

Shaken Baby Syndrome or Adverse Vaccine Reaction?

Many parents have been charged with murder for allegedly shaking their babies to death, but medical evidence suggests that vaccinations are to blame in a large number of these cases.

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Throughout history, mankind has been plagued by infectious diseases. With the advent of modern biochemical antibiotics, many of these To loving, caring parents, the act of child abuse is abhorrent. However, it must be recognised that child abuse has occurred in the past and inevitably will occur in the future. Medical professionals have the unenviable task of establishing, by applying sound medical practice and scientific evidence, if child abuse has in fact occurred.

Shaken Baby Syndrome (SBS) was described in medical literature in the early 1970s¹ but was recognised as a form of severe child abuse as far back as 1860.² It is a collective term for internal head injuries which a baby or young child may sustain from:

- (a) being violently shaken (child abuse);
- (b) a combination of medical problems exacerbated by a serious vaccine adverse event;
- (c) a lone serious vaccine adverse event.

According to *New Scientist*,³ researchers may be on the way to identifying a biochemical signature that can help distinguish between brain injuries caused by accidents and those resulting from violent abuse. Whilst this research may identify SBS, it may not identify underlying medical problems which have been exacerbated by a serious vaccine adverse event or a lone serious vaccine adverse event. Unless sound scientific evidence is initiated swiftly to diagnose the difference, parents could find themselves in the position of a father in Sydney, Australia, who in 1995 was charged with the murder of his child.

THE TRAGIC DEATH OF RIKKI LEE WALTERS

Scott Warren Walters was charged with the murder of his four-month-old baby daughter, Rikki Lee Walters, by allegedly shaking the baby to death on 22 April 1995. Rikki Lee was born on 23 January 1995 at 41 weeks' gestation. The apgar scores (the scale, from 1 to 10, upon which a baby's physical health is judged) were 8 at one minute and improved to 9 at five minutes. She was vaccinated on 19 April 1995, 72 hours prior to her death. Vaccines given were triple antigen (diphtheria, tetanus, pertussis), Hibtiter (*Haemophilus influenzae*), hepatitis B and polio syrup.

The transcript of an electronically recorded interview between the police and Scott Warren Walters is significant:

Q: Did she have any medical problems which you were aware of any time in between those two visits to the doctors?

A: Oh, we were worried about her chest, 'cause she was, um, breathing a bit heavy and like, we took, the doctor said she's just got a cold.

Q: When did the doctor say that?

A: When we took her to, um, get her needles and that, she was...

Q: So, you were worried about her chest when you took her to the doctors.

A: Yeah, we were; her chest was, since she was born, like she had a...she caught a cold, and, you know, through the month...through, like, the second month, she's caught a cold and it hasn't gone away; it was just...her breathing was just heavy.

The transcript of the police interview with the mother is also significant:

Q: Did Rikki Lee receive any vaccination?

A: Yeah; the other day it was her two-month-old needles, 'cause she had a cold when they were due; ones for polio, hepatitis B, measles and mumps, all that type of thing.

Q: Did Rikki Lee have diarrhoea?

A: No.

Q: Did she have vomiting?

A: She's always been a vomity baby after she is fed, but no more than usual.

Q: Did she have cold symptoms?

A: She's had a snuffly chest and nose, she had a *really bad reaction to the needles*. She only had them on Wednesday; she had a runny nose since this. [Author's emphasis in italics.]

The fact that Rikki Lee had a bad reaction to vaccination was also noted by the police in the "Report of Death to the Coroner", dated 23 April 1995:

"The deceased received two-monthly injections on Wednesday 19.4.95 on her three-monthly period because she had been sick. The deceased then suffered a bad reaction to the injections; however, the mother did not return her to the doctor. [Signed by constable.]"

It is noted that the medical practitioner said the following in a statement to police:

"I cannot recall this consultation; however, it [is] my usual practice to *observe* the child and ask general questions as to the child's health. If the child had been obviously unwell with fever, the vaccination would not have been ordered. Further, the child did not appear to have any physical injuries or [to be] suffering from neglect; and if the child had been, I am aware of the guidelines in relation to [my] contacting the Department of Community Services. The child received the vaccinations from nursing staff, as this is usually the normal practice at the centre." [Author's emphasis in italics.]

