

NEW ZEALAND SKEPTIC

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Bands of Hope

Lewis Jones

Can a cotton wristband and a plastic button alleviate seasickness? The British Consumers' Association thinks so, but scientific evidence indicates otherwise.

The sea has always brought out the best in me. Such as a good lunch. So all those ads for Sea Bands have been striking a responsive chord. You know the things. They keep coming up in those glossy colour brochures that fall out of your magazines and into your waste paper basket.

How the Royal Navy Fights Seasickness — you can't speak plainer than that. If the navy doesn't know about being seasick, who does? "The Royal Fleet Auxiliary tested the system in 1986, and declare it a useful, drowsiness and side-effect free alternative to drugs."

At this point you look at the accompanying photograph and see what looks like a cotton wristband with an inset plastic button the size of an aspirin. You look closer and examine the picture in careful detail to see what a Sea Band really is. It turns out

to be a cotton wristband with an inset plastic button the size of an aspirin.

Curiosity eventually got the better of me, and I decided to follow the Sea Band trail and see where it led. When I contacted the Royal Fleet Auxiliary's Principal Medical Officer, Dr Driver, I struck lucky right away. It was Dr Driver who tested the Sea Bands aboard *Sir Lancelot* in the South Atlantic. Of the 17 people tested, two-thirds said they

thought the Sea Bands effective and one-third didn't. This is a very small sample, so how about a control group? Well, another test had been planned on the good ship *Tristram*, without the plastic buttons, but there wasn't enough bad weather. Dr Driver emphasised that such evidence as there was, was anecdotal.

Consumers' Association Test

Then the British Consumers' Association (CA) decided to hand out Sea Bands to 27 passengers on a cross-channel ferry. About two-thirds thought they felt less ill than usual, and one third didn't. Still no control group. And again the sample was

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Tattooed Maoris Did It!

The failure of clairvoyants to locate the missing Wellington man, Michael Kelly, or to know the manner of his death, will not startle many skeptics. No major missing persons case in the history of New Zealand has been solved with paranormal help, despite the fact that police have been deluged with clairvoyant tips over the years — from Mona Blades to Kirsia Jensen, Teresa Cormack, Heidi Paakkonen or Michael Kelly.

Nor are we surprised that self-described psychics were called in by a desperate family. When all leads go cold, people are vulnerable to the suggestion that paranormal powers can help.

What ought to worry us is the media-generated atmosphere in which such delusion can flourish. Both the *Dominion* and the *Evening Post* published straight accounts of the clairvoyants' visions of Michael Kelly's "abductors" (See *News Front*, p14). Kelly was supposedly robbed by two or three "rough-looking, tattooed Maoris." All the clairvoyants agreed on a description of their car. I'll bet it was a Holden in need of body work.

No sooner had the *Dominion* published these psychic delusions than police phones started ringing hot with reports of suspicious-looking Maoris motoring about Wellington.

Both the *Dom* and the *Post* richly deserve a Bent Spoon for treating psychic fantasies as though they were news, but they're not the only guilty parties. The *Holmes* show recently featured an item on a clairvoyant who was "helping" in the search for a toddler missing near the shore of Lake Wakatipu. Just as Kelly's family was told foul play was involved in his disappearance, so the mother of this drowning victim has been given psychic visions implying abduction by a man. This

psychic search also failed, but that fact didn't make it onto *Holmes*.

Particularly upsetting in the Kelly case is that the clairvoyants were at last report still insisting another person was involved in the death, implying foul play. To the family's anguish can now be added the burden of disquiet about the coroner's findings.

Holmes, the *Dom*, the *Post* — why, even Sharon Crosbie gave at least one skeptic an attack of depression on a recent morning when she provided fifteen minutes of unchallenged air-time to a visiting American clairvoyant. This huckster told Sharon that she got into the psychic business 25 years ago when she had a seven-hour conversation in French with her daughter, though neither of them had ever spoken the language before. Seems they simply "flipped back to the year 1654 in the south of France." Sharon fairly giggled and gushed while the woman babbled on about akashic past lives and predicted "many, many changes on the planet...a lot of earthquake activity in New Zealand," all because "we're moving into a higher level of vibration."

Let's give Sharon credit: two days later she had the good grace to read on air a letter from Peter Lange excoriating her for the interview. Sharon's an intelligent woman and, what the hell, we all have our off days. (Although the Press Association carried our official condemnation of the use of clairvoyants in police investigations, neither the *Dom* nor the *Post* chose to publish the story — I guess they're having an off month.)



Contributions should be directed to:

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Please send articles on IBM-compatible disk in ASCII, Wordstar or Word Perfect formats, if at all possible. Disks will be returned if clearly labelled.

Please indicate publication and date of any clippings.

Final deadline for next issue:

February 1st

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small. The CA admitted this was not a controlled clinical trial, but couldn't resist going on to enthuse about results that were "quite dramatic." They reported giving Sea Bands to children who felt sea-sick, and within minutes, "they were up and frisking around again." And there was one young girl who stopped being seasick when she put the bands on, but was sick again when she took them off to fill in the questionnaire.

The CA don't agree that they were misleading their readers, in spite of a forthright picture-caption saying, "Sea Bands might work for you" (and so might touching wood). They saw it as an advantage that Sea Bands do not produce side effects (neither does touching wood).

Naval Assessment

Enter the Institute of Naval Medicine (INM), who tested Sea Bands against the drug hycosine, sometimes known as scopalomine. (At sea, this gives good control of symptoms for some hours). But the INM also tested against two placebos. One was a dummy drug (Vitamin C), and the other was a dummy

band (the Sea band with the plastic button reversed so that it didn't press against the wrist). Eighteen male volunteers were exposed to a "cross coupled nauseogenic motion challenge." In other words, they were blindfolded and rotated in a chair while they performed head movements to commands from a loudspeaker above them.

The hycosine had an effect. But Sea Bands? No better than the dummy remedies.

This may sound pretty innocuous, but in fact it's a fairly severe test. It will bring on the first symptoms of vomiting within 15 to 20 minutes on average. Each subject was tested on the motion challenge on four separate occasions, with at least a week between each. The results? The hycosine had an effect. But Sea Bands? No better than the dummy remedies. In fact, it emerges that the US Naval Aerospace people had tested Sea Bands back in 1982. The results then? No benefit.

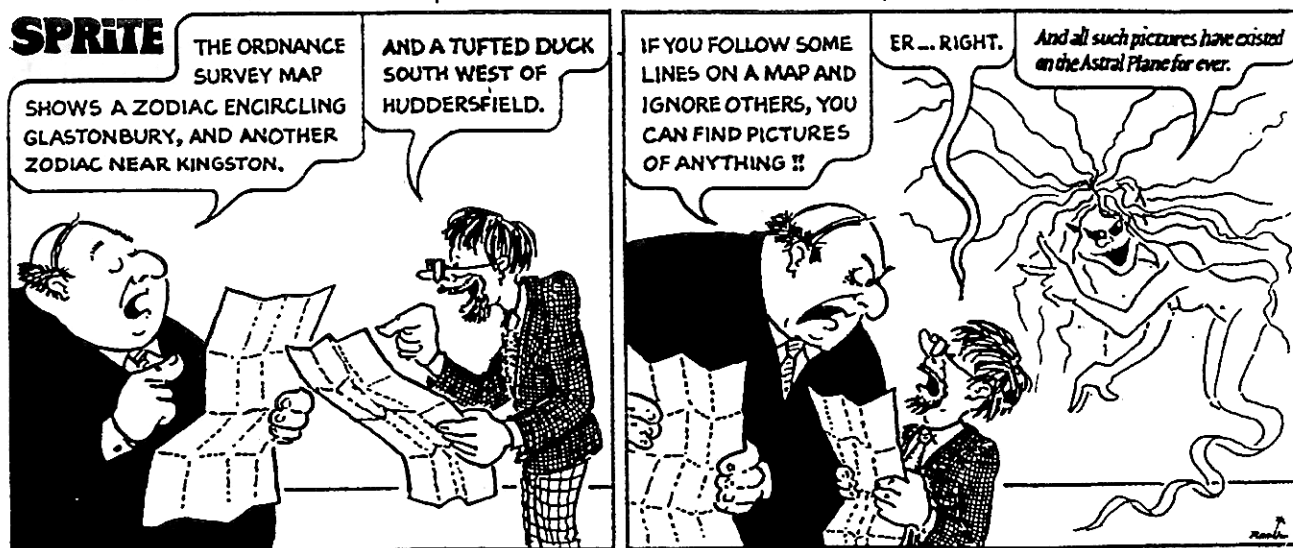
You can browse through *Gray's Anatomy* until your

