Tim Cox-Brown (0161 923 6427)

From: Brian Deer [[redacted]]
Sent: 01 Jul 2004 10:16
To: Tim Cox-Brown (0161 235 6422)
Subject: Wakefield, Walker-Smith, Murch

To: Tim Cox-Brown,
Fitness to Practice Directorate,
General Medical Council.

This emailed letter is attached with a printed version of the same document.

Re: Andrew Wakefield, John Walker-Smith, Simon Murch

Dear Tim,

Following my previous communications, I wish to report to the GMC claims made by the above doctors in statements published by the Lancet under the editorship of Dr Richard Horton, a former Royal Free hospital colleague of the above, on February 20 2004.

I submit that these statements - which the doctors knew would be widely disseminated both to the profession and to the public at large - sought to mislead on matters of the gravest concern. In addition, analysis of these statements sheds further light on the substantive issues of this disturbing affair.

At the heart of this affair, I submit, was the operation of a scheme, between early 1996 and late 2001, under which desperately vulnerable parents of 200 or more autistic children, some as young at three years old, were enticed by Dr Wakefield and his colleagues into offering the use of those children for medical experimentation involving hazardous procedures which, in most cases, lacked either valid ethical research approval or clinical justification. Medical investigations, including ileocolonoscopies and, in some cases, lumbar punctures and upper gastrointestinal intubations, were performed while the children were under sedation or general anaesthetic in pursuit of this scheme, which was devised by Dr Wakefield in pursuit of a lawsuit to advance speculative and unsubstantiated theories concerning measles virus, inflammatory bowel disease and developmental disorders. In these circumstances, I submit that, in many cases, parental consents to those procedures may have been invalid, and the experiments on the children common assaults.

Derived from this scheme, and furthering its execution, was the creation by Dr Wakefield of a wholly unwarranted scare over the safety of the MMR vaccine, based on no compelling research evidence, and where profound conflicts of interest - which should properly have been disclosed for publication in the Lancet and to the public generally - were concealed. This scare led to parental decisions which placed millions of children's' lives and health at risk. Children have suffered as a result.

This present communication deals only with the February 20 statement of Dr Simon Murch. I submit that this statement is false and disingenuous, and that its publication alone constitutes a matter for investigation by the GMC. It's impossible for me to judge whether, in some instances, Dr Murch himself contrived the falsehoods, or whether he is ignorant of the basis of his own work and merely parrots what he has been told. In due course, I hope to supply analyses of statements issued on the same day by Dr Wakefield and

Professor Walker-Smith, which also contain multiple falsehoods on matters of serious concern.

I realize that this is complex, time-consuming, material, but I don't believe that the mere complexity should obscure these doctors' conduct. To get to the bottom of this affair will obviously require a great deal of effort by the GMC and its professional staff. Nevertheless, I think the importance of the MMR issue for parents and for public policy, the paramount need to safeguard children's health, and the GMC's duty to protect standards in medical research, justify the investment.

I have annotated the Murch statement, published by the Lancet.

A STATEMENT BY DR SIMON MURCH

These allegations concerning our 1998 study are extremely serious, and clearly require immediate clarification. I welcome the opportunity to do so. My comment relates to the alleged lack of Ethical Practices Committee approval. I refute the allegation absolutely on the basis of extensive documentary evidence.

> Much of the documentary evidence referred to in Dr Murch's statement appears to have been supplied to him by Dr Richard Horton, editor of the Lancet and a former colleague of the investigators at the Royal Free hospital, who obtained it in circumstances of confidence from Brian Deer. In this statement, Dr Murch signally fails to refute anything whatsoever.

The protocol for the 1998 Lancet paper was submitted on September 16, 1996, to what was then termed the Ethical Practices Sub-Committee. It was entitled "A new paediatric syndrome: enteritis and disintegrative disorder following measles/rubella vaccine". It was signed by Andrew Wakefield as lead investigator.

> The protocol and pro-forma document, available at http://briandeer.com/mmr/royal-free-11.htm is dated 6th August 1996, and is signed by Professor Roy Pounder, Dr Peter Harvey and Dr Mark Berelowitz.

