Dr. Mendelsohn's View on Vaccines

I know, as I write about the dangers of mass immunization, that it is a concept that you may find difficult to accept. Immunizations have been so artfully and aggressively marketed that most parents believe them to be the "miracle" that has eliminated many once-feared diseases. Consequently, for anyone to oppose them borders on the foolhardy. For a pediatrician to attack what has become the "bread and butter" of paediatric practice is equivalent to a priest's denying the infallibility of the pope.

Knowing that, I can only hope that you will keep an open mind while I present my case. Much of what you have been led to believe about immunizations simply isn't true. I not only have grave misgivings about them; if I were to follow my deep convictions in writing this chapter, I would urge you to reject all inoculations for your child. I won't do that, because parents in about half the states have lost the right to make that choice. Doctors, not politicians, have successfully lobbied for laws that force parents to immunize their children as a prerequisite for admission to school.

Even in those states, though, you may be able to persuade your paediatrician to eliminate the pertussis (whooping cough) component from the DPT vaccine. This immunization, which appears to be the most threatening of them all, is the subject of so much controversy that many doctors are becoming nervous about giving it, fearing malpractice suits. They should be nervous, because in a recent Chicago case a child damaged by a pertussis inoculation received a $5.5 million settlement award. If your doctor is in that state of mind, exploit his fear, be-cause your child's health is at stake.

Although I administered them my-self during my early years of practice, I have become a steadfast opponent of mass inoculation because of the myriad hazards they present. The subject is so vast and complex that it deserves a book of its own. Consequently, I must be content here with summarizing my objections to the fanatic zeal with which pediatricians blindly shoot foreign proteins into the body of your child without knowing what eventual damage they may cause.

Here is the core of my concern:

I. There is *no convincing scientific evidence that mass inoculations can* be *credited with eliminating any childhood disease.* While it is true that some once common childhood diseases have diminished or disappeared since inoculations were introduced, no one really knows why, although improved living conditions may be the reason. If immunizations were responsible for the diminishing or disappearance of these diseases in the United States, one must ask why they disappeared simultaneously in Europe, where mass immunizations did not take place.

2. It is commonly believed that the Salk vaccine was responsible for halting the polio epidemics that plagued American children in the 19405 and 1950s. If so, why did the epidemics also end in Europe, where polio vaccine was not so extensively used? Of greater current relevance, why is the Sabin virus vaccine still being administered to children when Dr. Jonas Salk, who pioneered the first vaccine, points out that Sabin vaccine is now causing most of the polio cases that appear. Continuing to force this vaccine on children is irrational medical behaviour that simply confirms my contention that doctors consistently repeat their mistakes. With the polio vaccine we are witnessing a rerun of the medical reluctance to abandon the smallpox vaccination, which remained as the only source of smallpox-related deaths for three decades after the disease had disappeared.

Think of it! *For thirty years kids died from smallpox vaccinations even though no longer threatened by the disease.*

3. There are significant risks associated with every immunization and numerous contraindications that may make it dangerous for the Shots to be given to your child. Yet doctors administer them routinely,

usually without warning parents of the hazards and without determining whether the immunization is contraindicated for the child. No child should be immunized without making that determination, yet small armies of children are routinely lined up in clinics to receive a shot in the arm with no questions asked by their parents!

4 *While the myriad short-term hazards of most immunizations are known (but rarely explained), no one knows the long term consequences of injecting foreign proteins into the body of your child.* Even more shocking is the fact that no one is making any structured effort to find out.

5. There is growing suspicion that immunization against relatively harm-less childhood diseases may be responsible for the dramatic increase in auto-immune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia. rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome. An autoimmune disease can be explained simply as one in which the body's defense mechanisms cannot distinguish between foreign invaders and ordinary body tissues, with the consequence that the body begins to destroy itself. Have we traded mumps and measles for cancer and leukemia?