thumb is sore, without ever finding any connection between your wrist and being seasick. So why on earth did anyone think there was anything in the idea in the first place?

The Acupuncture Connection

It turns out that a Mr D.S.J. Choy had come up with a "seasickness strap" in New York in 1982. The idea was to find a way of pressing against the Nei Guan or P6 acupressure point, which is situated two *Chinese* inches away from the wrist crease. Why? At the end of the trail we open *The Treatment of Disease by Acupuncture* by Felix Mann, President of the Medical Acupuncture Society. He lists the ailments you can cure by pressure on the wonderful P6 point:

"Headache, insomnia, dizziness, palpitation of heart, epilepsy, madness, easily frightened, swelling under armpits, cramp of elbow, cardiac pain, vomiting, middle regions blocked full and swollen, spleen and stomach not harmonised, stomach very painful, gastritis, enteritis, swelling of abdomen, diarrhoea, hiccoughs, coughing,



British & Irish Skeptic, Donald Room

depleted and weary, summer-heat diseases, rheumatism of foot, jaundice, irregular periods, post-partum bleeding and dizziness, spermatorrhoea, nearly pulseless."

It's difficult enough to come up with a remedy that can make a firm claim to cure one specific ailment. Remedies that claim to cure everything from hiccups to madness can only expect to be taken seriously by mediaeval visitors from a time warp.

Sea Bands does list a medical advisor: Dr Stainton-Ellis, a retired medical man. But Dr Stainton-Ellis said he had little contact with the company, and it is not clear that he is actually called upon to do anything. He told me that Sea Bands "are now being used in pregnancy, radiotherapy and chemotherapy."

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In fact, in these areas Sea Bands have not so much been "used" as put under test, usually by the same small group of enthusiasts. These studies have been heavily criticised for their statistics, their poor methodology, their lack of double-blind controls, and the fact that other researchers have been unable to reproduce the results. But acupressure is a mere ghostly cousin of acupuncture. So is it worth considering acupuncture itself before a sea voyage?

Dr Peter Skrabanek has surveyed the needle scene,

Skeptical Bulletin Board

Skeptics with computers and modems may be interested in FaXination BBS. A free, public, science-oriented BBS run by South Pacific Information Services, it carries a number of discussion areas of interest to Skeptics:

- ☐ Skeptics – discussion of topics directly related to skepticism
- ☐ Science! – local science discussion
- ☐ Aust-sci – the Fidonet Australasian science echo

Also available are back issues of the NZ Science Monthly in text form, and compilations of messages from the international Usenet sci.skeptic group.

FaXination runs 24 hours, 7 days a week, and caters for modems from 1200-14,400 bps. The number is (03) 384-5138.

and reported to the medical journal *The Lancet* on 26 May 1984: "numerous controlled trials have shown that the claims for acupuncture have no scientific validity... Let us leave quackupuncture to quacks and let us tell the misinformed patient the truth, so that he or she can choose."

Lewis Jones is a London-based freelance editor and writer. This article appeared recently in the *The Skeptic* (UK) and is reprinted by permission of the author.

Update

1) After seeing Sea Bands advertised in the magazine of the Institute of Advanced Motorists, Mr Jones made a formal complaint to the British Advertising Standards Authority, on the basis of the facts in the article above. The Authority's response:

CONCLUSION: Complaint upheld. The advertisers failed to provide evidence for any of the claims. The Authority was concerned that the advertisers were unable to support the claims for the product as required by the Code, and requested that they

cease making any claims for the wrist band until adequate substantiation could be made available.

2) Of a similar nature are "Isocones," which are said to induce sleep in insomniacs by pressing on the acupressure point in the wrist. Unlike the Sea Bands, you must use a fresh Isocone each night on each wrist. Whether the acupressure points concerned with seasickness and sleeplessness are identical is not revealed by the advertisements for these products. If the points are different, it must require skill to press the right spot to produce the desired effect; if identical, the effect produced must depend entirely on the expectations of the subject, that is, our old friend the placebo effect.

3) For those interested, a member reports seeing Isocones for sale in a New Zealand pharmacy. Whether Sea Bands are available here is something we have not bothered to discover.

Bernard Howard

Hot-footing it in Fiji

Jim Ring

New Zealand Skeptics walk happily on red-hot embers, protected by the laws of physics. Fijian firewalkers, however, are said to stroll across white-hot stones. How do they do it?

Fijian firewalking is an ancient tradition. It was originally confined to a few villages on the island of Beqa (pronounced Mbengga). The ceremony achieved fame with a demonstration for visiting European dignitaries in 1885.

As John Campbell explains in *Skeptic* 15, firewalking is explained by science, not mysticism. Although the firewalker's skin is in contact with glowing carbon at a temperature of around 700°C, very little heat energy is transferred. No injury occurs because, although the surface of the charcoal is at this temperature, the charcoal has a low heat capacity and heat is not conducted through it sufficiently rapidly to raise the skin temperature to a dangerous level. Each foot only contacts the hot charcoal twice for a brief instant.

Of course, if skin and hot carbon were in contact for longer, or if the walker attempted to take too many steps on the hot coals, burns would ensue. Faith in one's firewalking abilities has no effect on the outcome.

Beqa Firewalking

Several published accounts of the Beqa firewalkers describe a ceremony with features that cannot be accounted for by this explanation. Many of these descriptions are rather informal (as well as unbelievable). Others are by anthropologists interested in rituals and beliefs associated with the ceremony.

These describe human behaviour in minute detail until it gets to the part which would most interest a physical scientist. Some writers seem unaware that they are describing events which are commonly thought impossible.

Accounts agree that flat stones or rocks are heated using wood fuel in a fire-pit. The wood is then raked away, leaving the stones glowing white-hot.

Accounts agree that flat stones or rocks are heated using wood fuel in a fire-pit. The wood is then raked away, leaving the stones glowing white-hot. After various rituals, the walkers enter the pit and walk round and round on the glowing stones. The men (only men can do this!) have anklets of dried leaves; afterwards neither these anklets nor the soles of their feet show any effect from the heat.

According to *Beqa: Island of Firewalkers* (published by the Institute of Pacific Studies), the men even gather in the centre of the pit and chant! If these accounts are reasonably accurate then we are dealing with a miracle.

Profit Potential

About 1960 the villagers of Rukua on Beqa discovered that firewalking had commercial potential. The income of this village jumped from

about \$400 per year to about \$6500 with this discovery, and other villages quickly followed their example. Contracts with tourist hotels guaranteed \$400 per performance.