Named consultants were John Walker-Smith and myself, with signed collaborators Peter Harvey, for the department of neurology, and Mark Berelowitz, for the department of child psychiatry.

The application was initiated due to findings at colonoscopy of two children with behavioural disorders, which would now be classified within the autistic spectrum, and a history of chronic gastrointestinal symptoms, and recognition of a broadly similar clinical history among other referred patients.

> This is false. While there is no reason to doubt that two or more such children may have been seen at this major teaching hospital prior to the research, that research was initiated in direct execution of an agreement between Dr Andrew Wakefield, Mr Richard Barr, a solicitor then with the law firm Dawbarns, and a collaborating parent, Mrs Rosemary Kessick, now operating a group called Allergy Induced Autism. These three agreed together that the Royal Free hospital would be used to investigate children for the purpose of gathering evidence for a lawsuit against three drug companies, alleging that measles-virus-containing vaccines caused neurological

injury. Under this agreement, Dr Wakefield would provide access to the hospital's NHS facilities, Mr Barr would obtain money from the Legal Aid Fund, and Mrs Kessick would solicit parents of developmentally-disordered children and direct them to Dr Wakefield.

A contract was obtained by Dr Wakefield from Mr Barr [redacted] the hospital's ethics committee, although it was entered into four months before that committee approved the relevant research project. Despite Dr Murch's claim above, none of the children in the study had been endoscoped.

According to a statement by the managing partner of Alexander Harris, solicitors, to which Mr Barr later moved, Dr Wakefield's relationship with Mr Barr began "about October 1995", although Mr Barr himself recalled their first encounter as possibly being in 1994.

There can be no question that Dr Wakefield regarded the now largely-retracted research published in the Lancet on February 28 1998 to be pivotal in advancing the lawsuit. For instance, in the transcript of a conference of the US anti-vaccine organisation, the National Vaccine Information Center, on September 13-15 1997, he is recorded as noting with regard to this paper: "If the data were disclosed here, then they would not be published and it would therefore set the cause of these children back many years." Any "cause" set back for such a period could only be the children's position in the litigation.

Referring to the first child in the study, Mrs Kessick's son William Kessick, The Independent newspaper reported on [redacted] Crohn's disease, and with autism. The [redacted] solicitors [redacted]

Further, Mr Barr informed his clients of the commission, and of his knowledge of results obtained at the Royal Free hospital, in a "client newsletter" dated May 1997 - nine months before the Lancet publication. Among much else of relevance, this newsletter states: "The pilot study (being coordinated by Dr Andrew Wakefield of the Royal Free hospital) has already started and a number of children have already been tested. Preliminary indications are that there is a strong link between the vaccine and inflammatory bowel disease."

Dr Murch's claim above that two children had been colonoscoped, and that this led to the research, is false. The second child to which he refers was colonoscoped long *after* the research had been designed, and *after* it had commenced.

Specifically, for several years previously we had looked after an autistic child with severe ulcerative colitis who eventually required colectomy (not included in the study),

This child is of no apparent relevance.

and the second child colonoscoped (on September 2, 1996) had ileitis of sufficient extent that a diagnosis of probable Crohn's disease was made.

This claim directly contradicts Dr Murch's assertion above that "the application was initiated due to findings at colonoscopy of two children with behavioural disorders," since the protocol submission, signed by Professor Pounder, is dated the month before this child was colonoscoped (August 6). Also in the month before this child was colonoscoped, a contract was awarded, on 22 August 1996, after submission in June, for Dr Wakefield to carry out "clinical and scientific" tests on 10 children for Mr Barr, financed by the Legal Aid Board.

This child was William Kessick, who became one of the four "best" test-case litigants, selected from more than 1,600 children with legal aid certificates, in the now apparently failed High Court action against the drug companies.

In a recorded interview with me, Mrs Kessick says that she contacted Dr Wakefield in 1995 at the suggestion of Jackie Fletcher of the anti-vaccine group JABS.