We know that the child was ill because both parents alluded to this fact when giving police statements. Did the medical practitioner give adequate information to the parents on the risks and benefits of vaccination so an informed decision could be made? The father alleged that the medical practitioner, in a consultation lasting three to four minutes, did not take any notes of the

consultation, did not examine the child for contraindications to the administration of a vaccine, did not question the parents on the health of the child, and did not explain the risks and benefits of vaccination.

If the medical practitioner did not recall the consultation, how could he remember whether there were any physical injuries or whether the child was suffering from neglect? *Remember, the doctor took no notes* according to the parents. The doctor made the statement: "If the child had been obviously unwell with fever, the vaccination would not have been ordered." We know, however, that the doctor admitted only to observing the child, so how could he make a diagnosis of whether the child had any contraindications for the administration of the six vaccines?

*The Australian Immunisation Procedures Handbook*⁴ is distributed by the National Health and Medical Research Council to give medical practitioners guidance about vaccination and to encourage them to maintain the highest standards in the provision of vaccination services. The 5th edition of this handbook, distributed in October 1994, is very clear on the issue of consent and advises practitioners that informed consent must be obtained from the person being vaccinated or, in the case of a child, the child's parent or guardian. The handbook advises that consent should be obtained prior to each vaccination, after the recipient's fitness and suitability have been established, and that the person being vaccinated or the parent/guardian should be informed of all possible side effects.

It does appear that the medical practitioner in this instance was clearly negligent because he did not follow government guidelines in the provision of vaccination services. He did not establish Rikki Lee's fitness for vaccination correctly, as she was subsequently found to have been suffering from viral pneumonia. Seventy-two hours later, disastrous results emerged from his carelessness.

Following this vaccination, Rikki Lee slept for 10-11 hours on Friday night, 21 April 1995, the night before her death. Was this "excessive somnolence"? This is defined by Peter O. Behan, Professor of Neurology at Southern General Hospital, Glasgow, as "a state of drowsiness" and is an adverse reaction to vaccination.⁶ He wrote: "Albeit, this may be difficult to quantitate but, normally, mothers will be aware that the child will be difficult to arouse, will not take its food, and most mothers will note that the child is sleeping excessively."

According to the transcript from an additional police interview, Scott Warren Walters was asked about feeding details on the day Rikki Lee died:

A: ...she only, she didn't have it; she wouldn't have been two minutes; she was on the bottle and she just...

Q: About two minutes on the bottle?

A: Yeah.

Q: And what, she wasn't interested in the food?

A: No, no.

The father admitted that Rikki Lee, following the administration of the vaccines, had shown signs of excessive drowsiness, projectile vomiting and diarrhoea, had not been taking the full amount of her formula and was on continual doses of Panadol every six hours.

DOCTORS CALLED BY CROWN LEGAL TEAM

In the case of *Regina v Scott Warren Walters*,⁵ heard by Acting Judge Black in the NSW Supreme Court in April 1998, the Crown called three expert witnesses: a forensic pathologist, a paediatrician and a neuropathology professor.

- **The forensic pathologist reported:**

"There were no fractures of the skull; subdural haemorrhage was present diffusely across the superior surface of the right cerebral hemisphere. There was no evidence of bruising of the neck. There were no fractures of the rib cage. No digested food was seen in the intestine and there was minimal faecal material within the colon. An X-ray skeletal survey was performed, and no evidence of old or recent trauma or other bony disease was seen."

Acting Judge Black commented on the forensic pathologist's testimony in his Judgment:

"Examination of the fixed eyes noted haemorrhages around both sides of the optic nerve and diffuse retinal haemorrhages... There was laryngopharyngitis and moderate microvesicular steatosis present in the liver... Cytomegalovirus was isolated from a nasal swab. She said that cytomegalovirus was a viral pneumonia which she would not expect to cause death but would expect to cause something like a bad cold, maybe bronchitis... She was not able to say how long Ricki Lee had been suffering from viral pneumonia.

