

# The Law of Unintended Consequences

## Maternal, Neonatal Deaths and Brain Injury

The Royal College of Obstetricians and Gynaecologists inquiry Each Baby Counts, examined more than 700 recent neonatal deaths and injuries. It reports that three out of every four babies may have had a different outcome, had they received different care. A recent press release, voiced concerns, in the same vein, on the enormity of the problem.

***This revelation has been a long time coming, and the results are not surprising, as this phenomena has been long recognised but never commented on by those specialising in neonatal and maternity care.***

The report recently released, examined 1136 stillbirths, neonatal deaths and brain injuries during 2015. In many of the 727 cases that could be reviewed in depth, problems with accurate assessment of foetal well being during labour, and consistent issues with staff understanding and processing of complex situations, including interpreting baby heart-rate patterns, were cited as significant factors.

**In his book, published in 2003, entitled “Children who do not look you in the eye, The Secrets of Autistic behaviour”, Professor Antonio Parisi, a neurophysiopathologist, working at the University of Naples, discussed in length the prenatal causes of encephalitic disturbance in the Chapter titled Etiopathogenesis of autism<sup>(1)</sup>**

He particularly concentrated on Hypoxy (lack of oxygen) following rapid, or over lengthy labour, leading to death, or neurological effects such as autism. Hypoxy is undoubtedly the most risky cause of prenatal disturbance, despite the fact that the brains of newborn babies are less vulnerable to a lack of oxygen than those of adults. Hypoxy is also the cause of brain injury during delivery (associated with the use of forceps or suction devices).

Tonic reflux of the neck of the birth canal eases childbirth, the lack of reflux may lead to dystocic birth, but the lack is itself caused by a disorder of the foetus, so dystocia is not the sole cause of brain injury.

This is a common occurrence in the case of autistic children. Our research team often encounters one cause of brain injury which seems to provoke further vulnerability to a second pathogenic cause of brain injury. Most cases of brain injury seem to occur at the perinatal stage.

**This is an extremely important finding and suggests that not enough is done to prevent brain injury during delivery in hospital maternity units.**

(1) Parisi, Antonio, *Children Who Do Not Look You In The Eye*. The secrets of autistic behaviour.

Napoli: Edizioni Scientifiche Italiane, 2003.

ISBN 88-8114-0597-3

Dr. Antonio Parisi, assists Dr. David Delacato at the Delacato Clinics in Sorrento and Milan for the rehabilitation of children and adults on the autistic disorder spectrum existing since the 1970's.

## **Autism and the MMR Vaccine Debate.**

Autism, a word describing a wide variety of conditions, relating in its simplistic form to observed neurological disfunctional conditions of a wide spectrum of phenotypes, caused by mutations in the genetic codes in the DNA map.

Autism is a word derived from the Greek word "autos" meaning "self, one's own" initially coined in the 19<sup>th</sup> century. It is still used today as a coverall description of hundreds of phenotypes given many syndrome titles as an identifier to their discoverers.

*In his book, "Children who do not look you in the eye", published in 2003 by Professor Antonio Parisi, on page 41 in the chapter entitled Etiopathogenesis of Autism, states that "Our research team often encounters one cause of brain injury which seems to provoke further vulnerability to a second pathogenic cause of brain injury". The debate as to the cause of the myriad of neurological dysfunctions on the Autistic Spectrum Disorder, has been a long, contentious discussion, and debated in my website The Autism Centre.*

*The most contentious issue has been the debate around the highly politicised discussion of the relationship between vaccination and autism, autism being defined to cover any syndrome relating to a neurological dysfunction caused by mutated genes. In the case of my daughter, who was 9 weeks premature, subjected to the administration of the DPT in 1991, suffering a reaction to same vaccine resulting in the contraction of a fever resulting in her doctor not giving her the second vaccination, was given the MMR vaccine in 1992, which was withdrawn weeks later from general use on the instructions of the Department of Health.*

*The DPT administered contained the whole pertussis component which was supposed to have been withdrawn before her date of vaccination, only to be given a suspect Pluserix MMR, before this was withdrawn in 1992.*

Since the introduction of the triple vaccine MMR (mumps, measles and rubella) Pluserix in the late 1980's and early 1990's subsequently being withdrawn from service in 1992, amidst controversy generated in many countries around the world, the debate has raged as to whether or not the withdrawn triple vaccine caused autism, the definition as described above.

The political debate led to the tarnishing of reputations of many eminent clinicians, and the debate continues. The continued denial of the establishment against the claim that the "MMR caused autism" has been based on the fact that the Conservative Government, that allowed the National Health Service to introduce the MMR Pluserix, gave complete freedom of indemnity against law suits being brought for any subsequent actions against the vaccine maker, for any subsequent medical condition caused by the vaccine.