In fact, William Kessick's inclusion in the study was improper. He should have been excluded from the research, under a directive from the hospital's ethics committee - available at http://briandeer.com/mmr/royal-free-10.htm - stipulating that no child may be enrolled in the study prior to the date of ethical approval. In addition, this child didn't satisfy the admissions criterion of disintegrative disorder, approved by the committee - an issue to be discussed below.

Following this diagnosis, the child had been entered in good faith by our inflammatory bowel diseases fellow into an ongoing (ethically approved) study of polymeric enteral nutrition.

This may or may not be correct.

He had already made remarkable symptomatic improvement, including apparent cognitive advance. We, thus, appeared to be dealing with a condition of significant severity, and had seen clinical improvement unprecedented in this child's history.

The "condition of significant severity" was constipation with encopresis, a staple of paediatric gastroenterology, and in no way mysterious. Encopresis is described at http://www.medicine.uiowa.edu/uhs/enco.cfm or can be researched via Google. As any standard reference source will show, this condition often involves a mass of impacted stool in the colon, which commonly affects children's behaviour. It is intractable to treat, even with good parent-child communication, in developmentally normal patients. Both Mrs Kessick and Professor Walker-Smith have given me evidence that this child's behaviour improved directly upon preparation for colonoscopy, indicating the severity of the constipation and the beneficial consequences of directly dealing with it. I submit that the doctors were under a professional duty to treat this constipation problem, rather than to exploit it to give cover for experiments they wished to perform on autistic children.

In a letter to the Lancet published on March 21 1998 (page 908), Murch, Thomson and Walker-Smith report that the autistic children, in fact, suffered from a condition that indicated no invasive procedures whatsoever: "Plain radiography confirms severe constipation with acquired megarectum in almost all affected children... Most parents note a honeymoon period of behavioural improvement after the bowel preparation for colonoscopy..." Thus, the doctors were under a duty to X-ray these children and to attempt to treat their constipation as part of their clinical care before advancing to any

invasive procedures.

It is outrageous that Dr Murch should seek, in this formal statement, to obfuscate the child's gastric problems. In fact, the "syndrome" the Royal Free doctors claim to have discovered, which was used to generate the MMR scare, appears to be nothing more than constipation and consequential gut inflammation with immunological changes in a group of autistic children, pre-selected by lawyers and anti-MMR groups as likely to have mundane gastroenterological symptoms. This true state of affairs was concealed, and both the profession and public hoodwinked by claims of the discovery of a new medical syndrome.

News of this improvement was rapidly disseminated among parents of autistic children, which I believe led to many further referrals.

No doubt news was disseminated - among the parents organisations campaigning for money from the drug companies and against MMR: Allergy Induced Autism and JABS. Jackie Fletcher of JABS told me that all of the initial 12 children seen at Royal Free, and whose details were published in the Lancet on February 28 1998, were members of her group. Eleven became legally-aided, and the twelfth was a US citizen. The Royal Free was conducting research designed from the outset to fish for evidence to present in the litigation.

This child was included in the study, with additional investigations performed after ethics approval was obtained.

"This child", William Kessick, shouldn't have been included in the study, according to the ethics committee's formal direction, noted above. Ethics approval was obtained for a study of children for which this child did not meet the admissions criteria.

In fact, seven of the twelve children reported in the Lancet were colonoscoped *before* ethical approval was given (for a different study to the one reported, as will be explained). Nine had legal aid certificates to sue the drug companies at the time the Lancet paper was published.

The title of this submitted application is a point of contention, and should be clarified. Having taken initial advice from our psychiatric colleagues on the basis of referral letters, it was considered that these children demonstrated a form of autism called disintegrative disorder (Heller's disease).

This is false. The description of the project as an investigation of disintegrative disorder, or Heller's disease, was determined before any referral letters were received, with the *possible* exception of a single letter re William Kessick, who was not suffering from this disorder and whose referral letter did not claim that he did.