"The microscopic examination of the subdural haemorrhage told her that the haemorrhage occurred within around 12 hours prior to Ricki Lee's death."

The forensic pathologist determined that the direct cause of death was subdural haemorrhage occurring up to approximately 12 hours prior to death. No antecedent causes or other significant conditions that may have contributed to the death were listed.

In cross-examination, the following questions and answers were put and given:

Q: And first of all, it is the case, is it not, that there is some controversy within the medical profession about this whole issue of shaken baby syndrome?

A: Yes.

Q: There are those who would debunk the whole idea completely?

A: There are certain people that say that shaking alone is insufficient to cause injuries, that there must be impact as well; and there are others that say that the shaking is sufficient.

- **The paediatrician, Chairman of the Child at Risk Committee at Westmead Hospital, Sydney, reported:**

"The clinical and pathological findings are almost certainly the result of a violent shaking injury to the child in the short time prior to her death."

Slightly later in his report, he said this:

"The only other possible explanation for a spontaneous haemorrhage into the brain would be some form of haemorrhagic disease such as vitamin K deficiency in the neonatal period. I understand that she did receive her vitamin K injection and this would virtually rule out this possibility."

In his Judgment, Acting Judge Black commented on the paediatrician's findings:

"In the course of his evidence, the paediatrician had said that he felt strongly about his position and I asked him to clarify what he meant by that. He said it was not because he was trying to make out that he was zealous about the matter; it was just that because of the range of injuries within the brain, he felt it was consistent with violent shaking, way out ahead of any other possibility; in terms of percentages, something like 99 per cent, something like that.

"He was not aware that the child had been vaccinated about three days before her death.

"He says that the presence of cytomegalovirus would not be a contraindication for immunising the child. He said the current advice is that immunisation should be done unless there is a particularly serious illness.

"In relation to the microvesicular steatosis found by the forensic pathologist, he [paediatrician] did not refer to it in his report. He said in relation to it:

'It is not something I think I could comment on, but I think I was concentrating largely on the injuries that were documented but it is obviously important in the context.'

Q: When you say you cannot comment on it, are you saying you cannot comment on microvesicular steatosis?'

A: Yes, I would have to be told what that is. I don't know what that is.'

"I am surprised [said Judge Black], in view of those answers, that the paediatrician felt able to be as positive in his conclusions as he was."

- **A neuropathology professor also gave evidence for the Crown. Commenting on his testimony, Acting Judge Black wrote in his Judgment:**

"Injuries are consistent with the child having been shaken. He was asked, 'Would it be possible for a child to have received these injuries and to appear normal to a number of adults over a period of hours?' A: 'Yes.' When asked to put a time frame on this, he said, 'The injuries could have happened twenty-four to forty-eight hours prior to the arrival of the ambulance on the Saturday night'. He was unaware that the child had been vaccinated three days prior to the death. He noted the presence of cytomegalovirus but that did not cause him any concern, nor did he see any relationship between that and the vaccination.

"He did not consider whether scurvy was a problem and said, 'Scurvy is a diagnosis that...again I am no [more] expert on the clinical aspects of vitamin deficiencies than I am on the vitamin aspects of brain problems, but scurvy does not normally cause any brain pathology'."

It was clear from the medical evidence tendered that the *subdural haemorrhage* was the *cause of death* and was probably less than 24 hours old. The retinal haemorrhage would have occurred near the time of death and could have been caused by resuscitation. In other words, there were two instances of haemorrhage allegedly caused by the baby being shaken.

DOCTORS CALLED BY DEFENCE LEGAL TEAM

Two medical practitioners were called on behalf of the defence in the case of *Regina v Scott Warren Walters*.

- **Dr Mark Donohoe, MB, BS, gave the following testimony:**[7](#)

"The contributing and unusual factors in this case do make it difficult to attribute the intracranial bleeding to a single cause. The range of contributing and potentially causative factors include: hepatic mitochondrial abnormality (as evidenced by the microvesicular steatosis of the liver); antibiotic use in the neonatal period; cytomegalovirus (CMV) infection causing pneumonia; poor feeding and fluid intake causing a depletion in glutathione; multiple antigen vaccination administered while she was suffering a significant viral infection; adverse reaction to the vaccination; the use of paracetamol to manage her high temperature; nutritional deficiencies, including vitamins K and C."