I have emphasized these concerns because it is probable that your paediatrician will not advise you about them. At the 1982 Forum of the American Academy of Pediatrics (AAP), a resolution was proposed that would have helped insure that parents would be informed about the risks and benefits of immunizations. The resolution urged that the "ALA? make available in clear, concise language information which a reasonable parent would want to know about the benefits and risks of routine immunizations, the risks of vaccine preventable diseases and the management of common adverse reactions to immunizations." Apparently the doctors assembled did not believe that "reasonable parents" were entitled to this kind of in-formation because *they rejected the resolution!*

The bitter controversy over immunizations that is now raging within the medical profession has not escaped the attention of the media. Increasing numbers of parents are rejecting immunizations for their children and facing the legal consequences of doing so. Parents whose children have been permanently damaged by vaccines are no longer accepting this as fate but are filing malpractice suits against the manufacturers and the doctors who administered the vaccine. Some manufacturers have actually stopped making vaccines, and the lists of contraindications to their use are being expanded by the remaining manufacturers, year by year. Meanwhile, because routine immunizations that bring patients back for repeated office calls, are the bread and butter of their specialty, paediatricians continue to defend them to the death.

The question parents should be asking is: Whose death?

As a parent, only you *can* decide whether to reject immunizations or risk accepting them for your child. Let me urge you, though-before your child is immunized-to arm yourself with the facts about the potential risks and benefits and demand that your pediatrician defend the immunizations that he recommends. If you decide that you don't want to have your child immunized, but your state laws say you must, write to me, and I may be able to offer suggestions on how you can regain your freedom of choice.

MUMPS

Mumps is a relatively innocuous viral disease, usually experienced in childhood, which causes swelling of one or both salivary glands (parotids), located just below and in front of the ears. Typical symptoms are a temperature of 100-l04 degrees, appetite loss, headache, and back pain. The gland swelling usually begins to diminish after two or three days and is gone by the sixth or seventh day. However, one gland may become affected first, and the second as much as 10-l2 days later. The infection of either side confers life-time immunity.

Mumps does not require medical treatment. If your child contracts the disease, encourage him to stay in bed for two or three days, feed him a soft diet and a lot of fluids, and use ice packs to reduce the swelling. If his headache is severe, administer modest quantities of whiskey or acetaminophen. Give ten drops of whiskey to a small baby and up to one-half teaspoon to a larger one. The dose can be repeated in one hour and again in another hour, if needed.

Most children are immunized against mumps along with measles and rubella in the MMR shot that is administered at about fifteen months of age. Paediatricians defend this immunization with the argument that, although mumps is not a serious disease in children, if they do not gain immunity as children they may contract mumps as adults. In that event there is a possibility that adult males may contract orchitis, a condition in which the disease affects the testicles. In rare instances this can produce sterility.

If total sterility as a consequence of orchitis were a significant threat, and if the mumps immunizations assured adult males that they would not contract it, I would be among those doctors who urge immunization. I'm not, because their argument makes no sense. Orchitis rarely causes sterility, and when it does, because only one testicle is usually affected, the sperm production capacity of the unaffected testicle could repopulate the world! And that's not all. No one knows whether the mumps vaccination confers an immunity that lasts into the adult years. Consequently, there is an open question whether, when your child is immunized against mumps at fifteen months arid escapes this disease in childhood, he may suffer more serious consequences when he contracts it as an adult.

You won't find paediatricians advertising them, but the side effects of the mumps vaccine can be severe. In some children it causes allergic reactions such as rash, itching, and bruising. It may also expose them to the effects of central nervous system involvement, including febrile seizures, unilateral nerve deafness, and encephalitis. These risks are minimal, true, but why should your child endure them at all to avoid an innocuous diseaze in childhood at the risk of contracting a more serious one as an adult?