The reason for its hurried withdrawal in 1992 under highly suspicious circumstances was never satisfactorily explained by the Department of Health. Numerous Parliamentary Questions were brushed aside on the basis of confidential information, as reported in Hansard at the time.

Terms of scaremongering were numerous being used by the authorities to attempt to recover the need for herd immunity in the face of diminishing vaccination levels.

The Pluserix MMR was administered to my daughter in 1992, six weeks before its withdrawal from use at the age of 1. At the age of 4 she was officially diagnosed as autistic after 2 years of clinical investigation.

For the purposes of a Vaccine Damage Tribunal hearing, extensive research was carried out on the relationship of vaccines and neurological damage and I became aware of a document entitled ABPI DATA SHEET COMPENDIUM, 1991-1992, with the code of Practise for the Pharmaceutical Industry.

This document was by Gillian Walker for Datapharm Publications Limited.

On page 1465 in the Section relating to Smith Kline & French Laboratories, in the advice for Pluserix MMR, advice is very specific that this vaccine should not be given to those known to be hypersensitive to neomycin. In other words, the vaccine was administered by clinics and other medical establishments without any previous investigations as to whether any recipient of the vaccine was in fact able to receive the vaccine on the basis of neomycin allergy. The administration of the vaccine without the neomycin allergy test being carried out could be deemed unlawful.

The relationship between the MMR Vaccine and Neomycin Allergy was discussed in an article published in February 1993 by Pamela L Kwitten et al in Am J Dis Child 1993;147(2) :128-129.doi10.1001/archpedi.1993.01260260018005 entitled MMR Vaccine and Neomycin Allergy.

Abstract:

Sir - The resurgence of childhood measles in the United States has prompted secondary immunisation with the measles, mumps and rubella (MMR) vaccine. Immediate allergic reactions to the MMR vaccine, including dyspnea and hypertension have been documented in egg-allergic individuals. Recently, five patients without a

history of egg allergy experienced similar reactions, requiring emergency treatment with antihistamines and epinephrene hydrochloride. The MMR vaccine contains hydrolised gelatin, sorbitol and neomycin sulphate (25 microgramme) Neomycin is an antibiotic that is known to cause both local and systemic allergic reactions. Our experience with the following patient suggests that hypersensitivity to these additives found in the MMR vaccine, especially neomycin, may be a factor in documented reactions in individuals without egg allergy.”

In 1996, the Department of Health, jointly with the Welsh Office, the Scottish Office Department of Health, and DHSS (Northern Ireland) published the directory Immunisation against Infectious Disease, (the Green Book), edited jointly Drs David M Salisbury and Norman T. Begg.

The section relevant to the Measles, Mumps and Rubella, is section 22, and 22.2 specifically refers to the MMR vaccine, that being MMRII from Merck, incorporating Enders’ Edmonston strain measles, RA 27/3 rubella, Jeryl Lynn mumps.

In subsection 22.6 contraindications, no reference is made to neomycin, refer to pages 135-140.

However in a Merck & Co., Inc. Document dated 2009, in the paragraph titled Description, the presence of neomycin at 25mcg (equal to that contained in the Pluserix MMR, and on page 4 under contraindications, reference is made to reactions to neomycin,

Likewise in the section titled Warnings, the AAP (American Association of Pediatrics) warn against the use of measles vaccine, where known reactions to neomycin are experienced.

On the 15<sup>th</sup> of July 2015, I attended a hearing before Upper Tribunal Judge Mitchell, at which I presented to Judge Mitchell a copy of a 1991/92 ABPI Data Sheet Compendium as evidence of allergic reaction to the presence of neomycin in the Pluserix MMR vaccine.

My argument before Judge Mitchell, set out in his rejection of my appeal hearing, was that in view of the statement in the ABPI DataSheet Compendium for 1991/1992 that their should be no administration of the vaccine containing neomycin, to recipients with a known reaction to neomycin, when the fact was clear that my daughter had never been tested for allergy response, and should have been tested, before the administration of the Pluserix MMR vaccine. I informed the Judge Mitchell, that Carina had not been tested that there was no test for hyper-sensitivity, to which the Judge thought ***that this struck him as odd as he commented that if it cannot be tested, how can anyone comply with the ABPI guidance ?***

In paragraph 14, the judge offered the following:-

“I know, from having spoken to Mr. Burn at the hearing, how disappointed he will be with my decision. But the fact that my decision is a negative one is no reflection on him. He should know I admire his obvious dedication to his daughter and the passion with which he seeks to secure her best interests. I wish him well but I cannot grant his application.”

For the record the date of signature on the original was 9<sup>th</sup> July 2015, the decision was conveyed to me on the 15<sup>th</sup> of July.

Robin Burn I Eng. FIMMM

23<sup>rd</sup> January 2018