The original ceremony had involved the whole village. Firewalkers had to respect certain tabu — in particular, abstinence from all sexual contact for a period of one month. Costumes were made and burned afterwards. About six tonnes of firewood were consumed.

Modifications

It was quickly discovered that costumes could be modified so that they could be re-used and that a much smaller fire would satisfy the tourists. If the walkers abstained from sex for only two weeks they were not injured by the smaller fire — this seems quite logical.

More hotels featured the ceremony and teams performed twice a week. The sexual abstinence tabu was reduced to one night or dropped altogether.

Traditionally the fire pit was large. *Beqa: Island of Firewalkers* contains some photos from the thirties and I have an old postcard of the ceremony. These suggest the hot area was around five metres in diameter (the pits are circular) and the walkers may have needed ten or a dozen steps to cross the hot stones.

The modern pit is about 2.5 metres, but in the two examples I have seen, the hot area was less than two metres in diameter. Apparently the cost of firewood is a big problem.

I have a postcard showing the preparation of a fire pit for a modern performance. The caption reads, "the fire-walkers cross the pit walking on the white-hot stones."

Skeptics can safely walk on red-hot charcoal, but "white hot" implies much higher temperatures. For example, mild steel is tapped from a furnace at about 1600°C. This molten metal glows brightly, but it looks yellow rather than white.

Rock, unlike carbon, has a high thermal capacity, that is, it stores plenty of heat energy which can be released to human skin. This implies that hot rock is more hostile to human feet than carbon at a similar temperature.

Anybody with some knowledge of science should be dubious of the published accounts of Beqa fire-walking. Could the rocks really be white hot?

The anklets worn by the walkers provide a clue. If dead leaves were brought close to an object radiating at a temperature high enough to be glowing white, they would burst into flames. In fact, human skin could be damaged before contact.

Examining the Pit

In Fiji, I have twice had a good look at a fire-pit immediately before the ceremony. When the fire was dying down, any unburnt wood was raked aside and the stones brushed clear of glowing em-

bers. White ash covered the stones which lay in a bed of glowing charcoal. They were so close together that little of the hot charcoal could be seen, but the white sides of the irregular rocks reflected the glow in a spectacular fashion. The rocks themselves were *not* glowing.

The anklets worn by the walkers provide a clue.

If dead leaves were brought close to an object radiating at a temperature high enough to be glowing white, they would burst into flames.

Obviously, the rock upper surfaces were at a temperature well below the 700°C of glowing carbon. This could explain why the Beqa people can stand relatively prolonged contact.

The modern walkers cross the pit, circle round the edge and re-cross. All the tourists I have questioned agree on that point. I am sure anybody could do the same.

The photographs I have of the old ceremony with the large pit do not show any activity that could be construed as "walking round and round in the pit." The old postcard shows a line of about fifteen people, some holding hands.

About four or five are crossing the hot rocks. The rest appear to have crossed and are circling back around the edge.

In the pit they seem to be taking short steps, and perhaps few people have feet that could stand such lengthy exposure. However, these people probably never wore any kind of footwear. Certainly some modern Fijians can stand barefoot on a sun-heated surface that would cause me pain.

On the other hand, it is doubtful that Beqa people could have crossed such a large pit, so slowly, if they had had to walk on glowing charcoal rather than the relatively cool rock.

So how did this myth arise, that Fijians could walk barefoot across white-hot rocks?

Poor observation and inaccurate reporting, plus the will to believe, seem adequate explanations. The rocks are certainly white as they are covered in white ash; they are certainly hot, as they are heated in a fire. They are not, however, white-hot.

Jim Ring is a teacher and a long-time Nelson Skeptic.

Mark Your Calendar!

The 1993 annual meeting of the New Zealand Skeptics will be held at the University of Canterbury in Christchurch, the weekend of September 3rd to 5th.

E-Meter

This is a summary of a talk given at the 1992 Skeptics conference by Dr Eric Geiringer.

[An E-meter is a device used by members of the Church of Scientology, and some related groups or individuals, to "diagnose" illnesses. The subject grasps a pair of metal electrodes connected to an Ohm-meter, and an "auditor" asks questions and interprets the meter's readings.]

The resistance the skin offers to the passage of an electric current is inversely proportional to the amount of electrolyte in the neighbourhood, and that essentially means sodium chloride in the sweat.

The skin is an important regulator of the sodium chloride content of the tissues, which must remain constant within narrow limits.

The amount of sweat and its salt concentration (0.1-0.37%) will vary in different people and at different times in the same person with:

- ☐ Fluid intake
- ☐ Clothes
- ☐ Stage of menstrual cycle
- ☐ Amount of salt in the tissues
- ☐ Amount of salt in food
- ☐ The circum-ambient temperature
- ☐ The number of sweat glands
- ☐ Their topical distribution
- ☐ Adrenal activity
- ☐ Anterior pituitary activity
- ☐ Posterior pituitary activity
- ☐ Hormone output of heart muscle
- ☐ Kidney function

and a number of other factors, all playing a part at any given moment in determining how much salt will meet the electrodes.

To this must be added the psychic state of the subject at the time of measurement, because as with blushing (which is also part of the hypothalamic heat regulating mechanism), sweating will be brought on by joy, fear, embarrassment or pain.

The effect of these variables on the final reading is, of course, additive and gives a composite reading of little, if any, specific value.

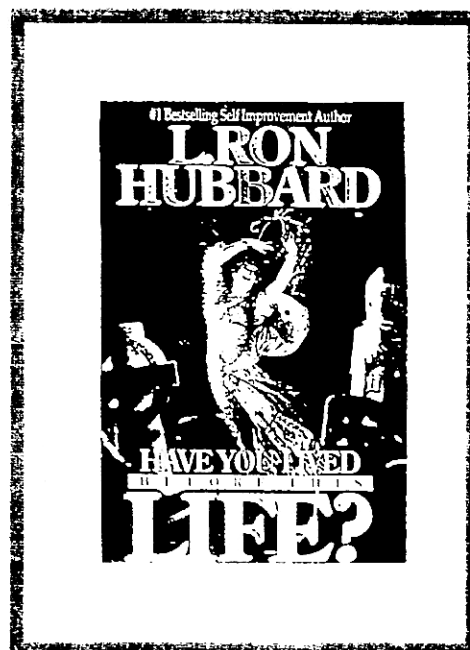
E-meter operators may claim that the refinements which they have introduced into the machine and the method standardise subjects to all these variables, and can therefore isolate idiosyncratic differences and enable

specific physical or mental disorders to be diagnosed, but it would be up to them to substantiate such an extraordinary claim.

Although Scientology in toto is a dangerous, exploitative and mischievous humbug, we must concede that, by recording and utilising psychic sweating to loaded questions, their use of the E-meter is on a par with the use of lie-detectors — i.e. a crude, nonspecific but marginally valid means of spotting emotionally sensitive areas in a significant number of subjects.

It is the imaginative use, or pretended use, of these Ohm-meters and Volt-meters to diagnose specific mental or physical disorders by homeopaths and acupuncturists which constitutes their real danger.

PAST LIVES ?



The experiences they recount in *Have You Lived Before This Life?* may surprise you. They may shock you. They will certainly change forever your understanding of yourself and your life. Read this book and discover:

- What happens at the moment of death?
- Why are some people terrified of past lives?
- How unexplained emotions and fears can come from a past life.
- What is an "out of body" experience?
- Is it possible to contact your *own* past lives?
- How knowledge of past lives can help you

How to Make the Miraculous Blood of St Januarius

Hugh Young

Brew up a miracle for fun and profit, in the comfort of your own kitchen.

