

How the Medical Profession Covered Up Vaccine Injuries and Called it 'Child Abuse'

By [Christina England](#)

February 14th, 2012 | <http://vactruth.com/2012/02/14/medical-cover-up-child-abuse/>



Some vaccine injuries are relabeled 'child abuse'

A short while ago I exposed a series of thirteen papers which unequivocally proved that Prof Roy [Meadow](#) the UK's most famous Munchausen Syndrome by Proxy (MSBP) expert, attended thirteen meetings on adverse reactions to vaccines just about the time MSBP rates rocketed. [1] Up to this time most people researching Meadow were only aware of him attending four meetings with the ARVI (Adverse Reactions to Vaccination and Immunizations) and a few with the CSM (Committee for the Safety of Medicine).

As exciting as the discovery of these new papers were, especially for those parents falsely accused of [Munchausen's Syndrome by Proxy](#) (MSBP) or Shaken Baby Syndrome (SBS) after a vaccine injury had affected their children, they only proved that Prof Roy Meadow had attended meetings discussing adverse reactions to vaccines; they did not prove that he actually participated in them. This is because the papers had all the professionals names blacked out by Freedom of Information (FOI). This made it impossible for the public to determine which comments were said by which professional.

Since I published my last paper however, I have received the cleaned up versions of four of those papers revealing exactly what was said and by whom. This is a breakthrough and enables parents of vaccine damaged children, accused of MSBP or SBS by Meadow, to finally have proof that Meadow not only attended these meetings but actually participated, advised and commented on the topics of **cot**

death, seizures, anaphylaxis, and the yellow card reporting system (UK reporting system for adverse reactions to vaccines.)

These papers were deemed so confidential by the UK government that they have been hidden away in government files for over twenty four years. They were marked '*Not For Publication Commercial in Confidence*'. I doubt if anyone at that time bargained for the Freedom of Information Act.

Meadow rose to fame in 1977 when he wrote a controversial paper on Munchausen by Proxy for the Lancet. The paper entitled 'The Hinterland of Child Abuse' [2] gives two highly suspect case studies as "evidence" of Munchausen Syndrome by Proxy existence. The paper was deemed problematic by many because the second case study describes a child presenting with excessive sodium (salt) in the blood. During Meadow's discussion he discloses that **this child was force-fed 20 g of sodium, with difficulty, by himself and his colleagues.** Sadly the child died!

Since this time Professor Sir Roy Meadow has become known as one of the most influential and respected pediatricians of his generation. He is thought by many to be a lead thinker in the field of child abuse. Many experts say his work has saved countless children from unnecessary suffering.

After reading these papers I would beg to differ.

What Was Said At Those Meetings by Professor Roy Meadow

ARVI meeting 6th July 1987. [3]

Meadow first comments in section 5.4 however, there was a worrying trend of deceit arising earlier on in the minutes in the section marked Item 5 – MMR vaccine – 5.4 Postpartum Rubella immunization associated with development of prolonged arthritis neurological sequelae and chronic rubella arthritis Tingle et al. J of Inf. Diseases (1985), Vol. 152: pages 606-612.

The committee was discussing points raised in the previous ARVI meeting. Dr Cavanagh reminded the committee of a SSPE (SUBACUTE SCLEROSING PANENCEPHALITIS INCLUSION–BODY ENCEPHALITIS) – like syndrome reported from rubella virus infection and noted the reported maternal viraemia and transmission of rubella virus in breast milk discussed in the correspondence submitted. Several other professionals brought up points on this matter. Dr Christine Miller had completed a study of SSPE surveillance and it was thought that none of her cases were associated with rubella. Dr Wallace thought the report to which Dr Cavanagh had referred concerned congenital rubella syndrome, not acquired rubella.

It is interesting that professionals were discussing SSPE in relation to the MMR vaccine because Dr Rebecca Carley M.D. firmly believes that SSPE IS in fact autism. Dr Carley has made her thoughts on the subject very clear even stating on a radio show with David Kirby that autism is actually a non-fatal case of subacute sclerosing panencephalitis caused by demyelination following vaccine induced encephalitis, and that the name of the condition was changed to autism to hide this self evident fact [4] She says if you read the description that Harrison [5] gives on SSPE in his book used to teach internal medicine to medical students all over the world; it is clear that what he is describing is in fact autism. In fact if you read the 10th edition that the above page comes from published in 1983, 4 years before this meeting it says that SSPE can be caused by the measles vaccine.