This is an extract from Acting Judge Black's Judgment concerning Dr Donohoe's testimony:

"In summary, his [Dr Donohoe's] report focuses on the moderate microvesicular steatosis present in the liver, found by the forensic pathologist. He says this condition arises from an inherited or acquired disorder of hepatic mitochondrial function. This was either inherited by Rikki Lee from her mother or caused by a toxic drug reaction. This type of hepatic damage would be expected to cause coagulation and bleeding disorders. In his view, the administration of an antibiotic when Rikki Lee was eleven days old, the presence of the cytomegalovirus infection, the administration of the vaccines, the administration of Panadol and possible vitamin deficiencies all combined to the possible sudden onset of spontaneous bruising and bleeding in a previously apparently healthy child.

"He disagreed with the forensic pathologist's evidence that the steatosis of the liver was consistent with viral infection from the cytomegalovirus. He said the literature and research in the last five years had been fairly definitive that microvesicular steatosis is a mitochondrial disorder.

"I [Judge Black] have considered the forensic pathologist's evidence about this carefully, and on this issue I am not satisfied that Dr Donohoe is wrong."

- **Dr Archie Kalokerinos, MB, BS, well-known (retired) general practitioner and author of the book *Every Second Child*,[8](#) also gave evidence for the defence. This is an extract from his testimony:**

"A possible cause of Rikki Lee's death was scurvy haemorrhage precipitated by pertussis vaccine.

"The precipitating factor giving rise to scurvy is the endotoxin contained in pertussis vaccine, and the amount of endotoxin varies tremendously from one batch to another. In addition, endotoxin is more likely to be stimulated in production because bottle-fed babies do not have normal bowel flora. Also, the administration of antibiotics can stimulate the production of excessive amounts of endotoxin. Vitamin C neutralises the effects of endotoxin; however, infants exposed to endotoxin can develop a sensitivity which can precipitate extremely acute and even fatal symptoms occurring without warning.

"The presence of a viral infection means more utilisation of vitamin C and probably causes the production of endotoxin in the gut. All the factors necessary for the production of scurvy haemorrhages are present in this case."

Regarding Dr Kalokerinos and his evidence, the Acting Judge noted:

"He said from his own experience and from the research he had done, haemorrhages can occur in scurvy. The haemorrhages noted by the forensic pathologist could all have been caused by scurvy. The vitamin deficiencies and problems arising therefrom are far more common amongst Aboriginal and part-Aboriginal children than amongst Caucasian people. (It is noted here that the accused's evidence was that he was Aboriginal.) He says, in the present case, the vitamin C deficiency was a very likely possibility, 'much more likely than any other possibility'. He disagreed with the professor's evidence that scurvy did not normally cause any brain pathology.

"It will be remembered that the professor had disclaimed any expertise in vitamin deficiency.

Further, the professor had not said that scurvy could not cause any brain pathology; the words he used were 'does not normally cause'. Accordingly, I am not satisfied beyond reasonable doubt that scurvy cannot cause brain pathology."

Acting Judge Black, in the Supreme Court of New South Wales, Criminal Division, in handing down Judgment on 24 April 1998, said:

"In relation to those two doctors [i.e., doctors for the defence], I had the opportunity of seeing them both give their evidence and be carefully and comprehensively cross-examined in the witness box. I have also paid attention to the written submissions provided to me by the respective counsel. I did not form the view that either of those doctors was putting forward a fanciful, untenable proposition. Perhaps, putting the burden the correct way, I am not satisfied that their evidence should be rejected as unreliable, nor am I satisfied that their propositions are unreasonable.

"...Suffice it then to say, in this case, having regard to all the evidence before me including, in particular, that given by witnesses whom I have seen, my verdict is that the accused is *not guilty*." [Author's emphasis in italics.]

An innocent man would have been jailed in this matter if the Judge had not found that the medical practitioners for the defence were presenting reasonable propositions for alternative medical reasons, including a vaccine adverse event, rather than SBS for the death of the baby. Other accused parents have not been so fortunate.