MEASLES

Measles, also called rubeola or 'English measles," is a contagious viral disease that can 'be contracted by touching an object used by an infected person. At the onset the victim feels tired, has a slight fever and pain in the head and back. His eyes redden and he may be sensitive to light. The fever rises until about the third or fourth day, when it reaches 103-104 degrees. Sometimes small white spots can be seen inside the mouth, and a rash of small pink spots appears below the hair line and behind the ears. This rash spreads downward to cover the body in about 36 hours. The pink spots may run together but fade away in about three or four days. Measles is contagious for seven or eight days, beginning three or four days be-fore the rash appears. Consequently, if one of your children contracts the disease, the others probably will have been exposed to it before you know the first I child is sick.

No treatment is required for measles other than bed rest, fluids to combat possible dehydration from fever, and calamine lotion or cornstarch baths to relieve the itching. If the child suffers from photophobia, the blinds in his bedroom should be lowered to darken the room. However, contrary to the popular myth, there is no danger of permanent blindness from this disease.

A vaccine to prevent measles is an-other element of the MMR inoculation given in early childhood. Doctors maintain that the inoculation is necessary to prevent measles encephalitis, which they say occurs about once in 1,000 cases. After decades of experience with measles, I question this statistic, and so do many other paediatricians. The incidence of 1/1,000 may be accurate for children who live in conditions of poverty and malnutrition, but in the middle-and upper-income brackets, if one excludes simple sleepiness from the measles itself, the incidence of true encephalitis is probably more like 1/10,000 or 1/100,000.

After frightening you with the unlikely possibility of measles encephalitis, your doctor can rarely be counted on to tell you of the dangers associated with the vaccine he uses to prevent it. The measles vaccine is associated with encephalopathy and with a series of other complications such as SSPE (subacute sclerosing panencephalitis), which causes hardening of the brain and is invariably fatal.

Other neurologic and sometimes fatal conditions associated with the measles vaccine include ataxia (inability to coordinate muscle movements), mental retardation, aseptic meningitis, seizure disorders, and hemiparesis (paralysis affecting one side of the body). Secondary complications associated with the vaccine may be even more frightening. They include encephalitis, juvenile-onset diabetes, Reye's syndrome, and multiple sclerosis.

I would consider the risks associated with measles vaccination unacceptable even if there were convincing evidence that the vaccine works. There isn't. While there has been a decline in the incidence of the disease, it began long before the vaccine was introduced. In 1958 there were about 800,000 cases of measles in the United States, but by 1962-the year *before* a vaccine appeared-the number of cases had dropped by 300,000. During the next four years, while children were being vaccinated with an ineffective and now abandoned "killed virus" vaccine, the number of cases dropped another 300,000. In 1900 there were 13.3 measles deaths per 100,000 population. By 1955, before the first measles shot, the death rate had declined 97.7 percent to only 0.03 deaths per 100,000.

Those numbers alone are dramatic evidence that measles was disappearing before the vaccine was introduced. If you fail to find them sufficiently convincing, consider this: in a 1978 survey of thirty states, more than half of the children who contracted measles had been adequately vaccinated. Moreover, according to the World Health Organization, the chances are about fifteen times greater that measles will be contracted by those vaccinated for them than by those who are not.

"Why," you may ask, "in the face of these facts, do doctors continue to give the shots?" The answer may lie in an episode that occurred in California fourteen years after the measles vaccine was introduced. Los Angeles suffered a severe measles epidemic during that year, and parents were urged to vaccinate all children six months of age and older-despite a Public Health Service warning that vaccinating children below the age of one year was useless and potentially harmful.

Although Los Angeles doctors responded by routinely shooting measles vaccine into very kid they could get their hands on, several local physicians familiar with the suspected problems of immunologic failure and "slow virus" dangers chose not to vaccinate their own infant children. Unlike their patients, who weren't told, they realized that "slow viruses" found in all live vaccines, and particularly in the measles vaccine, can hide in human tissue for years. They may emerge later in the form of encephalitis, multiple sclerosis, and as potential seeds for the development and growth of cancer.

