry of Health and recommend postponement of immunisation.—S. L. WRIGHT, Medical Officer of Health.

Public Health Dept.,
Wellesley-road,
Croydon.

In the issue of the "Croydon Times" for 25th December, 1953, appeared the following three letters:—

CROYDON TIMES, 25th December, 1953.

Immunisation.

IMPROVED hygienic conditions have contributed to the decrease in diphtheria in the same way as in cholera and smallpox. How many children are there in Croydon? And what is the total number of unprotected children?

The Medical Officer of Health does not tell us why the Ministry of Health recommends the postponement of immunisation where there is an outbreak of poliomyelitis. In admitting this the M.O.H. has contradicted himself for he previously declared that no serious illness follows immunisation.—G. E. JACKAMAN.

Selsdon-vale,
Selsdon.

Why no Debate?

I WAS PLEASED to see that your paper is giving publicity to "immunisation," a matter which is vital to the general public.

Its application has no logical foundation, and it is "gilding the lily" to make comparisons with war-time conditions to try to establish a claim in favour of the practice.

I cannot understand why the medical profession persist in avoiding a public debate on the subject, if they are so sure of their facts. Is it, I wonder, that they would find it hard to explain why there have been no deaths from diphtheria amongst the 35 per cent. of the borough's child population that have not been immunised?

The public cannot realise the extent of the diabolical experiments, on humans and animals alike, in order to arrive at this result. One case of diphtheria, 65 per cent. immunised, no deaths; 35 per cent. not immunised, no deaths. Where is the logic?—H. J. WEST.

Norbury.

Effect of Health and Hygiene.

DR. WRIGHT claims that better health and hygiene have failed completely to diminish measles, scarlet fever and whooping cough, and therefore infers that it has not been responsible for the decline in

diphtheria. His contention is not supported by the following figures from the Registrar-General's Report for England and Wales, giving the number of deaths.

	1916	1951
Measles	5,413	317
Scarlet Fever	1,381	37
Whooping Cough	6,075	456
Diphtheria	5,366	33

The M.O.H. has failed to observe that diphtheria deaths declined from 5,366 in 1916 to 2,130 in 1939 before the immunising campaign started. There is no real proof at all that immunisation has anything at all to do with the decline in diphtheria. The year 1941 was a war year when soap was rationed and thousands of children were sleeping in unhealthy shelters and underground stations. Sewers and drains were burst open and many lavatories needed attention—no wonder diphtheria increased at that time.

It is known that immunisation only protects, if at all, for a few years, so those figures going back to 1936 mean nothing. We can rely on the last three years, however, when only 9,000 of Croydon's estimated 90,000 were immunised. The vast majority—about 90 per cent.—are either not immunised or have been immunised so long ago that no medical officer would consider them "adequately protected." Therefore I ask again, why is there no epidemic of diphtheria?

I am obliged to the M.O.H. for his admission that he follows the advice of the Minister of Health, who recommends the postponement of immunisation when polio is about. Is it not because polio has developed in the immunised arm that such a principle was adopted? This is mainly what I was referring to when I stated that serious illnesses have followed immunisation, but other damage to health has also been observed.—H. JARVIS.

Park-lane,
Croydon.

We note that another reader comes forward requesting a debate. It appears that the public have noticed the weak spot in all this medical shadow boxing. In this contribution we see how other diseases have declined although the M.O.H. stated that they have not. That Cholera and Typhus have completely disappeared in England, where they were once rife, and without any vaccine or immunisation, should be sufficient argument to silence the medical opposition for all time. Possibly they realise this.

The following letter appeared in the "Croydon Times" for 1st January, 1954:—

CROYDON TIMES, 1st January, 1954.

Immunisation.

(From Sir Herbert Williams, Bart., M.P. for Croydon East.)

I SEE from your current number that the opponents of immunisation against diphtheria are still very active and equally ill-informed.