I would like to point out that Dr Cavanagh did state '*a SSPE-like syndrome reported from rubella virus infection*', indicating that this was a condition similar to SSPE, which is exactly what Dr Carley is saying today without the benefit of seeing these papers that had been tucked away for all these years.

On to Point 5.4 and the first comment by Meadow

This section shows the ARVI committee discussing how reports of adverse reactions to vaccines should be followed up after they have been reported to the '*Yellow Card Reporting System*'.

The committee's concerns surrounded adverse reactions to the DPT vaccination.

The committee discussed the fact that in Holland a pediatrician was employed solely for the follow-up of all of the reports of adverse reactions to vaccination. He/she would interview the vaccinator, the parents and the child and carry out a long term follow up.

Various professionals discussed the problems that they felt this would raise.

The whole issue makes extremely sickening and disturbing reading especially in view of Sir John Badenoch's comments that Holland's policy posed the dilemma of the provision of huge lists of adverse reactions or of a distillate and commented that it was bad policy to collect useless information, however, he did feel that changes in incidence of reactions were important as was the awareness of permanent or long term sequelae from vaccination.

The minutes stated that Meadow felt that the subject would make an ideal research project for one four-month cohort, to be studied intensively with detailed scrutiny and examination of each report to provide a yardstick for further comparison.

Professor Breckenridge felt that definition of terms was essential and adverse events should be separated from adverse reactions. The '*events*' he said could be excluded with consideration on the adverse reactions!

I would like to know how Professor Breckenridge justified the elimination of either of these terms. Surely this amounts to deception, as to exclude one from the other would give false results when assessing adverse reactions to a vaccine as both terms mean exactly the same thing.

Meadow asked whether the numbers of vaccines given the study time period should be '*estimated*' to provide an indication of risk of reaction.

Surely if they were to estimate the number of vaccines then this would not give an accurate indication of risk factor? Estimation after all would enable the assessor to falsify results. Maybe this was what Meadow intended.

It appears to me that the committee were very concerned by the numbers of adverse reactions being reported and were looking for ways to cover this up.

Professor Meadow next commented in point 6.4 when the committee was discussing the JCVI's (Joint Committee for Vaccination and Immunization's) revised contra – indications to the pertussis vaccine.

Point six had been specifically discussing whether there was a link between the DPT vaccine and serious neurological illness. The committee felt to ascertain whether there was a significant risk they would need to re-read all the relevant whooping cough documentation from the JCVI, CSM, and the ARVI which they wanted to avoid. After careful consideration however, it was deemed that re-reading was impossible to avoid.

The committee then discussed whether or not the DPT vaccine was causing children to suffer from seizures. The committee concluded that the incidence of children suffering a seizure after the vaccine was no different to those children suffering a seizure who had not had the vaccine of the same age, however, it was decided that the vaccine did appear to worsen seizures in children with a seizure condition. This meant that seizures were a contra—indication of the DPT vaccine.

This section is confusing however, because it does not state whether all of the children were vaccinated. The committee had concluded that the incidence of children suffering a seizure after the vaccine was no different to those children suffering a seizure who had not had the vaccine **of the same age**, we do not know however, if these children had had the vaccine at an earlier age, which lets face it is a possibility.

(A contra-indication means – could cause harm to a certain group of children i.e. those with a seizure condition.)

Point 6.4 discussed whether or not in view of what had been disclosed the manufacturer's guidelines should be changed to reflect the committee's findings.

It was decided that any changes would need to be discussed in full with the manufacturers of the vaccines.

Sir John Badenoch commented that both the JCVI and the JCVI/BPA Working Party had tried to improve guidelines to give specific contra – indications; he said that an attempt should be made to reconcile these with data sheets and product licenses. He said that delay in the new memorandum might be worthwhile in order to obtain manufacturers agreement to changes in data sheets and also to allow the BNF (British National Formulary) opportunity to change its advice. Professor Meadow agreed with Sir John and welcomed the clearer advice from JCVI on pertussis contra – indications which he endorsed.

At this point Prof Miller commented that there was no need for the JCVI advice to change but there should be awareness of the implications of change.