COMPARISON WITH SBS/VACCINE CASES IN UK & USA

In the United States, a father has been jailed for life after a jury found him guilty of causing SBS. Baby A.⁹ was born in September 1997 and vaccinated eight weeks later with diphtheria, tetanus, pertussis (DTP), hepatitis B, polio syrup and Hib (*Haemophilus influenzae*)--exactly the same vaccines that were administered to baby Rikki Lee.

It is interesting to note that Baby A. had advanced bilateral pneumonia, whilst Rikki Lee was diagnosed as having viral pneumonia. Both mothers noted that their babies had chest congestion from birth to death and had a falling-off of feeding patterns and increased lethargy following the administration of vaccines.

Clearly, the medical condition of both babies following birth should have precluded them from undergoing any vaccination, and especially not six vaccines at the one time. It is obvious that the babies in the two cases mentioned had underlying medical problems that were exacerbated by the administration of multiple vaccines and that a vaccine adverse event contributed to each death. The post-mortem findings on Rikki Lee found subdural haemorrhage of the right cerebral hemisphere and retinal haemorrhages were noted. In the case of Baby A., the findings found subdural haemorrhages of the right and left cerebral hemispheres as well as retinal bleeding. It is also interesting to note that both mothers had urinary tract infections during pregnancy and were treated with antibiotics.

The father of Baby A. is fighting for his life and is presently seeking sufficient worldwide medical expertise to file an appeal. Many medical professionals around the world have responded to his request for support, including Dr Archie Kalokerinos who gave evidence in the Walters trial. Another tragic case in the United States is that of a mother who has been jailed for life for allegedly shaking her quadruplets. The naturally conceived quadruplets were born two months prematurely, weighing around three pounds each. When the babies were three weeks old, they were given hepatitis B vaccine--following which, all four babies became ill and required hospitalisation. Two babies ultimately required insertion of shunts in their brains to release blood and fluid as a result of subdural haemorrhages.

Immediately the babies were hospitalised, the medical professionals made a diagnosis of SBS. These four babies are now scheduled for adoption and the maternal grandmother has been dismissed by state authorities as a possible candidate.

In the United Kingdom, a 35-year-old lawyer was recently convicted of the double murder of her baby sons. Christopher died in 1996 and Harry in 1998. Sally Clark was accused of shaking Harry to death. Because of that accusation, it was alleged that it was too much of a coincidence to believe that Christopher did not die in 1996 in exactly the same way, even though death at the time was attributed to "natural causes". Harry was diagnosed with retinal haemorrhage; however, one medical expert prior to the trial had doubts about this diagnosis, as he claimed he had been looking at the wrong slides. This disclosure weakened other medical experts' evidence of SBS, but it was not sufficient to sway the jury from a verdict of guilty. Christopher was vaccinated 23 days before his death, and Harry on the day he died; so it is feasible that both of these babies could have died from a severe vaccine adverse event.¹⁰

There was a divergence of medical opinion at the trial of Sally Clark as well as at the trial of the father of Baby A. The question must be asked whether juries are capable of understanding complex, conflicting medical evidence empowering them to judge a person's guilt or innocence in such cases. It is interesting to note that in the Australian case of Walters, a Judge alone found the defendant not guilty.

ACCURATE CASE ASSESSMENT

It should be noted that SBS may not always result in the death of a baby. In New South Wales recently, parents of a child suffering a serious vaccine adverse event were suspected of SBS. The baby has been removed from the care of the parents and placed with a Department of Community Services (DOCS) foster parent. The law in New South Wales¹¹ gives representatives of DOCS the right to attend on the residential address of any parent suspected of abusing children. A notice¹² is served on them to present their child forthwith to a nominated medical practitioner at a hospital or some other place so specified so a medical examination of the child can take place.