It's not plausible, within any generally accepted standards of medical practice, to mistake autism for disintegrative disorder (Heller's disease) in the numbers of children seen before ethical approval was given, in the age group for which MMR is routinely administered, and for whom clinical details were published by the Wakefield group. The difference between autistic disorder and disintegrative disorder is well known, and set out here at http://briandeer.com/mmr/autistic-disorder.htm

The Wakefield group knew this distinction before commencing the study, and set it out clearly in the protocol at part 5 of http://briandeer.com/mmr/royal-free-11.htm

The investigators plainly intended to carry out a study of children with disintegrative disorder, and obtained approval for this, citing specifically the profound problems of such children. At http://briandeer.com/mmr/royal-free-9.htm Professor Walker-Smith describes the children's prognosis as "hopeless" - a prognosis that could not be determined for a group of young autistic children. The study proposed was for disintegrative disorder, not autism, and the researchers knew it.

Part 5 of the protocol document states with regard to disintegrative disorder: "This rare disorder can sometimes be linked to **measles encephalitis**..." [investigators' emphasis]

Having clearly set out their intentions, they then executed a study of a different group of children to that specified in the protocol. This different study, in fact, was well underway before approval was obtained to do anything.

The truth, which contradicts Dr Murch's formal statement, is that the group chose to investigate precisely what the protocol says: disintegrative disorder, in an older group of children than that which was subsequently reported in the Lancet. This decision was reached in execution of the agreement with Mr Barr to pursue the litigation, as will be explained further below.

After full psychiatric assessment of each child seen, it was later concluded that the more accurate description for the submitted paper should be pervasive developmental disorder.

This paragraph admits - as do documents such as the table at http://briandeer.com/mmr/royal-quiz.htm - that psychiatric assessment took place *after* children were subjected to inappropriate invasive procedures, such as lumbar punctures. The investigators were, at least in the first series of children, determined to perform lumbar punctures, irrespective of the patients' clinical circumstances.

Our working title for these cases had, however, remained disintegrative disorder, while some parents referred to their child as autistic, and others did not.

This paragraph dissembles. The "working title" remained as it was because this title was approved by the ethics committee, and any other title was not. Dr Murch seeks to imply that some parents referred to their children as suffering from disintegrative disorder, when they did not.

The whole area of nomenclature in autistic spectrum disorders was notably difficult at that stage.

Apart from general matters not relevant to this research, this statement is false. Clear diagnostic criteria were in place and understood by the investigators when they submitted the application for ethical approval. If anything, "nomenclature in autistic spectrum disorders" has become more, not less, difficult with the passage of time.

As we saw more patients, we moved towards a more inclusive label of autism,

The label "autism" was adopted in the Lancet paper because the children actually admitted to the trial were in the main suffering from autism, and not suffering from disintegrative disorder, as described in the protocol. In fact, some children in the

study were neither suffering from autism, nor disintegrative disorder. "Autism" is not a "more inclusive" label. [nb: "Autistic spectrum disorder" and "autism" are not interchangeable terms.]

which was used in subsequent correspondence after February, 1998, to the Ethical Practices Committee.

This misleadingly implies that correspondence was initiated by the investigators. The correspondence after February 1998, when the research was published, arose from an intervention by Professor Sir David Hull, chair of the joint committee on vaccination and immunisation, and past president of the Royal College of Paediatrics and Child Health. Sir David had read the published Lancet paper and evidently did not believe that an ethics committee acting responsibly could have authorised the invasive tests on the children described. His letter to the dean of the medical school is indexed at http://briandeer.com/mmr/royal-free-1.htm

Measles and rubella were singled out in the application since these conditions, but not mumps, had been linked to autism in previous isolated reports.

This statement is so egregiously false that it requires extended consideration. Measles and rubella were "singled out in the application" because they were the specific two components of the specific individual vaccine product targeted - quite explicitly and deliberately - by the investigators for study.

Under the legal contract with Mr Barr, Dr Wakefield agreed to study children who they believed were injured by the double measles-rubella vaccine, MR - not by the triple MMR. This double vaccine was used only in an intensive three-week vaccination drive in November 1994. (At the time, there was a worldwide shortage of mumps vaccine, which is the reason it was not included.)