One Los Angeles physician who refused to vaccinate his own seven-month-old baby said: "I'm worried about what happens when the vaccine virus may not only offer little protection against measles but may also stay around in the body, working in a way we don't know much about." His concern about the possibility of these consequences for his own child, however, did not cause him to stop vaccinating his infant patients. He rationalized this contradictory behaviour with the comment that "As a parent, I have the *luxury* of making a choice for my child. As a physician... legally and professionally I have to accept the recommendations of the profession, which is what we also had to do with the whole Swine Flu business."

Perhaps it is time that lay parents and their children are granted the same luxury that doctors and their children enjoy.

RUBELLA

Commonly known as "German measles," rubella is a non-threatening disease in children that does not

require medical treatment.

The initial symptoms are fever and a slight cold, accompanied by a sore throat. You know it is something more when a rash appears on the face and scalp and spreads to the arms and body. The spots do not run together as they do with measles, and they usually fade away after two or three days. The victim should be encouraged to rest, and be given adequate fluids, but no other treatment is needed.

The threat posed by rubella is the possibility that it may cause damage to the fetus if a woman contracts the disease during the first trimester of her pregnancy. This fear is used to justify the immunization of all children, boys and girls, as part of the MMR inoculation. The merits of this vaccine are questionable for essentially the same reasons that apply to mumps inoculations. There is no need to protect children from this harmless disease, so the adverse reactions to the vaccine are unacceptable in terms of benefit to the child. They can include arthritis, arthralgia (painful joints), and polyneuritis, which produces pain, numbness, or tingling in the peripheral nerves. While these symptoms are usually temporary, they may last for several months and may not occur until as long as two months after the vaccination. Because of that time lapse, parents may not identify the cause when these symptoms reappear in their vaccinated child.

The greater danger of rubella vaccination is the possibility that it may deny expectant mothers the protection of natural immunity from the disease. By preventing rubella in childhood, immunization may actually increase the threat that women will contract rubella during their childbearing years. My concern on this score is shared by many doctors. In Connecticut a group of doctors, led by two eminent epidemiologists, have actually succeeded in getting rubella stricken from the list of legally required immunizations.

Study after study has demonstrated that many women immunized against rubella as children lack evidence of immunity in blood tests given during their adolescent years. Other tests have shown a high vaccine failure rate in children given rubella, measles, and mumps shots, either separately or in combined form. Finally, the crucial question yet to be answered is whether vaccine-induced immunity is as effective and long lasting as immunity from the natural disease of rubella. A large proportion of children show no evidence of immunity in blood tests given only four or five years after rubella vaccination.

The significance of this is both obvious and frightening. Rubella is a non threatening disease in childhood, and it confers natural immunity to those who contract it so they will not get it again as adults. Prior to the time that doctors began giving rubella vaccinations an estimated 85 percent of adults were naturally immune to the disease.

Today, because of immunization, the vast majority of women never acquire natural immunity. If their vaccine-induced immunity wears off, they may contract rubella while they are pregnant, with resulting damage to their unborn children.

Being a skeptical soul, I have always believed that the most reliable way to determine what people really believe is to observe what they do, not what they say. If the greatest threat of rubella is not to children, but to the fetus yet unborn, pregnant women should be protected against rubella by making certain that their obstetricians won't give them the disease. Yet, in a California survey reported in the *Journal of the American Medical Association,* more than *90* percent of the obstetrician-gynecologists refused to be vaccinated. If doctors themselves are afraid of the vaccine, why on earth should the law require that you and other parents allow them to administer it to your kids?

WHOOPING COUGH

Whooping cough (pertussis) is an extremely contagious bacterial disease that is usually transmitted through the air by an infected person.

The incubation period is seven to fourteen days. The initial symptoms are indistinguishable from those of a common cold: a runny nose, sneezing, listlessness and loss of appetite, some tearing in the eyes, and sometimes a mild fever.