The blood, in a phial in a church in Naples, is reverently turned over several times during services every few months. It has seldom failed to liquefy since 1389. (It has also accidentally liquefied when the monstrance holding the phial was being cleaned!) Three Italian scientists are quoted in the *Skeptical Inquirer* (Vol 16, No 3, Spring 1992, p236) as having duplicated the "blood." The relevant data (*Nature* vol 353, p507) are:

"To a solution of 25g $\text{FeCl}_3 \cdot 6\text{H}_2\text{O}$ in 100 ml of water we slowly added 10g CaCO_3 , and dialysed this solution for 4 days against distilled water from a Spectra/por tubing (parchment or animal gut works just as well; a simple procedure⁴ even allows us to avoid this dialysis step). The resulting solution was allowed to evaporate from a crystallisation disc to a volume of 100ml (containing about 7.5% of $\text{FeO}(\text{OH})$). Addition of 1.7g NaCl yielded dark brownish thixotropic sol which set in about 1 hour to a gel. The gel could be easily liquefied by gentle shaking, and the liquefaction-solidification cycle was highly repeatable."

4. Guthknecht, R. *Bull Soc. Chim. Fr.* 13, 55-60 (1946)

Thixotropy is the property that interests us, that of setting to a gel or shaking to a sol(ution). I had always imagined the warmth of the

priest's hands was the main secular reason for the liquefaction, but apparently not.

I rang my old chemistry master, Alex Wooff, in Christchurch, to find out what the dialysis would involve. Dialysis is a differential diffusion through a membrane. You put the mix in a tube (rather like a sausage skin with the ends tied, I gather) and the tube in a tank of distilled water. Certain acidic by-products pass out through the tube walls, and what you want stays inside. (Someone who speaks French could look up what Herr Doktor Guthknecht had to say in 1946 about avoiding that.)

Alan Wooff also explained that the calcium carbonate would have to be precipitated – common chalk wouldn't do. "You wouldn't want lumps in it."

Perhaps (I like to give people the benefit of every possible doubt) the 14th century originators of this pious fraud did not use sausage skin – let alone Spectra/por tubing – but stripped a blood-filled vein from the saint's leg, say, and piously washed it in a mountain stream, like *kaanga pirau*.

If some reaction turned the iron in the haemoglobin into $\text{FeO}(\text{OH})$ – a reaction with the chalky deposits of the saintly atherosclerosis, perhaps? – and all unknowing they dialysed it out, perhaps

they would get the result that the faithful see in Naples to this day.

Costing

Denise of Salmond Smith Biolab (Freephone 0800-807-809) told me they could get precipitated calcium carbonate (CaCO_3) from England for \$22.86 a kilo, in six or eight weeks by air freight at \$39. They have hydrous ferric chloride ($\text{FeCl}_3 \cdot 6\text{H}_2\text{O}$) in stock at \$47.22 for 250 grams. The minimum order of dialysis tubing (10mm diam, 32mm flat) is 30 metres at \$60. Geoff Meadows of Clark Products Ltd quoted \$36.59 for 20 l of deionised water.

The limiting dimension is the volume of the tubing, 2.35 litres. That divides into 78 samples of 30 ml each.

That's \$205.67 (plus the cost of the phials) to produce 78 phials of miraculous blood. Perhaps 20 skeptics might pay \$10 each for them, so I'd be lucky to break even. That is, if all the kitchen chemistry worked out.

Of course, if I sold them outside a church at \$1000 a phial...?

Anyone got access to a chemistry lab?

Hugh Young is a skeptic from Porirua with an amateur interest in chemistry.

Hokum Locum

Dr John Welch

More on Chronic Fatigue Syndrome

An American study reported in the *GP Weekly* (2 Sep 1992) found that chronic fatigue syndrome was indistinguishable from depressive disorders. (Refer also *Skeptical* 21) Patients diagnosed as having CFS were likely to believe that their illness had a viral cause, but it is more likely that CFS is a new age variant of the 19th century neurasthenia.¹

A large study reported in the *BMJ* is worth looking at in detail. Two hundred patients with CFS were studied. Many of the patients had tried alternative therapies which were "not helpful," namely diets (27%), homeopathy (20%), hypnosis (5%). This has been confirmed in New Zealand by Murdoch, writing in the *NZ Family Physician* (Autumn 1992).

Again, most patients believed that their illness was caused by a virus and the study found that most patients had an emotional disorder. Despite this, most patients had recovered after two years. This outcome is also confirmed by Murdoch in an unpublished survey of New Zealanders with CFS.

At all stages in the illness, "functional impairment was associated with several patient factors, including belief in a viral cause, leaving or changing employment, coping with illness by avoidance of exercise and alcohol, membership of a patient organisation, and

emotional disorder." The authors acknowledge that these factors may reflect a more severe illness and call for more prospective studies.

Despite the high incidence of emotional disorder, very few of the patients had been referred to a psychiatric outpatient clinic.

Despite the considerable evidence against an infectious cause of CFS, an Australian doctor has been treating patients with intravenous gamma globulin² in what is described as a placebo controlled trial.

Clearly patients resist the suggestion that chronic fatigue has a psychological basis and, unfortunately, some members of the medical profession continue to foster this belief. Of concern is the activity of quacks touting EAV, homeopathy, anti-candida diets and other useless nostrums. Patients should not be allowed DSW benefits unless they have willingly cooperated with a program of cognitive-based psychotherapy.

1. Chronic Fatigue Syndrome. *American Family Physician* March 1992 p1205.

2. Acceptance and treatment of CFS is improving. *NZ Doctor International* Oct 1st 1992.

Follow up of patients presenting with fatigue to an infectious diseases clinic. *British Medical Journal* July 18th 1992 (also reported in *NZ Med J* Sep 9th 1992, page 366)

Chronic fatigue syndrome. *The Lancet* May 30th 1992, page 1349

Psychiatric diagnosis and CFS link. *GP Weekly* Sep 2nd 1992

Fake GP

I was only mildly surprised to read in the *BMJ* (June 27th 1992, p1652) that a doctor with no medical qualifications had worked for 30 years as a general practitioner. All that is required to be a successful GP is the ability to listen sympathetically to patients. This is more effective than the millions of dollars wasted on drugs such as tranquilisers and antidepressants.

It took some time before the local chemists became suspicious and I quote one of them:

"If one 5 ml spoonful of hair shampoo is to be taken three times a day you tend to think there is something wrong. Time and time again there were inhalers to be injected, tablets to be rubbed in — all very unusual."

Unfortunately no information was given as to whether any patients had been harmed and, conversely, nothing from grateful patients. How on earth did he last 30 years before being exposed? I conclude that he must have been helping enough of his patients to forestall complaints about his eccentric prescribing. The English have a reputation for eccentricity and they certainly must have indulged themselves with this doctor!

Fishy Tale?

In a tribute to anthropomorphism, a Dr Motha will be birthing mothers in the company of dolphins who can "make ultrasonic communications with the fetuses." All becomes clear when we are told

that Dr Motha runs an alternative medicine clinic "including aromatherapy and reflexology."

Personally I have always thought that dolphin intelligence was over rated since reading *Restaurant at the End of the Universe* when, at the end of the world, dolphin squeaks were translated as "goodbye and thanks for all the fish."

GP Weekly August 19th 1992

Fringe Medicine and the Medical Practitioner

The New Zealand Medical Council normally does not involve itself in criticising unorthodox treatments unless the patient suffers harm. Doctors practising quackery are protected by a clause in Section 58, subsection 4 (2) of the medical registration legislation, which states: "no person shall be guilty of infamous conduct merely because of the adoption and practice of any theory of medicine or surgery if in doing so he has acted honestly and in good faith."