There were discussions regarding the new guidelines that needed to be put into place and how these guidelines should be put forward to the manufacturers.

There was some concern that the new guidelines would be produced at a time of continuing pertussis litigation? Members then discussed the fact that there was likely to be a change in the pertussis vaccine in the near future. Sir John Badenoch agreed that the new pertussis guidance should be sent to the CSM but felt that the new guidance was a rationalization of the old contra-indications some of which he felt had no significance scientifically.

It was at this point that Meadow offered his firm support of the new changes, which he felt were not weakening the old recommendations but making the existence guidance clearer.

I find it of particular interest that Meadow was involved in meetings discussing seizures after vaccination, especially as he had discussed the subject of seizures in various papers describing cases where parents had said their children were suffering from seizures which he felt were caused by the parents. An example of this can be seen in a paper entitled '*Fictitious Epilepsy*' [6] written in 1984 where the abstract reads:

32 children and 4 adults had extensive investigation and treatment for epilepsy because of false seizures invented or induced by a relative, usually the mother. They also suffered needless hospital admissions and restriction of education and activities. Follow-up of the children suggests a danger of abnormal illness behaviour continuing into adult life. For a few young children seizures are really anoxic episodes caused by the parent. In some cases these lead to brain damage and death, and an important association with sudden unexplained death of infancy (cot death) is emerging.

As this is only the abstract we cannot be sure if Meadow went on to explain how he came to the bizarre conclusion that a seizure is really an anoxic episode caused by the parent, although somehow I doubt it.

This paper was written before the meetings took place so I guess that Meadow could have been forgiven if he had seen the light and realized the error of his ways and at least considered vaccines as a possibility but it is obvious that nothing much had changed because in 1991 whilst he is still seen attending these meetings [1] he proves that he is still accusing mothers of MSBP after a child is reported to be suffering from seizures. [7]

Minutes from 2nd October 1987 CSM/JCVI/ARVI [8]

The ARVI meeting October 1987 is the next meeting showing comments by Meadow.

Meadow is mentioned early on in the minutes, in point 5 during a discussion on the subject of Anaphylaxis. The committee was discussing the completion of the 'recommendations for the memorandum'. The minutes state that Dr McGuinness had already provided valuable material for this purpose and Dr Salisbury offered to send Professor Meadow examples of this material by post.

The first time that Meadow is seen to make a comment during this meeting, is regarding the Yellow Card System in Point 7 where he questions the delays in reporting and coding.

Meadow next commented interestingly and crucially on the subject of Cot Death in Point 8. The section is entitled 'Vaccination and Cot Death in Perspective.'

The committee discussed various reports made available on the topic; Meadow identified the need for the present information, that there did not appear to be a casual link between the pertussis vaccination and SIDS, to be dissemination (spread widely) and felt that the Foundation for the Study of Sudden Infant Death Syndrome was the best organization to promote the present knowledge. However, Dr Fine noted that there was a problem with saying that the pertussis vaccine was protective against

SIDS as those risk factors for SIDS may overlap with the contra-indications for the vaccine and this issue had not been dealt with the submitted paper. Dr Fine felt that these should be discussed. Meadow immediately questioned this. Dr Fine went on to mention other factors that could be relevant such as ill health, social economic issues which he said inhibited the pertussis vaccine.

Quite right to, at least one of them had a conscience, however, interestingly it is at this point the conversation on this subject ceases and the committee move on to the flu vaccine.

I found this extremely interesting because Meadow has since been involved in many cases where vaccines have played a crucial part in the case. Not only did Meadow appear to misdirect the ARVI on the subject of cot death in the above meeting but it has been reported that Meadow also advised juries as an expert witness that vaccines cannot cause a baby to die in cases where vaccines have been mentioned as a possible cause of death.

Sally Clark spent three and a half years in jail wrongly convicted of murdering two of her babies. This was after **Prof Meadow and another expert witness assured the jury that there was no other explanation for the sudden deaths of her children other than that she had deliberately smothered them.** This was despite the fact that Harry died five hours after a DPT vaccine and that Prof Meadow had attended **13 meetings** discussing adverse reactions to the DPT which included cot death.