The MR vaccine campaign - sometimes dubbed in the press "operation safeguard" - involved 7.1m school-age children, given MR. This is eleven times the average annual take-up of MMR, and was expected by the investigators to yield a bumper crop of "vaccine victims". These children were in age groups in which disintegrative disorder, or Heller's disease, is diagnosed - as correctly stated in the protocol approved by the ethics committee. This vaccination campaign is described in a parliamentary answer, giving England's figures, reported at http://briandeer.com/mmr/measles-rubella.htm

Mr Barr explained the rationale for the study - which he frankly tells me he commissioned from Dr Wakefield - to The Sunday Times magazine in 1995. On 17 December 1995, the magazine published an article (which will have been some months in production) where Mr Barr was quoted as stating the reason why the MR vaccine was singled out for investigation. On page 22, the magazine reports: "In Britain, hampered by a lack of 'hard scientific fact', the link between vaccination and serious adverse reaction has been successfully established only once in court. Now, Operation Safeguard might offer unexpected help. All of the MMR group were babies when they were vaccinated; the Operation Safeguard children are much older. 'Say a child has been alive for 10 years - 3000 days,' says Barr. 'Suddenly, within days after the vaccination, he develops an acknowledged adverse effect. "Coincidence," say the consultants, but we believe it gives us a much stronger case to argue a causal link, often helped by an established history of good health - which babies for obvious reasons, lack.'"

This fully explains the commission by Mr Barr of a study of MR and disintegrative disorder from the Royal Free hospital investigators.

Having prepared a protocol for a study of MR and disintegrative disorder, however, the requisite number of children could not be found from the ranks of solicitors' clients and parents alerted by media reports, such as The Sunday Times magazine feature (which itself principally showcased alleged MR victims).

Although the researchers explicitly hypothesised that childhood disintegrative disorder, or Heller's disease, was caused by a vaccine, this disorder is extremely rare. An estimate used by the US National Institute of Mental Health, relying on four surveys of autistic spectrum disorders, found only 2 cases of disintegrative disorder per 100,000 autistic spectrum children. The gut surgeon and his gastroenterology colleagues may not have known it, but this extreme rarity, combined with the fact that the disorder is not caused by vaccines, meant that under any foreseeable circumstances they would have found it impossible to recruit a cohort to fit their protocol, or to submit for litigation. The project submitted to the ethics committee could only have foundered.

With regard to the 1994 MR campaign, according to a journalist called Janine Roberts who maintains a website, Jackie Fletcher of the anti-vaccine group JABS had received "80 reports of alleged vaccine damage" from MR as of September 1995. Considering that, in the now-abandoned lawsuit, the claimants couldn't find four convincing vaccine victims for trial from 1,600 with legal aid certificates, it is evident that the grievances identified regarding MR would not be anything like sufficient to produce the results the investigators wanted. The web url for Roberts' information is at http://inquirer.gn.apc.org/fraud.html

In this situation, Dr Wakefield, Dr Murch, Professor Walker-Smith and their colleagues, unilaterally changed the admissions criteria for the study, without notifying the ethics committee - and therefore without obtaining approval - and instead recruited children with autism. According to the NIMH calculation, such children are 50,000 times more common than those with disintegrative disorder.

Finally, with regard to Dr Murch's false claim in this respect, it has, in fact long been a prominent feature of Dr Wakefield's theory of how vaccines are supposed to cause autism that vaccine-delivered measles virus may in some way interact with, or be potentiated in its effect by, *mumps* virus.

In summary on this point, Dr Murch's attempt to explain, in a formal statement for publication by the Lancet, the reason why measles and rubella were "singled out in the application", is both false and ridiculous.

This application (172-96) was for permission for in-depth analysis of 25 patients, referred either by general practitioners or the vitamin B12 unit at the Chelsea and Westminster Hospital, who had been studying B12 absorption in children with regressive neurological disorders.

According to press reports, the B12 unit at the Chelsea and Westminster was shut down following allegations concerning the work of Dr "Ray" Bhatt. According to a report in The Independent of July 22 1996, funding for Dr Bhatt's work was "withdrawn in 1995... managers asked for evidence that his work had been peer-reviewed and submitted for ethical approval." It appears that Dr Bhatt's patients were

then directed to Dr Wakefield at the Royal Free, and Mrs Kessick confirms that William Kessick has previously been a patient of Dr Bhatt's.