I find this statement disappointing, because a medical degree surely implies a knowledge and acceptance of scientific principles.

This clause has been dropped from the same legislation in Australia, Britain and Canada. However, the Medical Council has made it quite clear that quack doctors have to satisfy the doctrine of informed consent by fully briefing their patients "that these treatments are not part of conventional medicine and hence he or she is not practising as a registered medical practitioner in providing these therapies."

The medical registration authorities in Ontario, Canada obtained a change in their act which allowed them to ban such unproven remedies as amnion implants and chelation therapy. They also erased from the register a doctor who combined pendulum dowsing with a form of vega testing. I look forward to similarly robust attitudes towards dealing with quackery by our own authorities.

Having enjoyed the study of general science, I am amazed at the capacity of some doctors to believe in quackery. As H. L. Mencken said, "How is it possible for a human brain to be divided into two insulated halves, one functioning normally, naturally, and even brilliantly, and the other capable of ghastly balderdash?" The reference quoted below is well worth reading.

Unorthodoxy and the Registered Medical Practitioner. David Cole. *Patient Management* Vol 21 No 9.

Irlen Lenses

In *Skeptic* 22 I criticised the promotion of Irlen lenses in New Zealand and called these a quack remedy. Since then I have been criticised by Matthew Hobbs (*Skeptic* 24 — nice to have some feedback) on the grounds that it remains to be seen whether these lenses are a proven remedy for reading difficulties such as scotopic sensitivity.

My use of quack in this context is straight from the *Concise English Dictionary*: "one who offers wonderful remedies or devices." Firstly, there is no evidence of the existence of the condition "scotopic sensitivity" and secondly, as the coloured lenses have not been tested they

should not be used, as efficacy has not been established.

An article in the *Marlborough Express* (Sep 24th 1992) outlined how a 10-year-old with reading difficulties was fitted with coloured plastic lenses. After six months his reading had improved 100 percent.

What alternative explanation is there for this improvement, and how was the improvement measured? It is most likely that his reading disorder was related to aberrant conditioning. The more his parents expressed concern, the more reinforcement was given to the "poor reading." The coloured lenses are a placebo associated with a change in management which, along with the passage of time, has led to an improvement in his reading.

Faith Healing

Dr Keith Davidson kindly informed me of the source of the quote mentioned in *Skeptic* 24 "Every day in every way, I'm getting better and better." It came from someone called Emile Cove. Keith also sent me a cutting from the *Christchurch Press* detailing the activities of an American faith-healer by the name of Morris Cerullo.

The article demonstrates the obscene side of evangelical fervor. People were warned "Cynicism will sour you, bring cancer to you, and disable you." The audience revelled in an atmosphere of mass hysteria and were told by an expert on "biblical economics" that there was no pressure to give money but the amount given would determine how far God would move towards miracles! The cartoon that

came with the article is great. It shows Cerullo gesticulating while his shadow is the outline of a devil.

The evidence for faith healing is not good. As most deluded beliefs rest on faith, and faith is not amenable to testing, it is unlikely that testing will ever be done. In fact believers are on record as saying that testing claims of faith healing would be disrespectful to God.

Skeptics and Consumerism

Members of the NZ Skeptics have enjoyed some media exposure lately. Denis Dutton has been conducting a vigorous rebuttal of acupuncture beliefs (*Patient Management*, September 1992) and Vicki Hyde is "Eyeing Alternative Medicine" in the August edition of the *NZ Science Monthly*.

Consumer magazine were so unhappy with our criticisms of their alternative medicine story that they came out fighting and awarded us with a magnifying glass. I have used it in vain to re-examine their original article, but I have not changed my mind about its feeble journalism. *Consumer* journalists should read *NZSM* to see how their story should have been treated.

A new development is Maori medicine, or rongoa, (*NZ Doctor*, August 20th 1992) Given reasons for its use by Maori are an inability to pay for prescriptions and a belief that rongoa can provide something that Western medicine cannot. The Bay of Plenty Area Health Board has provided \$15,000 for traditional Maori remedies, such as red matipo to purify the

blood and para blue gum for asthma. These treatments are administered in an atmosphere of "love and kindness."

I doubt whether any of these remedies will ever be subjected to a clinical trial, because such treatments have to have some kind of rational basis to start with, and any results are clearly explained by the very powerful and under-rated placebo effect. At a time when Maori health has never been worse (e.g. smoking-related disease) I find it incredible that an AHB can waste money on this nonsense.

Homeopathy

After our little tiff with *Consumer* magazine, I wrote to the School of Pharmacy in Dunedin to ask whether they would consider doing some tests of homeopathic solutions. Peter Hayes (Lecturer) kindly replied to my letter and enclosed a copy of a paper entitled "A case for homeopathy" written by a Scottish pharmacist, Dr Steven Kayne.

Kayne concedes that increasing dilutions leave no discernible molecules in solution and then goes on to say "chemical analysis is therefore inappropriate"!!!

It is fascinating to read the intellectual rationalisations used by otherwise intelligent people in order to indulge their beliefs.

Kayne concedes that increasing dilutions leave no discernible molecules in solution and then goes on to say "chemical analysis is therefore inappropriate"!!!

He further concedes that he cannot explain the mechanism of action but goes on to say "it is extremely difficult not to be impressed when one sees therapeutic efficacy clearly demonstrated."

Evidently he discounts the placebo effect and refers to "published work in human and veterinary environments." None of the references quoted support these claims. Furthermore, he says "It is inconceivable that consumers would continue to buy these [homeopathic] products if it was all a giant confidence trick." He obviously needs to have a chat to some of our skeptical psychologists.

Finally, he refers to the enormous volume of circumstantial evidence "that the remedies actually work — patients do get better." This is called the "Bellman's fallacy" — because something has been said many times it must be true. His last word is "homeopathy should be available because patients want it, because it is safe and because it works."

The Dean of the Pharmacy School also wrote and pointed out "because of patients' belief in complementary medicine, I doubt that even if we were to show that they were purchasing pure water, it would cause any change in attitudes."

I am forced to agree with him, but I could not help wondering what would happen if I started selling pure water labeled as various homeopathic remedies. I could make a fortune and it would be difficult to be prosecuted for fraud. Anybody want to go into business?

Open-mindedness

The same day that I was writing all this, I received an article from Bernard Howard written by one of my favourite skeptics, Petr Skrabanek. One of his best articles on the philosophy of skepticism is "Demarcation of the Absurd," (*The Lancet* April 26th 1986) in which he argues that it is possible to be too open minded.

Briefly, he argues that we need a demarcation of the absurd so that we don't bother spending our whole lives on the look-out for flying pigs. Instead, we accept that the probability is so low that we don't waste our time either looking or testing for airborne swine.

The article that Bernard sent is called "Why we must keep the lid on the black magic box" (*Healthwatch Newsletter* Summer 1992) and in it Skrabanek argues that testing of irrational beliefs can give them spurious respectability and "no amount of testing will convince a believer that he is mistaken." Skrabanek also reviews the development of "black-box" quackery, which I have already mentioned can be practised in NZ with impunity due to our feeble medical registration legislation.

That reminds me of a television program on water divining where James Randi tested the top water diviners in Australia. None of them detected water flowing through one of ten pipes any better than chance. At the conclusion of the experiment he asked them about their beliefs which were totally unshaken!

Dr John Welch is a medical officer with the RNZAF.