The Spectator [9] reporting on the case states:

Not many people know these facts, because at Sally's trial the defense did not mention immunization as a possible cause of death. Two prosecution witnesses, including the paediatrician Professor Sir Roy Meadow, assured the jury it could be discounted. Their statements went unchallenged, and the issue did not form any part of the appeal hearings. Professor Meadow, a former member of a Department of Health sub-committee on adverse reactions to vaccines, told the jury that he could not think of any natural explanation for Harry's or Christopher's deaths.

Surely, this is perjury? Not only did Meadow appear to lie under oath but as far as I am aware he did not declare any conflicts of interest to the court. If there had not been any mention of children dying after vaccination at those meetings, the committee would have not have been discussing this point in the first place, therefore, Meadow would have some knowledge that children can die after the DPT.

March 8th 1988 CSM/JCVI/ARVI meeting [10]

Prof Meadow is next found participating in the above meeting, where he is seen taking a very active role. In Point 5 '*The Treatment of Anaphylaxis*' it states that:

The Anaphylaxis section of the forthcoming Memorandum on 'Immunization against Infectious Disease' had been written to incorporate the recommendations of Professor Meadow, Professor Hull and Dr McGuinness.

So now we have Meadow not only commenting and participating in meetings but being involved in writing guidelines for vaccines against infectious diseases!! Totally unbelievable!

The final proof that Meadow took an active part in meetings involving adverse reactions to vaccines that I have at this time is again in the above meeting.

In Point 6 Report on Yellow Card data

The committee discussed in detail the information supplied on adverse reactions to vaccines during 1987.

After several vaccines were discussed Professor Meadow and Professor Banatvala asked the committee if information could be made available in the future on reactions to plasma derived or recombinant hepatitis B vaccine.

Plasma derived Hep B vaccines were the first Hep B vaccines and were made using blood products. These were later banned from use in 1991.

(Since 1986, the only Hep B vaccine used in the US has been the recombinant vaccine. The way recombinant vaccines work is that they make a piece of the viral genetic material that codes for a protein on the surface of the virus; it is that protein which your immune system thinks is the virus and which causes antibodies to be produced.)

No further comments from Meadow have been found although that is not to say that he has not commented and made recommendations in other meetings past and present.

The fourth set of minutes that I have is the ARVI meeting 6th October 1989. Comments were made by several professional mainly covering the MMR vaccine Pluserix but sadly although there are comments in full, some parts of the minutes were redacted so we do not know if Meadow commented at this meeting or not. [\[11\]](#)

Discussion on Findings

These meetings were held around the time that the rates of autism and neurological disorders were beginning to soar. Professor Meadow was becoming recognized for discovering a new syndrome which he referred to as Munchausen Syndrome by Proxy. It seems only right that both MSBP and these problems should be married together, after all something was causing the children's problems and if it were the vaccines, the government would need to cover this up as quickly as possible. After reading the paperwork in depth it appears likely that the government was trying to cover up the fact that vaccines were not only capable of causing the death of babies but causing seizures, anaphylaxis and neurological problems. It is my opinion that Meadow was brought in to these meetings as a tool by the government to misdirect various committees into believing that scores of parents were abusing their children in a bid to cover up vaccine adverse reactions.

It seems highly suspicious to me that Professor Meadow is found to be attending meetings at this time. Why was he participating, commenting and helping to write vaccine guidelines?

I have been told by the person who gave me these papers that it is usual for professionals to be announced and welcomed when joining these particular committee's but there appears to be no such announcement for Meadow. This is not of course to say that he was not announced and welcomed; just that my informant could not find any record of this. It is also strange that he seemed to disappear from these meetings around 1991 as there appears to be no further meetings where his name is mentioned.

Lisa Blakemore-Brown was the first person to ever begin to connect the dots that make the very ugly picture we have today. In fact it was Blakemore-Brown herself who passed me the first papers identifying Meadow as a member of the ARVI.

Blakemore-Brown first began speaking out about her fears and concerns not long after Meadow attended these meetings in 1995.

The last meeting I have seen Meadow's name on the list of attendee's was in 1991. [1]

Blakemore-Brown first became concerned in 1995 after she was an expert witness in a case involving twins. She states [12]

In my first false case the twins I assessed had been born at just over 26 weeks in the mid eighties. They were tiny babies with horrendous complications. The evidence that such premature infants go on to have developmental problems including attention deficits, motor and social impairments is now indisputable, but it was tossed to one side in this MSBP case. One of the early troubling issues for me was that the MSBP

accusers initially totally denied that these children had such birth complications! They said this was 'what the mother said' and that I had been 'beguiled' by 'listening to the mother.'