The selection criteria explicit in this application were the presence of disintegrative disorder, symptoms and signs suggestive of gastrointestinal disease, and parental request for investigation.

"Parental request for investigation" is a revealing criterion.

All patients reported met these criteria.

This is false. Only one of the 12 children reported in the Lancet paper of February 1998 is reported with a - queried - diagnosis of disintegrative disorder. It beggars belief that Dr Murch could make such a claim in a statement to the Lancet.

The consultant paediatricians responsible for the children's care decided on the investigations, although advice was taken from colleagues at other centres.

The investigations were decided upon by the paediatricians before children was even seen, with the exception of one - William Kessick - who had been seen only by Professor Walker-Smith at an outpatient appointment at a different hospital (Barts). No advice could be taken from "colleagues at other centres" on allegedly clinically-indicated investigations of children who had never been seen.

Decisions about the battery of investigations performed on the children were based on extrapolations from information obtained on the telephone by Dr Wakefield from the parents of children that Mr Barr and Mrs Kessick had determined should be sent to the Royal Free. One example of this conduct is reported at http://briandeer.com/mmr/wakefield-panorama.htm I submit that it is misconduct to make medical diagnoses, or prescribe clinical procedures, on the basis of telephone conversations with patients' relatives by a gut surgeon with a non-clinical contract.

We determined that these investigations were required clinically, not only to characterise gut inflammation but also to exclude primary neurological diseases.

This is false. The investigations were set out as a research project, and were to be carried out regardless of the children's individual histories, prior diagnoses and symptoms. Many of the children in the study came to the Royal Free with pre-existing diagnoses of autism, as explicitly acknowledged in the Lancet paper, and after extensive screening at other medical centres. In many cases, primary neurological diseases had already been excluded by other doctors, generally better qualified for the task than the Royal Free's gastroenterologists.

Only after the investigations were challenged in the ethics committee's pro-forma did the Wakefield, Walker-Smith and Murch team claim that these investigations were "required clinically" - a judgment that cannot, as a matter of professional standards, be reached before a patient is examined. To do so would, in my submission, be misconduct.

We had in particular taken advice for the neurological investigations, since some of the referrals appeared to have suffered an encephalitic illness,

It follows from this that, according to Dr Murch's words, some of the referrals did not suffer from such an illness, and that therefore to carry out tests on them in the absence of an indication could not be clinically justified.

and specifically the inclusion of lumbar puncture was suggested to us as important for assay of cerebrospinal fluid lactate, to exclude mitochondrial cytopathies that can cause both neurological regression and bowel disease.

The protocol approved by the ethics committee gives a clear statement on the reason the investigators wanted to perform lumbar punctures on children. CSF lactate - very occasionally assessed by specialists for evidence of certain extraordinarily rare genetic conditions - is not mentioned. The protocol states at (4): "Lumbar puncture for measurement of CSF antibody and cytokine profiles." In other words, they were looking for measles virus.

In fact, precisely these tests - looking for measles virus, which Dr Wakefield's speculative theory claimed persisted in the gut, blood and CSF of these autistic children - were carried out, as per the protocol. Speaking at an Institute of Medicine meeting on March 8 2001 in Washington DC, Dr Wakefield referred to these tests. "And here we have a site of persistent viral infection in which to start to look. Clearly that doesn't exclude the presence of virus in the brain. In the first set of children we did lumbar punctures. We looked for viral antibody titres. We did MRI scans, EEGs. We could find no evidence of active inflammation, or local IGG synthesis in the brain. After that it became too expensive and too invasive to continue doing that."

When no virus was found, the investigators did not publish this information in the Lancet paper, which would have contradicted the Wakefield doctrine, but instead retrospectively shifted to CSF lactate as a purported reason for having carried out lumbar punctures in a cohort of autistic children without either ethical approval or clinical indication.