As one who has had a scientific mathematical training I know how easy it is for people to go astray about statistics. First of all we have to collect them accurately and then we have to interpret them intelligently, and most people fall down on the latter.

If one half of the people are successfully immunised then the centres of infection are reduced by half, the people who can be infected are reduced by half and so the total number of infections is likely to be

reduced to a quarter. If immunisation is extended to two-thirds, the centres of infection are reduced to one-third and the number who can be infected to one-third, so the number of infections is likely to be reduced to one-ninth.

In pre-war days, of those born about one in ten caught diphtheria. The rest either inherited immunity or were not exposed to infection. The people who have never experienced a case of diphtheria in their families because of this immunity are not likely to worry about a peril with which they are unfamiliar, and it is precisely those people in the main who have not been immunised. That explains why it is that the infections have not been reduced merely to one-ninth, but to about 1/130th since 1941 when immunisation was just beginning on a substantial scale.

Mr. H. Jarvis draws attention to something that is quite true, namely that for many years the deaths from measles, scarlet fever, whooping cough and diphtheria have been falling. He therefore contends that the extraordinary fall in diphtheria is due to some general condition and not to immunisation. This is where he goes wrong.

The letter from Mr. H. J. West reveals the inspiration, namely the anti-vivisectionist societies that spend a lot of money in doing nothing of any use either to man or animal.—HERBERT G. WILLIAMS.

Abbey House,
Victoria-street, S.W.1.

So we see that the M.O.H. has succeeded in enlisting the M.P. for Croydon East. This letter gave many the impression that the M.O.H., still evading the challenge to debate, thought that the name of Sir Herbert Williams would frighten any such ideas out of our minds. Here was a big brother ready to hit us if we became saucy! The letter, however, contributes nothing to resolving the muddle into which the M.O.H. finds himself, as every reader will observe.

In the "Croydon Times" of 8th January, 1954, the correspondence proceeds:—

CROYDON TIMES, 8th January, 1954.

Immunisation—Continued.

(From Sir Herbert Williams, Bart., M.P. for East Croydon.)

I EXPECT because of its great length the following sentences were left out of my letter on "Immunisation." If you could publish them I shall be most grateful because they are a conclusive answer to these people:

"Of the four diseases (measles, scarlet fever, whooping cough and diphtheria) two are notifiable, namely diphtheria and scarlet fever. Taking the whole of the United Kingdom the deaths from diphtheria have fallen from 3,268 in 1941 to 40 in 1952, and in the case of scarlet fever from 168 to 25, but when we examine the figures with regard to the number of cases notified a very different picture is shown. The infections of diphtheria have fallen from 64,794 in 1941 to 478 in 1952. In the case of scarlet fever there has been no decline. There are big fluctuations from year to year. In 1941 there were 69,598 cases and in 1952 there were 79,409.

"From what I have been told by medical men, scarlet fever has become much less virulent—a kind of change which seems to happen over the centuries to many germs.

"Quite clearly there has been no general change due to sanitation or anything else which has brought about the reductions in the deaths

from diphtheria, because if there had, it would also have brought about a great reduction in the cases of scarlet fever, which still are, in some years, an increase over 1941 and in other years a decrease."

—HERBERT G. WILLIAMS.

Abbey House,
Victoria-street, S.W.1.

I HAVE followed with interest the dispute on immunisation, but would like to know the answer to the question raised by Mr. Jarvis that there was an enormous decline in diphtheria long before immunisation began, and that many diseases (cholera and typhus) have disappeared.

If the latter is not due to better hygiene, then to what it is due? Immunisation cannot be claimed.—(Miss) E. BLACKER.

Brighton-road,
Sutton.

I CANNOT understand why Sir Herbert Williams should answer questions put to the Medical Officer of Health, who has the necessary medical knowledge.

Sir Herbert Williams does not give us any facts in his scientific mathematical interpretation.