As the disease progresses, the victim develops a severe cough at night. Later it appears during the day as well. Within a week to ten days after the first symptoms appear the cough will become paroxysmal. The child may cough a dozen times with each breath, and his face may darken to a bluish or purple hue. Each coughing bout ends with a whopping intake of breath, which accounts for the popular name for the disease. Vomiting is often an additional symptom of the disease.

Whooping cough can strike within any age group, but more than half of all victims are below two years of age. It can be serious and even life-threatening, particularly in infants. Infected persons can transmit the disease to others for about a month after the appearance of the initial symptoms, so it is important that they be isolated, especially from other children.

If your child contracts whooping cough, there is no specific treatment that your doctor can provide, nor is there any you can apply at home, other than to encourage your child to rest and to provide comfort and consolation. Cough suppressants are sometimes used, but they rarely help very much and I don't recommend them. However, if an infant contracts the disease, you should consult a doctor because hospital care may be required. The primary threats to babies are exhaustion from coughing and pneumonia. Very young infants have even been known to suffer cracked ribs from the severe coughing bouts.

Immunization against pertussis is given along with vaccines for diphtheria and tetanus in the DPT inoculation. Although the vaccine has been used for decades, it is one of the most controversial of immunizations. Doubts persist about its effectiveness, and many doctors share my concern that the potentially damaging side effects of the vaccine may outweigh the alleged benefits.

Dr. Gordon T. Stewart, head of the department of community medicine at the University of Glasgow, Scotland, is one of the most vigorous critics of the pertussis vaccine. He says he supported the inoculation before 1974 but then began to observe outbreaks of pertussis in children who had been vaccinated. "Now, in Glasgow," he says, "30 per-cent of our whooping cough cases are occurring in vaccinated patients. This leads me to believe that the vaccine is not alt that protective."

As is the case with other infectious diseases, mortality had begun to decline before the vaccine became available. The vaccine was not introduced until about 1936, but mortality from the disease had already been declining steadily since 1900 or earlier. According to Stewart, "the decline in pertussis mortality was 80 percent before the vaccine was ever used." He shares my view that the key factor in controlling whooping cough is probably not the vaccine but improvement in the living conditions of potential victims.

The common side effects of the pertussis vaccine, acknowledged by *JAMA,* are fever, crying bouts, a shock-like state, and local skin effects such as swelling, redness, and pain. Less frequent but more serious side effects include convulsions and permanent brain damage resulting in mental retardation. The vaccine has also been linked to Sudden Infant Death Syndrome (SIDS). In 1978-79, during an expansion of the Tennessee childhood immunization program, eight cases of SIDS were reported immediately following routine DPT immunization.

Estimates of the number of those vaccinated with the pertussis vaccine who are protected from the disease range from 50 percent to 80 percent. According to *JAMA.* reported cases of whooping cough in the United States total an average of 1,000--3,000 per year and deaths five to twenty per year.

DIPHTHERIA

Although it was one of the most feared of childhood diseases in Grandma's day, diphtheria has now almost disappeared. Only 5 cases were reported in the United States in 1980. Most doctors insist that the decline is due to immunization with the DPT vaccine, but there is ample evidence that the incidence of diphtheria was already diminishing before a vaccine became available.

Diphtheria is a highly contagious bacterial disease that is spread by the coughing and sneezing of infected persons or by handling items that they have touched. The incubation period f6r the disease is two to five days, and the first symptoms are a sore throat, headache, nausea, coughing, and a fever of l00-l04 degrees. As the disease progresses, dirty-white patches can be observed on the tonsils and in the throat. They cause swelling in the throat and larynx that makes swallowing difficult and, in severe cases, may obstruct breathing to the point that the victim chokes to death. The disease requires medical attention and can be treated with antibiotics such as penicillin or erythromycin.