Several of these cases had not been investigated to exclude a primary cause of their regression,

It follows from this that, if "several" had not been investigated, the others had. Therefore to carry out tests on them could not be clinically justified. According to the published Lancet paper (see "patients and methods: clinical investigations") "four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis." Therefore, by the researchers' published admission, one third of the children reported in the Lancet had no conceivable clinical indication for lumbar puncture.

and we thought it important to ensure that we were not missing underlying metabolic or genetic abnormality.

These decisions were taken according to a predetermined plan, without the children first being seen by a psychologist, psychiatrist or neurologist - or indeed by anybody at the Royal Free hospital.

Proposed investigations thus included ileocolonoscopy and upper endoscopy, barium follow-through if ileitis was identified, lumbar puncture (if sufficient fluid remained after lactate assay, serology and/or cytokine testing would be

performed),

This claim regarding the lumbar punctures is disingenuous, as indicated above.

magnetic resonance imaging of the brain to exclude structural defects, electroencephalography to exclude covert epilepsy, electrophysiological testing, and a panel of standard laboratory tests, with isolation of DNA for complement genotyping, since C4 deficiency had been reported to be an association.

The subjects of the research were almost wholly autistic children with constipation and encopresis, as indicated above. These tests were agreed upon before the children were ever examined at the hospital, or their medical records consulted. Doctors in relevant specialties only saw the children *after* such tests had been carried out. A timetable of the investigations carried out is available at http://briandeer.com/mmr/royal-quiz.htm

The protocol was referred back at first submission in September, 1996, with clarifications and amendments required, and was approved in December, 1996. Specifically, members of the committee challenged the lumbar punctures and intubations, and were assured, falsely, that these were only performed where clinically-indicated.

This protocol formed the basis for all children investigated in the 1998 Lancet paper, and all were investigated.

This is false, as this analysis shows. A comparison between the approval and the Lancet paper is set out at http://briandeer.com/mmr/royal-table.htm

We had no idea at the time of our Ethical Practices Committee application that lymphoid hyperplasia would prove so common, although it was a prominent part of the final report.

This may or may not be so.

It is important to document where the protocol differed from the submission. First, neither I nor my fellow endoscopist, Mike Thomson, eventually considered it justified to perform upper gastrointestinal endoscopy in most patients - there was then no published evidence of upper gastrointestinal pathology,

Dr Murch's statement does not document "where the protocol differed from the submission", as he claims, at all, but in fact serves to conceal the differences. The reference to published evidence is a non sequiteur. There was at the time no published evidence of any of this.

and we were performing these procedures under sedation, as was then our practice.

According to the informed consent document, the procedures would be performed under sedation, or general anaesthetic if the child "becomes distressed". This document is available at http://briandeer.com/mmr/royal-free-12.htm

Getting the precise level of sedation is not easy in children with such behavioural difficulties, and we felt this was not appropriate at that time, although our policy altered in later years.

It is unclear what this sentence means.

Second, in the event, we did not continue with this extended protocol for the full 25 patients, again because of the clinical concerns of myself and my colleagues, since we had found no evidence of underlying metabolic abnormality in any case and did not consider that lumbar puncture of further cases was indicated.

Either this claim is false, or the investigators have published false information in the scientific press. An abstract published by the journal Gut, and presented in March 1998, refers to 30 children undergoing this protocol. The abstract is available at http://briandeer.com/mmr/wakefield-gut.htm

Other children subsequently seen were thus not subjected to this extended protocol, and investigated by testing of inflammatory markers and abdominal X-ray, with endoscopies performed if thought clinically indicated, unless there were clear clinical reasons to perform additional tests.

This claim is false and disingenuous, for reasons dealt with elsewhere in this analysis.

Following the publication of the initial report, John Walker-Smith sought guidance from the Ethical Practices Committee about further investigation of future cases, stating "I would like formally to request Ethical Committee approval for our clinical research analysis of these children who we are continuing to see by clinical need".

This is grossly disingenuous. Professor Walker-Smith "sought guidance" seven days after the Royal Free medical school received the letter from Sir David Hull on July 8 1998. The sequence of correspondence is at http://briandeer.com/mmr/royal-free-index.htm

In a letter to the ethics committee, further studies were referred to under the title "autism and non-specific colitis and Lymphoid Nodular Hyperplasia" since that was the clinical entity that the earlier study had defined. This was reviewed on July 22, 1998, and data collection from clinically indicated investigations was approved.