'Arts mafia' loads dice against science

IT IS perverse that members of Britain's news media community, arts-educated almost to the last man and woman, have been using a recent battery of anti-science publications to set an agenda for discussing whether science is, or is not, responsible for society's ills.

Author Fay Weldon started the ball rolling with an article published on this page, since which biologist Lewis Wolpert and geneticist Steve Jones have been cast as leading defenders of science. But the exchanges are taking place in an arena which defines culture in a way that marginalises science.

The sciences and arts disciplines operate under different news media rules: arts are almost always discussed in an arts forum, yet science is nearly always judged on someone else's terms.

This reflects the cultural bias of those who shape public opinion.

Since a humanities education is seen as a passport to almost any work, the arts-educated are found across the spectrum of public office. Last year a survey showed that of 42 top British civil servants not one had a background in science or mathematics.

A science education is looked on as a training for little else but science; scientists have a specific way of thinking and working which is alien to most journalists. For scientists, the news media can prove to be a minefield.

They tend to reinforce the stereotype of people out of touch; unaware of the cultural landscape in which they live and receive grants. They are usually invited to talk only about a single area of expertise and are often unwilling to talk in broader terms for fear of criticism from colleagues. Scientists who do reveal personalities and express particular passions often become unpopular among their peers. Emotion and objectivity make unhappy bedfellows; without the latter scientists lack credibility.

This is not the case in the arts, since ideas which circulate in the public domain are meat for everyone. Discussions on television, radio and in print, however, are dominated by the arts-educated chattering classes who are given free reign to ex-

Science is accused of dehumanising life, but, argues British science writer **Caroline van den Brul** (pictured) one side unfairly dictates the rules



press their views, whether or not they have specialist knowledge.

Weldon is held in high esteem for her books and plays, yet she was given a platform to launch a broadside attack on science. Scientists were stung by her assault because it seemed that her views were informed by emotion and not by an understanding of what she was attacking.

It would be hard to imagine a situation where a notable scientist was given a platform to comment on Arts Council policy for funding the Royal Opera House.

Yet scientists are as likely as anyone else to hold views on that subject, and many will have informed views too. It is a fallacy to suppose that science is a minority interest. Television viewing figures show that, among factual programmes of equally high calibre, those about science consistently attract higher audiences than others in comparable transmission slots.

As science becomes more specialised, the news media has a duty to communicate vital issues. The public must be able to take part in the debates about it and how today's science should become tomorrow's technology.

But the agenda must not be dictated by an arts mafia. It must encompass a forum for scientists to express themselves. Only then will we see whether the extremist anti-science views which prevail do so through ignorance. — *Daily Telegraph*

DOM 16 Aug 92

UFO Update

Dr J.F. De Bock gave the 1992 Conference an update on the study of UFOs.

The study of UFOs (UFOlogy) started out as research on unidentified atmospheric (or aerial) phenomena, but rapidly became invested with questionable researchers holding preoccupied, but popular, convictions that the earth is being invaded by extraterrestrials in their flying-saucer shaped spaceships.

The alleged recovery of aliens and their saucer in the 1947 Roswell Incident, and the photos of a hovering spaceship in the 1981 Gulf Breeze case, fuel the belief in extraterrestrial visitation. However, both cases are so invested with fraud, swindle, deception and contradiction that arriving at the truth is seemingly an impossible task.

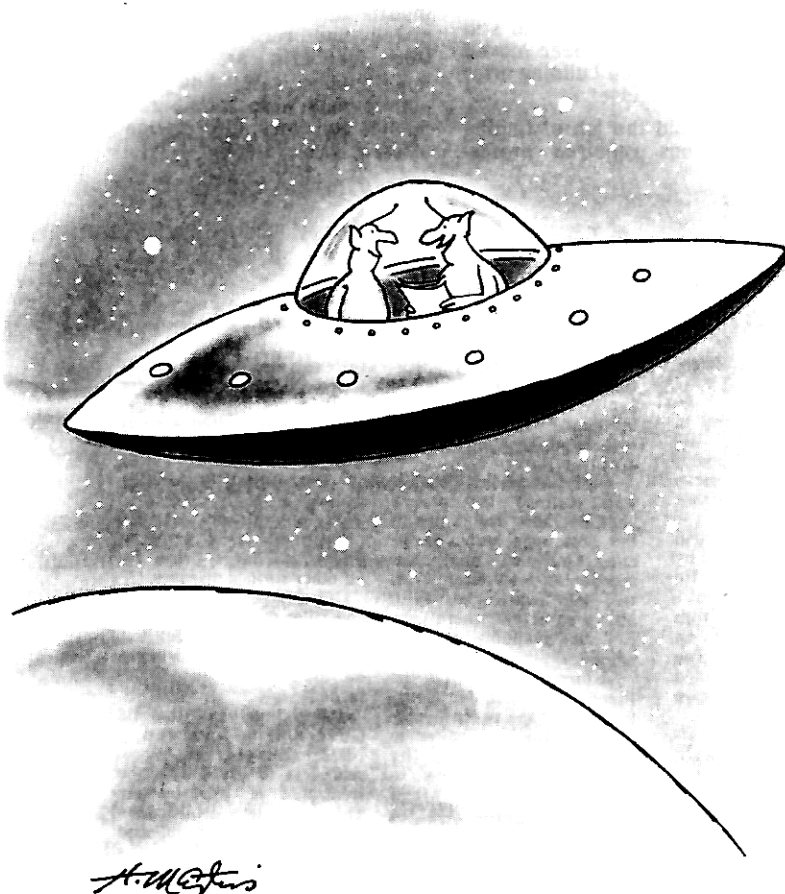
To further cloud the credibility of serious UFO researchers, UFOlogy is forced to absorb subjects such as contactees, crop circles, Men in Black and cattle mutilations.

When the dust dies down, one is left with a confirmed sighting of a repetitive and common but puzzling occurrence of an unknown atmospheric phenomenon.

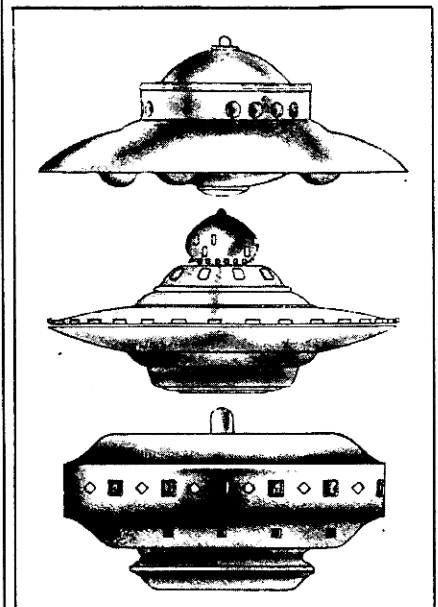
"True" UFOlogy is a continued unbiased research into verified sightings and encounters of mostly unidentified lights, occasionally exhibiting a physical reality by

leaving a variety of tangible proof of exchange with the environment.

In 1989, during a UFO chase by two Belgian F16 fighters, the elusive unidentified object demonstrated seemingly controlled and deliberately evasive action, momentarily appearing to swing the balance in favour of the belief in alien visitation. Unfortunately, one finds that the case was reported by dubious researchers being too over-zealous to promote the extraterrestrial hypothesis. When the dust dies down, one is left with a confirmed sighting of a repetitive and common but puzzling occurrence of an unknown atmospheric phenomenon.



"I hope my address to the American Astronomical Society will bring us the credibility we've been seeking."



Three disputed UFOs.