Well, er, actually, I'd read the notes.....

I feel that it was around 1997 that Lisa Blakemore-Brown was first seen to be troublesome by the government and particularly to Meadow because it had become clear that Blakemore-Brown had seen exactly what was going on and had seen straight through their plot to use MSBP as a cover for vaccine damage.

In 1997 Blakemore-Brown had been asked to write an article for 'The Therapist', this was a year after Sir Roy Meadow had himself written an article for The Therapist.

[\[13\]](#)

On reading Lisa Blakemore-Brown's letter in the 'Psychologist' the Editor of '*The Therapist*' contacted Blakemore-Brown to ask if she would write an article showing the opposite view to start debate.

Little did anyone know at that time just what this intuitive professional was going to write or how Blakemore-Brown without even realizing it had connected the dots and had seen exactly what had been going on.

In her article which she entitled *False illness in children – or simply false accusations*, she described a tragic case that she had been involved with involving a child that had developed a dangerously high fever, immediately after routine vaccinations. Shortly thereafter, he began to bang his head, soil and lost all his language. After many investigations, the child was diagnosed as having Asperger's Syndrome. The mother began to suspect that the vaccinations were the root of the child's problems and decided not to have her other children vaccinated. As time went on, she became desperate for help and turned to the social services, begging them for respite care because she was finding her elder son difficult to manage. Instead of the help this mother so badly needed, she was accused of MSBP and her children were taken away from her.

In foster care, the youngest child, a little girl, was vaccinated against the wishes of her mother. Instantaneously and tragically, her behaviour deteriorated the same way as her brother's had, only this time the foster carer had video tapes of before and after vaccinations to prove this. Despite this evidence, both of the younger children were adopted.

It seemed as if Blakemore-Brown had hit the nail on the head and it was clear from that one article that she was not afraid to say what she had seen or what she thought.

Once she had begun there was no stopping her and she began to speak of her concerns at every opportunity. In 2001 she wrote and presented a paper at a conference held at Durham University. [12] She wrote:

'Since working as an Expert Witness in a MSBP case in 1995, I am of the opinion that gross errors of judgement are being made (Blakemore-Brown 1997) at the very beginning of the process of 'identification' when the easy and increasingly widespread use of the term interweaves with shock tactics and processes of suggestibility.

Once that first gossamer breath of a rumour has been triggered – it can be impossible to turn back. (Blakemore-Brown 1998)'

By this time Blakemore-Brown had already fully grasped that the vaccines were linked to the devastation that she was witnessing. Not great timing for Meadow as he had just been knighted by the government for his '*amazing work*'.

The more that Blakemore-Brown learned the more she began to realize that Meadow was connected. In an article on Prof Meadow on One Click news [14] she wrote:

In my very first experience as an Expert in Court case on so called Munchausen Syndrome by Proxy, with Sir Roy's colleague David Southall, I was utterly shocked by the lack of logic, the lack of careful detailed examination and the lack of good detective work. In fact I saw the opposite and a profoundly cruel miscarriage of justice followed.

I wrote a letter to the British Psychological Society to express my deep concerns that there was no robust scientific basis to MSBP and I feared if it was not investigated thoroughly, many more miscarriages of justice would follow.

Colleagues of Professor Meadow immediately wrote a letter to the BPS with the aim of discrediting me and what I had to say and the BPS did not allow me a Right of Reply.

It was around this time that a Penny Mellor arrived on the scene and the rest is history as they say. [15] Sadly for Ms Mellor and the many others who tried to destroy Blakemore-Brown's career, she is still around and it is my belief that she will come back stronger than ever to haunt them all.

It is interesting to see some seventeen years after Blakemore-Brown's first concerns that MSBP was a cover being used to hide cases of vaccine injury; the proof that lay hidden for all those years is at last being discovered.

There are some of us who never doubted for one moment that she was correct and something very sinister was going on, however, proving it was another thing. I doubt if Blakemore-Brown will be surprised to see the level of corruption and utter deceit hidden in these documents. It is about time the governments and pharmaceutical companies were exposed for their lies and hypocrisy and Blakemore-Brown along with the many others who have been fighting for the families falsely accused of MSBP and SBS were vindicated and apologized to.

