

'sensitive' subjects, and that further examination with high potencies should be limited to those individuals.

Such large-scale provings must be difficult, as shown by the 1980 proving of *Pulsatilla* by Clover, Campbell and Jenkins, but surely anything less is unlikely to produce worthwhile information.

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Reference

1 Vithoulkas G. *The Science of Homœopathy* p. 152. New York: Grove Press Inc. 1980.

Pertussin—Br Hom J 76: 174–5

SIR,—Regarding your comments in the last few paragraphs of your report on the Liverpool 1987 Congress on the negotiations with the DHSS regarding *Pertussin*.

I was present at one of the meetings with the DHSS, along with Col. Barraclough, Mr and Mrs Viner from Weleda, and Dr June Burger. The DHSS, represented by Dr Pickles, raised the point of Dr English's study and used it against *Pertussin*, as you correctly state. I had certainly not seen a copy of the study before and I am not sure that any of the rest of us had—certainly none of us felt able under the circumstances to defend it, and I understand that it is probable that it had been issued to the DHSS without Dr English's permission.

I would further state that this was a most unsatisfactory meeting, as the DHSS, especially in the form of Dr Pickles, appeared to be totally disinterested in any good that homœopathy might do because the proof of its efficacy did not exist. This may seem a fair position to judge, but I think their true colours are revealed if I explain that, during the course of the meeting, I made a suggestion that we should carry out a prospective trial on whooping cough immunization, where one cohort was given the orthodox immunization, one cohort who was unable to have the orthodox immunization because it was contra-indicated, would have the *Pertussin*, and a further cohort of children who could not have the immunization should be given a placebo. All children would then be reviewed at yearly intervals up to the age of five, and then at five-yearly intervals up to the age of twenty, during which

time all forms of illness, both major and minor, should be recorded. This suggestion was rejected because of 'lack of funds'. I then asked the DHSS if they would be prepared to announce that they would like to undertake such a trial but that it was impossible for financial reasons; this they also refused to do.

I also have in my possession a letter from the Joint Committee on Vaccinations and Immunizations, which shows that no-one has ever done a trial where they have compared the incidence of otitis media in vaccinated and in non-vaccinated children. It is clear that immunizations have been accepted as being good without proper prospective trials, and the cost in human morbidity might well exceed the cost in dubious saving and mortality in healthy, well-nourished, well-cared for children. There are growing doubts as to the long-term safety of immunizations, and I would urge every member of the Faculty to read the recent book by Leon Chaitow—*Vaccinations and Immunizations, the Dangers: what every parent should know* published by C. W. Daniels 1987, which although very one-sided does raise horrific spectres regarding immunizations. I therefore also urge the Faculty to be careful when recommending to members that they should blindly follow the DHSS line on immunizing children against whooping cough by the ordinary immunization, until the proper trials have been done.

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Concerning Pertussin—Br Hom J 76: 175.

SIR,—It has been pointed out to me that my reported comment concerning *Pertussin* may be open to misinterpretation. Although the discussion took place after lunch, I am pretty clear in my mind that I emphasized the fact that *Pertussin*, when prescribed as a preventive, must only be provided on a medical prescription. I have no evidence to support the statement, which may have appeared as it did because of erroneous transcription.

The nosode is still available generally from pharmacies and the sole restriction is concerning the use as a prescribed medicine for prevention.

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