Today your child has about as much chance of contracting diphtheria as she does of being bitten by a cobra. Yet millions of children are immunized against it with repeated injections at two, four, six, and eighteen months and then given a booster shot when they enter school. This despite evidence over more than a dozen years from rare outbreaks of the disease that children who have been immunized fare no better than those who have not. During a 1969 outbreak of diphtheria in Chicago the city board of health reported that four of the sixteen victims had been fully immunized against the disease and five others had received one or more doses of the vaccine. Two of the latter showed evidence of full immunity. A report on another outbreak in which three people died revealed that one of the fatal cases and fourteen of twenty-three carriers had been fully immunized.

Episodes such as these shatter the argument that immunization can be credited with eliminating diphtheria or any of the other once common childhood diseases. If immunization deserved the credit, how do its defenders explain this? Only about half the states have legal requirements for immunization against infectious diseases, and the percentage of children immunized varies from state to state. As a consequence, tens of thousands-perhaps millions-of children in areas where medical services are limited and paediatricians almost nonexistent were never immunized against infectious diseases and therefore should be vulnerable to them. Yet the incidence of infectious diseases does not correlate in any respect with whether a state has legally mandated mass immunization or not.

In view of the rarity of the disease, the effective antibiotic treatment now available, the questionable effectiveness of the vaccine, the multimillion dollar annual cost of administering it, and the ever-present potential for harmful, long-term effects from this or any other vaccine, I consider continued mass immunization against diphtheria indefensible. I grant that no significant harmful effects from the vaccine have been identified, but that doesn't mean they aren't there. In the half century that the vaccine has been used no research has ever been undertaken to determine what the long-term effects of the vaccine may be!

CHICKEN POX

This is my favorite childhood disease, first because it is relatively innocuous and second because it is one of the few for which no pharmaceutical manufacturer has yet marketed a vaccine. That second reason may be short-lived, though, because as this is written there are reports that a chicken pox vaccine soon may appear.

Chicken pox is a communicable viral infection that is very common in children. The first signs of the disease are usually a slight fever, headache, backache, and loss of appetite.

After a day or two, small red spots appear, and within a few hours they enlarge and become blisters. Ultimately a scab forms that peels off, usually within a week or two. This process is accompanied by severe itching, and the child should be encouraged not to scratch the sores. Calamine lotion may be

applied, or cornstarch baths given, to relieve the itching.

It is not necessary to seek medical treatment for chicken pox. The patient should be encouraged to rest and to drink a lot of fluids to prevent dehydration from the fever.

The incubation period for chicken pox is from two to three weeks, and the disease is contagious for about two weeks, beginning two days after the rash appears. The child should be isolated during this period to avoid spreading the disease to others.

TUBERCULOSIS

Parents should have the right to assume, and most do assume, that the tests their doctor gives their child will I produce an accurate result.

The tuberculin skin test is but one example of a medical test procedure in which that is definitely not the case. Even the American Academy of Pediatrics, which rarely has anything negative to say about procedures that its members routinely employ, has issued a policy statement that is critical of this test. According to that statement,

Several recent studies have cast doubt on the sensitivity of some screening tests for tuberculosis. Indeed a panel assembled by the Bureau of Biologics has recommended to manufacturers that each lot be tested in fifty known positive patients to assure that preparations that are marketed are potent enough to identify everyone with active tuberculosis. However, since many of these studies have not been conducted in a randomized, double-blind fashion and/or have included many simultaneously administered skin tests (thus the possibility of suppression of reactions), interpretation of the tests is difficult.

That statement concludes, "Screening tests for tuberculosis are not perfect, and physicians must be aware of the possibility that some false negative as well as positive reactions may be obtained."

