

THE MEDICAL TIME BOMB OF IMMUNIZATION AGAINST DISEASE

The greatest threat of childhood diseases lies in the dangerous and ineffectual efforts made to prevent them

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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 before 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 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 another 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.