B.C.G. AND VOLE BACILLUS VACCINES

On February 25th, the British Medical Journal published the report of the Medical Research Council on vaccination against tuberculosis. Space limitations have delayed any reference to this report, and it is regretted that our quotations from it must be further postponed. However, special notice must be taken of a letter by Dr. E. F. James, of Dungannon, Co. Tyrone, in the British Medical Journal for October 6th, criticising the acceptance of this report as evidence in favour of B.C.G. vaccination.

Dr. James says this has been accepted "with such an astonishing lack of critical examination that it seems most important to draw attention to those parts of the report which are in need, at least, of clarification".

In regard to the method of dealing with the complications of vaccination Dr. James writes:

The report states (page 417): "Leaflets describing the normal course of the vaccination reaction were given to the vaccinated children, and they were instructed to report any abnormality to the school medical officer. By these measures a few cases of regional adenitis were brought to the notice of the teams, but there was no evidence that such complications were common." Just how uncommon they were is not mentioned, but of the complications of which a record was kept there were two cases of erythema nodosum after B.C.G. vaccination and three cases of tuberculous adenitis caused by vaccination with the vole bacillus. In addition, vole bacillus vaccination resulted in an unspecified number of lesions indistinguishable from lupus vulgaris, of which twenty-two were severe enough to need treatment.

Dr. James considers that the true tuberculosis morbidity in this group of children consisted of all the patients who had tuberculous lesions, whether they were caused by infection with the human tubercle bacillus or by vaccination. However, all the complications he refers to were excluded from the calculations from which the incidence of tuberculosis in the vaccinated children was assessed. Only those lesions which appeared to have been caused by the human tubercle bacillus were recorded as "cases of tuberculosis" even if vaccination had caused similar lesions or perhaps worse-although, as Dr. James points out, "before the days of chemotherapy lupus vulgaris was a very terrible form of tuberculosis". He comments: "It is scarcely surprising, therefore, that the vaccinated children seemed to have less tuberculosis than the unvaccinated", and he points out that "if the twenty-seven known cases of complications of vaccination are added to the twenty cases of tuberculosis" which were found in this group "the incidence is little different from that in the unvaccinated children".

Dr. James's second criticism is of the efficiency of the follow-up. He maintains that it must have been extremely difficult to keep in touch with 56,700 children. Contact was maintained by personal letter, by a visit from a health visitor, and, within each eighteen-month period, by X-ray examination of the chest. More than

90 per cent of the participants were investigated by one or other of these methods. Dr. James considers that only the X-ray examination can be regarded as having been of any scientific significance in diagnosing tuberculosis, and he declares that from the random sample on which these results are based it would seem that 3,036 of the controls and 5,586 of the vaccinated were not X-rayed after admission to the survey. The numbers having a chest radiograph during the period of the follow-up were 77 per cent of the unvaccinated controls, 74 per cent of the B.C.G. vaccinated, and 70 per cent of the vole bacillus vaccinated.

Finally, Dr. James reminds readers that the survey was carried out in three separate centres, London, Birmingham, and Manchester, but, he says, the report does not state whether or not the cases of tuberculosis were distributed evenly between the different groups in the different areas. If, for instance, he says, most of the cases amongst the vaccinated occurred in London and most of those amongst the unvaccinated in Birmingham or Manchester, accidental environmental factors or the application of different diagnostic criteria might easily account for an apparent protective effect of vaccination.

Dr. James concludes: "There is little in the report, therefore, to suggest that vaccination against tuber-culosis is any more effective now than it was in 1927, when the Editor of the *British Medical Journal* exposed Calmette's fallacious claims for B.C.G."

INFANTS' DEATHS FROM WHOOPING-COUGH AND TUBERCULOSIS

According to Table 27 in the Registrar-General's Annual Report for England and Wales for 1954, tuber-culosis killed 36 infants under one year of age; whooping-cough killed 95.

Tuberculosis deaths are divided into tuberculosis of respiratory origin, tuberculosis of meninges and central nervous system, and disseminated tuberculosis. Whooping-cough deaths are divided into whooping-cough without mention of pneumonia and whooping-cough with pneumonia.

Of the 95 whooping-cough deaths (47 in the first division and 48 in the second), 2 were 3 weeks old, 38 were between 4 weeks and 2 months, 29 were between 3 and 5 months, 18 were between 6 and 8 months and 8 were 9 to 11 months.

Since nearly half the number were under 2 months of age, and more than two-thirds less than 5 months, it is hardly possible that inoculation against whooping cough would make any difference to the death-rate of babies from that disease—a death-rate which is already very low without inoculation.

Have you renewed your subscription to the League and/or The Vaccination Inquirer?

Have you sent a donation to the Special Fund?

THE ARCHIVE COLLECTION

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

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

THE LATE DR GORDON LATTO, WHO SERVED AS THE MEDICAL VICE PRESIDENT OF THE LEAGUE DURING THE MID 1900s.

ALSO, IAN & MONIQUE STIRLING TO NAME A FEW.

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

I HAVE SCANNED THESE PUBLICATIONS & LITERATURE
TO PRESERVE THE WEALTH OF INFORMATION
CONTAINED WITHIN THESE DOCUMENTS
IN THE HOPE THAT THEY WILL BE CIRCULATED
& MADE AVAILABLE TO ANYONE WHO WISHES
TO STUDY THE HISTORICAL DATA
SURROUNDING THIS SUBJECT.

MAGDA TAYLOR

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