Under the law, the Director-General of the Department of Community Services may keep the child for "such period of time as is reasonably necessary for the child to be examined". A court of law will ultimately decide the fate of the baby, i.e., whether the baby would be returned to the care of the parents or whether it would be fostered out to family or other carers. Following a hearing, it is possible that the court could refer the matter to the police. The situation may then arise where a

person is charged with a criminal offence (SBS), even though the injuries to the baby may well have been reported to the appropriate authorities by that person as a serious vaccine adverse event. It is clear that the diagnosis of SBS requires meticulous medical investigation. This investigation will be made much more difficult in the future with the recent endorsement by governments around the world of hepatitis B vaccination of all newborns. As more vaccines are released onto the market, the number of serious vaccine adverse events--including death--will increase in our children and at a younger age.

The problem is the failure of medical professionals to recognise that vaccine adverse events do occur and that they are guilty of labelling them "coincidental" or "by chance".¹³ In Australia, six deaths¹⁴ have been reported from vaccines in the 27-month period from 6 June 1997 to 2 September 1999. Because of the under-reporting and under-recognition of such events, it is likely that death and other serious injuries occur in much higher numbers than the public has been led to believe. In other words, it is more politically correct to label the death or injury of a baby as SBS than to investigate the safety and effectiveness of vaccines which are considered by governments and the majority of the medical profession as the only panacea for the treatment of infectious diseases.

Clinical trials prior to licensure of vaccines are notoriously small, and this inhibits researchers' ability to establish accurately the cause and effect relationship between vaccines and serious adverse events. Vaccine trials are usually funded by vaccine manufacturers themselves and are unlikely to quantify accurately the true "risks vs benefits" ratio, lest it reflect on sales and marketing strategies.

What is seriously lacking is independent scientific research with large numbers of trial participants, where one half is given the vaccine and the other half is given a placebo.

Dr Mark Donohoe, the Sydney medical practitioner who gave evidence for the defence in the Walters trial, was very explicit in his SBS research when he said:¹⁵

"There exist major data gaps in the medical literature regarding SBS. These are summarised as:

- Lack of clear definition of cases. There is an urgent need for standard criteria, to identify certain cases for the purpose of homogeneity in trials and identification of the unique features of SBS as opposed to other abuse, other medical conditions and normals.
- Lack of useful and specific laboratory or other markers proven to identify SBS.
- Poor definition and quantification of the social and family risk factors to provide guidance on likelihood of abuse for a given set of circumstances.
- There is a strong need for a checklist or other diagnostic or management tool to assess cases and to quantify index of suspicion of shaking."

A paper in the *British Medical Journal* concluded:¹⁶

"Subdural haemorrhage is common in infancy and carries a poor prognosis; three quarters of such infants die or have profound disability. *Most* cases are due to child abuse, but in a few the cause is *unknown*." [Author's emphasis added.]

The authors of the paper believe that the clinical investigation of such children should include:

- a full, multidisciplinary, social assessment;
- an ophthalmic examination;
- a skeletal survey supplemented with a bone scan or a skeletal survey, repeated at around 10 days;
- a coagulation screen;
- a computed tomography or magnetic resonance imaging.

However, according to Dr Mark Donohoe:

"There is an urgent need for properly controlled, prospective trials into SBS, using a variety of

controls. Until such studies are complete, published and replicated, the current opinion on the link between SDH/RH and SBS cannot be sustained."

RESPONSIBILITIES OF THE LEGAL AND MEDICAL PROFESSIONS

The correct diagnosis of Shaken Baby Syndrome is a problem for those being accused of this syndrome around the world. The cases mentioned are only a small number that have occurred over the past few years.

It is hard to imagine the distress, confusion and despair suffered by the accused and their families, especially those who have been jailed for life for a crime they claim they did not commit.

Juries and lawyers rely heavily on what medical experts tell them. If medical experts are guilty of grossly misleading a court of law by providing skewed evidence from inadequate medical research on SBS, then innocent individuals are suffering unnecessarily. Let us hope that the SBS medical experts comprehend that they are not infallible and realise the untold human tragedy that can occur if they are wrong.

Glossary

The key terms in the identification of SBS are alleged to be:[17](#)

- Cerebral oedema: fluid collecting in the brain, causing tissue to swell.
- Haematoma: a localised accumulation of blood in tissues as a result of haemorrhaging.
- Haemorrhage: a condition of bleeding, usually severe.
- Retinal haemorrhage (RH): bleeding of the retina, a key structure in vision located at the back of the eye.
- Subdural Haematoma (SDH): a localised accumulation of blood, sometimes mixed with spinal fluid, in the space of the brain beneath the membrane covering called the dura matter.