Can Sir Herbert Williams explain why the number of deaths from diphtheria decreased from 5,336 in 1916 to 2,130 in 1939 before the immunisation campaign?—G. E. JACKAMAN.

Selsdon-vale,
Selsdon.

I NOTICE that the Medical Officer does not trouble to dispute the figures I gave to show that diphtheria as well as scarlet fever, measles and whooping cough have all declined long before any immunising campaign started. Neither the M.O.H. nor Sir Herbert Williams make any effort to dispute this—so where is the argument for immunisation? Incidentally, I notice that Sir Herbert affirms that the three last-named diseases have also declined, which contradicts the M.O.H. on this point.

Among his high-sounding mathematical arguments Sir Herbert gives no figures, and not a grain of evidence that immunisation is responsible for the decline in diphtheria. May I extend a formal and friendly invitation to him to debate this matter in public?—

H. JARVIS.

Park-lane,
Croydon.

(Mr. P. Hughes, of Birchanger-road, South Norwood, writes that he is also interested in arranging a debate on the subject.)

I AM SURPRISED to note that Sir Herbert Williams has taken up the cudgels on behalf of the Croydon Medical Officer of Health with regard to immunisation. Does this mean that the subject has passed from the realms of medicine into that of politics?

Sir Herbert has avoided attempting to answer the questions raised in the correspondence, and this in itself is a sign of weakness.

In his reference to vivisection, surely he must agree that this diabolical practice is not in accordance with Christian principle, apart from the fact that the results obtained, to quote a cross-section of leading medical opinion, are disappointing.—H. J. WEST.

Norbury.

After such a crop of correspondence it was to be expected that the discussion would soon be drawn to a close. The M.O.H. had withdrawn, and Sir Herbert was becoming more and more confused. The M.O.H. seems happy to leave him to take care of himself in the deep waters of medicine, where apparently he could not swim!

At this stage Mr. Jarvis decided to challenge Sir Herbert to debate the matter with him in public as he had previously invited the M.O.H., and wrote a friendly note to him personally. This invitation was rejected, but his reasons fail completely to carry conviction.

The "Croydon Times" published the final contribution in their paper for 15th January, 1954, as follows:—

CROYDON TIMES, 15th January, 1954.

Immunisation.

AFTER THE M.O.H. recently refused to accept my invitation to debate on immunisation, I approached Sir Herbert Williams, seeing that he has taken over the discussion. He answers that he never undertakes debates in his own constituency. I would have thought that this was the very place in which to conduct such a debate, but if Sir Herbert prefers I am quite willing to debate elsewhere, for example, South Croydon or London.

Sir Herbert sent me the part of his previous letter omitted from the "Croydon Times", but on reading this I can quite understand why the Editor deleted it, for never was so little said in so many words.

Park-lane,
Croydon.

—H. JARVIS.

(We have received other letters on this subject, which has been well-ventilated in these columns and must now be regarded as closed.—EDITOR.)

The grounds for his refusal are extraordinary. Sir Herbert is at least a practised public speaker, and well used to taking care of himself in debate. He has everything to gain by appearing before his own constituents, and should be able to capitalise the situation. He wrote all the above in a personal letter to Mr. Jarvis and concluded with the sentence: "I think you are a menace to the population." Here, at last, he reveals his true character. It is an old maxim that "when you have no satisfactory answer, you abuse your opponent." He demonstrates admirably that "Politicians rush in where doctors fear to tread."

A short but very important paragraph was omitted by the Editor from a letter of 11th December in which a comparison was made with smallpox to illustrate a point. It reads:

"It is well-known that a few years after vaccination was made compulsory in England (when nobody could escape being vaccinated, there being no conscientious objectors to the practice), there was the greatest smallpox epidemic in this country of which we have official figures, and in one year 41,000 people died of smallpox. Today with half the population unvaccinated, a smallpox death is of such rare occurrence that it receives a headline in the newspapers. What then has caused the decrease in smallpox, which is another disease of filth similar to diphtheria? Surely it is better sanitation."