In short, your child may have tuberculosis even though there is a negative reading on his tuberculin test. Or he may not have it but display a positive skin test that says he does. With many doctors, this can lead to some devastating consequences. Almost certainly, if this happens to your child, he will be exposed to needless hazardous radiation from one or more x-rays of his chest. The doctor may then place him on dangerous drugs such as isoniazid for months or years "to prevent the development of tuberculosis." Even the AMA has recognized that doctors have indiscriminately over prescribed isoniazid. That's shameful, because of the drug's long list of side effects on the nervous system, gastrointestinal system, blood, bone marrow, skin, and endocrine glands. Also not to be overlooked is the danger that your child may become a pariah in your neighborhood because of the lingering fear of this infectious disease.

I am convinced that the potential consequences of a positive tuberculin skin test are more dangerous than the threat of the disease. I believe parents should reject the test unless they have specific knowledge that their child has been in contact with someone who has the disease.

SUDDEN INFANT DEATH SYNDROME (SIDS)

The dreadful possibility that they may awaken some morning to find their baby dead in his crib is a fear that lurks in the mind of many parents. Medical science has yet to pinpoint the cause of SIDS, but the most popular explanation among researchers appears to be that the central nervous system is affected so that the involuntary act of breathing is suppressed.

That is a logical explanation, but it leaves unanswered the question: What caused the malfunction in the central nervous system? My suspicion, which is shared by others in my profession, is that the nearly 10,000 SIDS deaths that occur in the United States each year are related to one or more of the vaccines

that are routinely given children. The pertussis vaccine is the most likely villain, but it could also be one or more of the others.

Dr. William Torch, of the University of Nevada School of Medicine at Reno, has issued a report suggesting that the DPT shot may be responsible for SIDS cases. He found that two-thirds of 103 children who died of SIDS had been immunized with DPT vaccine in the three weeks before their deaths, many dying within a day after getting the shot. He asserts that this was not mere coincidence, concluding that a "causal relationship is suggested" in at least some cases of DIPT vaccine and crib death. Also on record are the Tennessee deaths, referred to earlier. In that case the manufacturers of the vaccine, following intervention by the U.S. surgeon general, recalled all unused doses of this batch of vaccine.

Expectant mothers who are concerned about SIDS should bear in mind the importance of breastfeeding to avoid this and other serious ailments. There is evidence that breastfed babies are less susceptible to allergies, respiratory disease, gastroenteritis, hypocalcaemia, obesity, multiple sclerosis, and SIDS. One study of the scientific literature about SIDS concluded that "Breast-feeding can be seen as a common block to the myriad pathways to SIDS."

POLIOMYELITIS

No one who lived through the 1940s and saw photos of children in iron lungs, saw a 'President of the United States confined to his wheel-chair by this dread disease, and was for forbidden to use public beaches for fear of catching polio can forget the fear that prevailed at the time. Polio is virtually nonexistent today, but much of that fear persists, and there is a popular belief that immunization can be credited with eliminating the disease. That's not surprising, considering the high-powered campaign that promoted the vaccine, but the fact is that no credible scientific evidence exists that the vaccine caused polio to disappear. As noted earlier, it also disappeared in other parts of the world where the vaccine was not so extensively used.

What is important to parents of this generation is the evidence that points to mass inoculation against polio as the cause of most remaining cases of the disease. In September 1977 Jonas Salk, the developer of the killed polio virus vaccine, testified along with other scientists to that effect. He said that most of the handful of polio cases which had occurred in the US since the 197Os probably were the by-product of the live polio vaccine that is in standard use in the United States.

Meanwhile, there is an ongoing debate among the immunologists regarding the relative risks of killed virus vs. live virus vaccine. Supporters of the killed virus vaccine maintain that it is the presence of live virus organisms in the other product that is responsible for the polio cases that occasionally appear. Supporters of the live virus type argue that the killed virus vaccine offers inadequate protections and actually increases the susceptibility of those vaccinated.

This offers me a rare opportunity to be comfortably neutral. .I believe that both factions are right and that use of either of the vaccines will increase, not diminish, the possibility that your child will contract the disease.

In short, it appears that the most effective way to protect your child from polio is to make sure that he doesn't get the vaccine!