From top to bottom:

- ☐ George Adamski's Venusian scoutcraft
- ☐ Billy Meier's Pleiadean beamship
- ☐ "Ed's" Gulf Breeze UFO

NEWS FRONT

Clairvoyants 'should butt out' of inquiries

Okay, so this isn't exactly the photograph the Press published. But it's much nicer....

CLAIRVOYANTS are no more than a nuisance in finding missing persons, say the New Zealand Skeptics.

A spokesman, Dr Denis Dutton, said yesterday that clairvoyants had once again been discredited after the discovery of the body of a missing Wellington man, Mr Michael Kelly, at the bottom of a light shaft in a central Wellington building.

Clairvoyants working with Mr Kelly's family suggested Mr Kelly was taken from a nightclub, beaten and then dumped in bush away from the central city.

Police now believe Mr Kelly, aged 23, who was known to climb buildings after drinking, probably climbed over a wire fence on to the three-storey building and fell to his death. He went missing a month ago.

Dr Dutton said the success rate of clairvoyants in providing accurate information about missing persons was "zero".

"Clairvoyants have made countless suggestions to the police and anguished families over the years, wasting search time and casting aspersions on innocent people," he said. "In this case one clairvoyant provided a detailed description of three rough looking Maori men and their car."

A clairvoyant who maintained Mr Kelly might be found in central Wellington believes two men will be

By MARTIN VAN BEYNEN



DR DUTTON

caught after the discovery of the body.

Ms Chris Curry said she was right to believe Mr Kelly was somewhere in central Wellington, and she still believed he might have been moved into the Moore Wilson building after being somewhere else.

Dr Dutton said the job of finding missing persons required profes-

sional attention to detail and ought to be left to the police.

Clairvoyants were often genuine people who were prone to vivid fantasies and tended to reinforce stereotypes. Hence the implication of the three young Maori men.

It was unethical of clairvoyants to offer vulnerable families hope with their delusions, he said.

"Police are caught in the middle because they are often subject to extraordinary pressure from the victim's family. Clairvoyants should finally show some humility and butt out." Clairvoyants made it possible that Mr Kelly's family would not accept the verdict of the coroner, he said.

Dr Dutton scoffed at claims by some of the clairvoyants that they had been vindicated because they had seen glass or glasshouse-type buildings in their visions.

"Where in Wellington can you go without encountering glass?" he asked.

Detective Inspector Lloyd Jones, who led the police hunt for Mr Kelly, said clairvoyants had the potential to clog up an operation.

As a result of the publicity given to the clairvoyant's suggestion relating to the three Maori men the police had received calls about three men in a car.

Mr Jones said, however, that clairvoyants were members of the public and any information they offered was evaluated.

Faith healer induces long-distance orgasm

ZELENOGRAD (Russia), Nov 26. — Faith healer Boris Zolotov has power over women. He claims a gift to induce mass orgasms by thought alone.

Independent witnesses say at least 30 women simultaneously appear to experience an ecstatic climax, solely at his suggestion.

Women travel from all over Russia to attend the burly Zolotov's sexual healing seminars in provincial cities. They say he induces not just physical relief, but a deep, psychic convulsion.

In Russia's current anything liberal era, Zolotov's reputation is spreading fast among women who feel curious or repressed about sex.

The Russian press brands him a sex maniac and the Russian Orthodox Church accuses him of breaking up marriages and associating with the Devil.

Four hundred followers warm up for a session at a

pioneer camp outside Zelenograd, near Moscow.

In a music room a huge communal bed is covered in mattresses and blankets.

A sea of tracksuited bodies writhes in unison to American soul music. The air is dense with the smell of sweat.

Zolotov, a tall, chunky man with blond hair, is followed by a procession of women. He speaks. The room falls silent.

"Men are learning from me, man to man we pass on knowledge," he says. "The main secret is to understand the fact that the role of men is to make women happy."

Some followers say that after intensive work with Zolotov, they can communicate and induce orgasms in one other by telepathy. They say it beats ordinary sex with a partner.

However, the seminars are expensive — 10 days at 7700 roubles (\$NZ31 — about the average monthly wage). — Reuter

Natural Law Party offers TM panacea

Transcendental meditation could cut New Zealand's health bill for heart disease by almost 90 percent, say by-election hopefuls the Natural Law Party.

Party leader Ian Douglas, who outlined the party's health policies exclusively to the Post, says herbal medicines, tohungas and transcendental meditation (TM) will help reduce the health bill to an extent where care can be available for everyone.

A former chairman of the Planning Council, Mr Douglas said the party's programme was the answer to the dilemma facing the health system, of how to provide better health within a limited budget.

The party had identified 20 natural approaches to prevention and treatment of disease that had scientific criteria of effectiveness, cost-effectiveness and safe-

ty. Centres would be established in every locality for health education.

Mr Douglas cited a study in the journal Psychosomatic Medicine, which recorded an 87 percent drop in hospitalisation for heart disease in 2000 practitioners of TM compared to a control group, and large drops for all other serious diseases.

"New Zealand's number one killer is heart disease, so the cost savings through this method would be enormous, let alone the reduced suffering."

"Just this year the US Government awarded a NZ\$3 million grant to researchers to use TM in the treatment of hypertension. This grant was awarded on the basis that 14 published studies showed TM was more than twice as effective, as drug therapy in reducing blood pressure, and was free of side effects."

Clairvoyants agree on missing man DOM 12 Nov

POLICE will join friends of missing Wellington man Michael Kelly today in a search of an area where clairvoyants think he might be found.

Three clairvoyants independently said Mr Kelly was in the same area of greater Wellington, and friends had been searching there, close friend George Allan said.

Ms Allan she had been dealing with a Wellington clairvoyant, one from Tauranga, and two women from the Spiritualist Church.

A clairvoyant from Christchurch had also come to Wellington of her own accord, saying she had strong feelings about where Mr Kelly, 23, could be found.

By CORINNE AMBLER
Police Reporter

At a meeting last night suggestions from the clairvoyants were considered and it was decided to check the nominated area today.

Ms Allan said the clairvoyants thought Mr Kelly had been robbed somewhere near Ecstasy Plus nightclub by two men. He had been dumped in bushes near Oriental Parade, where he lay for a few days before the men panicked and took him away.

Ms Allan was told a third man was possibly involved and one clair-

voyant could give detailed descriptions of the three, who were rough-looking Maoris, aged about 26.

She could describe their tattoos and would recognise them if she saw them.

The clairvoyants thought Mr Kelly was near farmland and saw trees, buildings and cattle grates.

Ms Allan said the women felt the third man had not wanted to hurt Mr Kelly, but one of the men wanted him dead.

All three clairvoyants had independently given the same description of the men's car and police were following that up. Police had also checked out sites in central

Wellington where it was thought he had been, she said.

Detective Inspector Lloyd Jones said yesterday police could not say for certain whether someone had been in the bushes clairvoyants led them to near Oriental Bay.

Meanwhile, police are desperate for any information about Mr Kelly's disappearance and want any of the 1000 patrons in Ecstasy Plus on Saturday, October 17, they have not spoken to, to contact them.

Anyone at the club or who knows anyone who was at the club that night should phone police on the Operation Kelly line: 496-3412.

Missing man still ^{post} alive – clairvoyants

By DEBORAH MORRIS
Police reporter

Two clairvoyants have told police they believe missing Wellington man Michael Kelly is still alive.

However a third clairvoyant believes he is dead.

Detective Inspector Lloyd Jones said all three — from Hastings, Levin and Wellington — had given police their ideas on where Mr Kelly was. But police had not turned up any fresh evidence.

Mr Jones said two of the clairvoyants had contacted police independently and the third through Mr Kelly's friends.