Perhaps this paragraph was omitted because it deals with smallpox and not diphtheria. The point was, of course, that it was driving home the sanitation argument which is so well exemplified in the case of smallpox. The orthodox answer to this gem of evidence is that it was in the early days when glycerine had not yet been used in connection with vaccination; but we can now quote the terrible example of the Philippine Islands—the most vaccinated country in the world, where recent epidemics have been responsible for 60,000 deaths from smallpox. Again orthodoxy would declare that, if they were not so thoroughly vaccinated there would have been many times this number of deaths. This gives us occasion to state that in a 14-year-period in England, 1933-1946 inclusive, not one child under 12 months of age died of smallpox, but 51 died of post-vaccinal-encephalitis, as mentioned by the Minister of Health in reply to a question in the House of Commons. So much for the old argument that during the great 1871 smallpox epidemic the calf lymph used was not so good and well-tested as the present vaccine. So efficient is the modern vaccine that it is actually responsible for deaths where smallpox has disappeared!

What is the prospect in store for us if we go on submitting to these artificial props? Individuals of the future will be unable to face life at all without injections of germs and viruses (or their products) into their veins for this, that, or the other disease. Medical ideas have been, and still are, developing hopelessly in the wrong direction.

The only real immunisation is the natural resistance of the individual. These artificial practices contribute absolutely nothing to that end, but very often lull the recipient into a false sense of security, so that they disregard elementary hygiene with belief that they are "protected."

It may be difficult to prove, but evidence seems to be accumulating that the wholesale employment of these methods of injections into the blood stream of substances which are toxic to the body, probably contributes to the alarming increase in thrombosis and cancer.

With all Sir Herbert's mathematical training he seems quite unable to appreciate the significance of the fact that the Minister of Health has admitted that there have been over 30,000 cases of diphtheria among immunised children in England since the campaign started in 1941.

Neither Sir Herbert Williams nor the M.O.H. have been able to produce a grain of evidence towards proving that the fall in diphtheria is due to immunisation. What they have done is to state that cases of the disease have decreased, which nobody will deny. We maintain that it is due to better hygiene and sanitation, and prove it by analogy with other diseases of a comparable nature.

We hope that this pamphlet duly sets on record that the authorities when faced with inconvenient hard facts turn their backs on the critics and run away. They are intellectually dishonest, and lack moral courage. We trust we have contributed a little toward exposing the utter fallacy of immunisation as well as its evils.

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THIS LITERATURE WAS COLLECTED
FROM VARIOUS SOURCES
OVER THE YEARS OF MY RESEARCH
ON VACCINATION
WHICH STARTED IN SEPTEMBER 1991.

FORTUNATELY I RECEIVED
SEVERAL DOCUMENTS
AND BOOKS FROM INDIVIDUALS
WHO HAD BEEN INVOLVED IN
THE ANTI-VACCINATION LEAGUE OF GREAT BRITAIN
DURING THEIR LIFE TIME.

THE LATE DR GORDON LATTO, WHO SERVED AS THE MEDICAL
VICE PRESIDENT OF THE LEAGUE DURING THE MID 1900s.
ALSO, IAN & MONIQUE STIRLING TO NAME A FEW.

ALSO THANKS TO JOHN WANTLING, AN INDEPENDENT
RESEARCHER, FOR PATIENTLY PHOTOCOPYING
NUMEROUS ARCHIVE PUBLICATIONS & FORWARDING
COPIES TO ME BACK IN THE MID-NINETIES.

I HAVE SCANNED THESE PUBLICATIONS & LITERATURE
TO PRESERVE THE WEALTH OF INFORMATION
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IN THE HOPE THAT THEY WILL BE CIRCULATED
& MADE AVAILABLE TO ANYONE WHO WISHES
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