The fact that Meadow not only tried to misdirect committees discussing vaccine dangers and cot death but contributed in a memorandum outlining guidelines for the treatment of anaphylaxis called 'Immunization Against Infectious Diseases' is totally beyond belief, especially when it has been reported that he stood up in court and assured a jury in a murder case that vaccines could not have been responsible for the death of her child. I have been told by mothers falsely accused that he denied vaccines were responsible for the deaths of other babies in their trials as well. Let us hope that at last these parents will get the justice they deserve and their children can be laid to rest in peace at long last.

It is my opinion that for the crimes that this man has committed he should be striped of his knighthood.

References

1. [FOI Request Reveals Major Vaccine Conspiracy](http://vacruth.com/2012/01/03/foi-request-reveals-major-vaccine-conspiracy/)
<http://vacruth.com/2012/01/03/foi-request-reveals-major-vaccine-conspiracy/>
2. 'The Hinterland of Child Abuse' <http://www.msbp.com/hinterlands.htm>
3. [ARVI Meeting July 1987](http://www.profitableharm.com/sir_roy_meadows_meetings_1.html)
http://www.profitableharm.com/sir_roy_meadows_meetings_1.html
4. [RECENT FED CT DECISION IN AUTISM CASE PROVES DR. CARLEY RIGHT](http://www.drcarley.com/dr_carley_critique_fed_autism_decision.htm)
http://www.drcarley.com/dr_carley_critique_fed_autism_decision.htm
5. [Harrison](http://www.reversingvaccineinduceddiseases.com/files/3638448/uploaded/SSPE_from_Harrisons%20optimized.pdf) http://www.reversingvaccineinduceddiseases.com/files/3638448/uploaded/SSPE_from_Harrisons%20optimized.pdf
6. [Fictitious Epilepsy Prof R Meadow 1984](http://www.ncbi.nlm.nih.gov/pubmed/6145941)
<http://www.ncbi.nlm.nih.gov/pubmed/6145941>
7. [Munchhausen by Proxy and Pseudo-Epilepsy](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1627905/pdf/archdisch00753-0089c.pdf)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1627905/pdf/archdisch00753-0089c.pdf>

8. [CSM/JCVI/ARVI October 1987](http://www.profitableharm.com/sir_roy_medows_meetings_1.html)
http://www.profitableharm.com/sir_roy_medows_meetings_1.html
9. [The Spectator](http://www.spectator.co.uk/essays/all/30630/part_2/what-killed-sally-clarks-child.shtml) http://www.spectator.co.uk/essays/all/30630/part_2/what-killed-sally-clarks-child.shtml
10. [CSM/JCVI/ARVI Meeting March 1988](http://www.profitableharm.com/sir_roy_medows_meetings_1.html) http://www.profitableharm.com/sir_roy_medows_meetings_1.html
11. [ARVI October 1989](http://www.profitableharm.com/sir_roy_medows_meetings_1.html)
http://www.profitableharm.com/sir_roy_medows_meetings_1.html
12. [Durham paper](http://www.profitableharm.com/an_autism_odyssey_text.html) http://www.profitableharm.com/an_autism_odyssey_text.html
13. [The Therapist](http://www.profitableharm.com/images/therapist%201.jpg) <http://www.profitableharm.com/images/therapist%201.jpg>
14. [Meadow Blakemore-Brown](http://www.theoneclickgroup.co.uk/news.php?id=4111#newspost)
<http://www.theoneclickgroup.co.uk/news.php?id=4111#newspost>
15. [The Professional Assassination of Autism Expert Lisa Blakemore-Brown](http://medicalmisdiagnosisresearch.wordpress.com/2010/12/29/the-professional-assassination-of-autism-expert-lisa-blakemore-brown/)
<http://medicalmisdiagnosisresearch.wordpress.com/2010/12/29/the-professional-assassination-of-autism-expert-lisa-blakemore-brown/>

Extra Reading

- Hepatitis B vaccine http://www.hepb.org/hepb/vaccine_information.htm
- Hepatitis B vaccines Hilary Butler <http://www.whale.to/vaccines/butler1.html>
- **Subacute Sclerosing Panencephalitis (SSPE) & Vaccines** <http://www.whale.to/vaccines/sspe1.html>