Endnotes:

1. *Gale Encyclopedia of Medicine* (Olendorf, Jeryan, Boyden, editors), Gale Research, Detroit, MI, vol. 4, 1999, p. 2604.
2. "Abuse and Neglect of Children", *Nelson Textbook of Pediatrics* (Behrman, Kliegman, Jenson, eds), W.B. Saunders Co., Philadelphia, PA, 2000, 16th edition, chapter 35, p. 113.
3. Baker, Mitzi, "That was no accident: Biochemical markers could one day help identify battered children", *New Scientist*, 28 November 1998, p. 21.
4. *The Australian Immunisation Procedures Handbook*, National Health and Medical Research Council, 5th edition, October 1994 and revised 5th edition, 1995.
5. Regina v Scott Warren Walters, Supreme Court of New South Wales, Criminal Division, No. 70031 of 1998.
6. Behan, Peter O., MD, FACP, FRCP (Professor of Neurology, Glasgow University, Scotland), "Report on the Neurological Complications of Pertussis Vaccination in Children", August 1995; and letter from Professor Behan to Sydney solicitors, dated 13 October 1993, regarding a vaccine damage claim.
7. Dr Mark Donohoe's research on Shaken Baby Syndrome, prepared for the case of Regina v Scott Warren Walters, heard in Sydney, Australia, in 1998.
8. Kalokerinos, Archie, MD, *Every Second Child*, Pivot/Health Books/Keats Publishing, CT, USA, 1981 (first published by Thomas Nelson Australia Ltd, 1974), ISBN 0-87983-250-9.
9. Information provided to the writer by the father of Baby A. in written correspondence and history, taken by Harold E. Buttram, MD, and F. Edward Yazbak, MD, of the Woodlands Healing Research Center, Quakertown, PA, USA, dated 25 May 2000.

10. Driscoll, Margarete, "Shadow of Doubt", *Sunday Times News Review*, UK, 28 November 1999. The article reports that Christopher was vaccinated on the day before his death; but Dr Viera Scheibner has learned that the boy was vaccinated 23 days before he died--one of the critical days, according to her studies linking SIDS (sudden infant death syndrome) with vaccinations.
11. New South Wales Children (Care and Protection) Act 1987, No. 54.
12. *ibid.*, section 23, pp. 30-31.
13. *The Australian Immunisation Procedures Handbook*, 7th edition, March 2000, pp. 22, 259; also, Drs Gordon Ada and David Isaacs, *Vaccination: The Facts, The Fears, The Future*, Allen & Unwin, Sydney, 2000, pp. 91, 94, ISBN 1-86508-223-6.
14. Commonwealth Department of Health and Aged Care, Communicable Diseases Intelligence Bulletins: 21(20):313, 2 October 1997; 21(23):364, 25 December 1997; 22(7):146, 9 July 1998; 22(10):234, 1 October 1998; 23(1):34, 21 January 1999; 23(9):255, 2 September 1999.
15. Dr Mark Donohoe's research on Shaken Baby Syndrome, prepared for the case of Regina v Scott Warren Walters, *ibid.*
16. Jayawant, S., Rawlinson, A., Gibbon, F., Price, J., Schulte, J., Sharples, P., Sibert, J.R., Kemp, A.M., "Subdural haemorrhages in infants: population-based study", *British Medical Journal* 317:1558-1561, 5 December 1998.
17. *Gale Encyclopedia of Medicine*, *op. cit.*

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Maureen Hickman, JP, has been a para-legal in Sydney law firms for over 25 years and currently works part-time at Carters Law Firm. She is the author of *Vaccination: The Right Choice?* (reviewed in NEXUS 7/04, June-July 2000).

Editor's Note:

For additional background information, refer to "Shaken Baby Syndrome: The Vaccination Link" by Viera Scheibner, PhD, published in NEXUS 5/05, August-September 1998.