Again, the ethics committee review was triggered by Sir David Hull.

This was for study of subsequent patients investigated on the basis of gastrointestinal symptoms and initial assessment, and in no way relevant to the 1998 Lancet paper,

This appears to be correct. The fishing expedition continued for years, claiming all the while to be clinically-indicated. Children found to have LNH were fed directly into the litigation process.

which had been conducted entirely according to the 1996 approval.

This is false. The Lancet paper barely resembles the protocol submitted to the ethics committee.

Thus, there was no change in the name of the ethical approval requested for the 1998 paper, as mistakenly alleged.

I am not aware of anyone alleging that any change was sought from the ethics committee whatsoever. The committee was simply not notified of wholesale alterations, or of critical matters which the investigators had a duty to bring to its attention.

A local review initiated by the Royal Free medical school in July, 1998, confirmed that the application had been fully considered by the ethics committee, and that assurance had been given that the investigations were clinically indicated. It was also apparent that the continuing investigation of those children had been reviewed by the ethics committee in July, 1998, and appreciated that investigation of children seen after publication had become less extensive, and usually restricted to gastroenterological testing as thought clinically appropriate.

This review and matters following from it were as a result of the approach by Sir David Hull, as indicated above. Nobody has ever doubted that the committee "considered" the application, or that the committee was given the "assurance" that the investigations were clinically indicated. I submit, however, that this assurance was false.

I submit that as a matter of law, doctors cannot simply determine what is clinically-indicated and make it so by virtue of that decision. Were this the case, a gynaecologist, a GP, or indeed a gastroenterologist, could with impunity determine that all female patients should, on clinical grounds, have their breasts massaged. I believe the public would be shocked if the GMC punished a medical practitioner in such circumstances, and overlooked any mistreatment of profoundly vulnerable autistic children.

We contended then, and still contend now, that these were standard and appropriate gastroenterological and neurological investigations for the symptoms reported given the current state of knowledge at that time.

I don't believe that Dr Much will be able to find much support for this claim among paediatricians, gastroenterologists or neurologists.

Undoubtedly we now perform endoscopy less frequently, but that is based on extensive experience. Similarly, a child with coeliac disease in the 1970s would have had three diagnostic biopsies compared to the one, or even none, now performed.

By the time Dr Wakefield left the Royal Free in December 2001, he says in a recorded interview with Sunday Times journalists, at least 200 autistic children had undergone colonoscopy.

Mr Barr tells me that up to 150 children seen at the hospital were his clients. Other children were clients of additional law firms involved in the litigation.

Thus, I can confirm that the patients presented in the Lancet study were investigated in accordance with the ethics committee approval of December, 1996,

This is false. The protocol describes a study with a different title, a different admissions criterion, a different number of subjects, different controls, a different rationale for lumbar punctures and a different hypothesised environmental trigger, to what was published in the Lancet. The ethics committee chair and the dean of the medical school explicitly deny the claim in the Lancet that the committee approved the investigations. A comparison of the two studies is available at http://briandeer.com/mmr/royal-table.htm

and that no attempt was made to seek retrospective approval.

I am not aware of anyone alleging that the investigators sought retrospective approval. They never at any time sought approval for the study they carried out.

Dr Simon Murch

Senior Lecturer and Consultant in Paediatric Gastroenterology, Royal Free and University College Medical School

I submit that the complex contradictions in this analysis emerge from something very simple: that these doctors carried out an unauthorised and unethical fishing expedition in pursuit of non-clinical goals. When challenged, they dissembled. In the statements published in the Lancet, they misled the medical profession and the public on a matter of grave concern, which is, in itself, I submit, worthy to go before the GMC's fitness to practice committee for investigation.

I hold copies of any documents not available at my website, and am willing to provide them to the GMC, or to give any other help that may be required.

I trust that you will notify me, in whatever way is appropriate, of how my concerns are progressed.

With best wishes,

Brian Deer

http://briandeer.com