George Allan, a friend of Mr Kelly's, had been assisted by spiritualists and clairvoyants in her search for him.

The clairvoyants believed Mr Kelly was still in the central city area but were unable to be more specific. One also said she thought he might be in Titahi Bay near radio aerials.

Police have set up a hotline for people if they think they have any information about the 23-year-old. The hotline number is 496-4312 or 472-3000.

Mr Kelly was last seen at the Ecstasy nightclub in Tory Street

about 1am on Sunday October 18. Patrons saw him inside the nightclub alone but no one saw him leave.

Detective Senior Sergeant Rod Drew said they wanted to speak to everyone who was at the nightclub on Saturday, October 17, or Sunday morning.

An area canvass of neighbours in Arlington Street, where Mr Kelly lived alone, will begin tomorrow.

Mr Drew said since Mr Kelly was reported missing there had been no movements on his bank accounts and no sign of him. Mr Jones said the balance of probabilities meant it was likely something very serious had happened to him.

"We know something had happened, but whether it's of a criminal nature or an accident we just don't know," he said.

The inquiry was being reviewed day by day and a decision on whether to scale it down would be made shortly.

Mr Kelly's sister Irene is due back from Melbourne tonight. She and Mr Kelly were due to go to a sister's wedding last weekend.

Mr Kelly is slim, 1.8cm (5ft 11in), with neat brown hair, clean shaven, and last seen wearing a blue double-breasted suit, with black shoes and a white shirt.

Clairvoyants' advice sparks new search

By DEBORAH MORRIS
Police reporter

A new search for missing Wellington man Michael Kelly began today with suggestions from clairvoyants who have pictured locations after handling his darts set.

Detective Inspector Lloyd Jones said yesterday one clairvoyant thought Mr Kelly might be near radio aerials in Titahi Bay.

Other clairvoyants have earlier picked central Wellington as a possible search area but this was subsequently ruled out.

The clairvoyants' tips were the basis of a new search this afternoon by Mr Kelly's friends and sister Irene. Mr Kelly, 23, has been missing since October 18.

George Allan, a long-time friend of Mr Kelly, first consulted a clairvoyant in Wellington a week after he went missing.

"I took the darts he used to play with to her and she was able to feel from those where he was," she said.

Ms Allan said the link between the clairvoyants' information was too much to ignore.

"We needed some hope. The police despite all their work had been unable to turn up anything. This gives us something to work for, something to look for."

Clairvoyants from Wellington, Christchurch, Tauranga and other parts of New Zealand have come together to work on the case. They all gave the same location.

At a meeting last night they worked out an area to search.

They believed Mr Kelly was critically injured and needed to be found within the next two days.

She said the clairvoyants had given her their views of what happened.

"They believe there was a struggle, and I know Michael wouldn't just give up, he was hurt, knocked unconscious," she said.

They said he was left under some bush near Oriental Parade. Ms Allan said she searched in the area and believed Mr Kelly could have lain there for four or five days. Police looked at the site but were unable to say if someone had been there.

The clairvoyants suggested two men had attacked him and became scared after publicity over the disappearance and moved Mr Kelly out of Wellington city.

The clairvoyants gave descriptions of the men involved and the car used, claiming the men had tattoos.

"We don't want to say exactly where, they may decide to move him again, we want to find him," said Ms Allan.

Detective Inspector Lloyd Jones said the police were not invited to take part in today's private search but would help if asked.

Police National Headquarters spokesman Joe Franklin said as far as he could recall clairvoyants had not successfully helped police during inquiries in New Zealand.

But he said all information from clairvoyants was treated with respect and if possible checked out.

More to Kelly's death say family, friends DOM 17 Nov

FAMILY and friends of Michael Kelly, whose body was found in a Wellington light shaft, are still convinced there is more to his death.

Close friend George Allan said family and friends "don't believe he got there by himself. Especially till the pathologist or police say for sure. No one has the right to say he did jump or fall until they know."

Two clairvoyants who have worked with the family through the past four weeks believe someone else was involved in his death. Last night one of them told *The Dominion* she had told police she saw Mr Kelly lying near a glasshouse-type building like the Moore Wilson building but did not look for it in the city because police had already

searched there. When other clairvoyants came into the search the focus switched to farmland and friends started searching in Titahi Bay.

She said the visions clairvoyants had had of a particular rural area would somehow fit into the mystery of his death.

Ms Allan said: "We want to thank the two clairvoyants who have been there for us. Though we were unable to find him, with their help, they gave us a line of hope to hold on to throughout this time."

Detective Inspector Lloyd Jones said police searched the Moore Wilson building during their inner-city sweep for Mr Kelly, but the light shaft was very difficult to see and they had missed it.

Natural ebullience may have led to Kelly's death

MICHAEL KELLY, whose body was found at the bottom of a light shaft in a Wellington inner-city building yesterday, may have contributed to his death by his ebullient nature.

His friends had told police that he had sometimes climbed buildings — and on one occasion a crane — after drinking.

Mr Kelly, 23, who started a police hunt after he went missing four weeks ago, was found at the foot of a three-storey shaft in the Moore Wilson building in Tory St by a worker who opened an internal window on to the shaft.

He had last been seen on October 18 outside Ecstasy Plus nightclub on the corner of Tory St and Courtenay Place.

Detective Inspector Lloyd Jones said police were searching for clues to reconstruct the events that led to Mr Kelly's fall.

Mr Jones said Mr Kelly's death was seeming "less like foul

17 NOV DOM
By MATTHEW GRAINGER

play, misadventure is more apparent". That would be up to the coroner to decide.

Police would be better able to find out what happened after the reconstruction of events and an autopsy.

Mr Jones said the "very badly decomposed" body showed no obvious cause of death.

The light shaft was open at the roof and not protected by a cover. There was access to the rooftop by a ramp but that was sealed by a wire gate during weekends.

He said Mr Kelly was wearing the navy-blue double-breasted suit that he wore on the night he went missing.

When it was put to Mr Jones that it was not out of character for Mr Kelly to enjoy a drink and climb over the wire fence on to

the building, he said: "It is one possible scenario. At an early stage friends of Michael's told us that he was inclined to climb."

"One example was climbing up a crane on a mid-city building site. This was one of the reasons we placed a lot of emphasis on a search of inner-city buildings."

Mr Kelly, described as easy-going and social, was a trainee property manager who flatted alone in Mt Cook. He was supposed to fly to Melbourne a fortnight ago with his sister Irene for the wedding of his younger sister, Lynda.

Mr Jones said he still retained an open mind about the use of clairvoyants, who volunteered their services but did not solve the mystery.

Twenty-eight police staff had worked on the case, Wellington's largest missing-person investigation for at least a year.



Doctor failed to diagnose brain tumour

A woman who was dying of a brain tumour and looked like Frankenstein's monster was told by Dr Matt Tizard that she was making pleasing progress, a lawyer told the High Court at Auckland yesterday.

The lawyer, Mr Matthew McClelland, said the woman was showing obvious signs of a brain tumour including weight and memory loss, fatigue, unsteadiness, lack of co-ordination and eye problems.

However, Dr Tizard insisted that his diagnosis of pesticide poisoning was correct and her symptoms were caused by a homeopathic aggravation.

When the woman finally sought a second opinion she was immediately admitted to hospital where a scan revealed a 3cm by 3cm brain tumour. She died two and a half years later.

Mr McClelland, who is acting for the Preliminary Proceedings Committee (the prosecuting arm of the Medical Council), was making submissions at Dr Tizard's appeal hearing.

Dr Tizard is appealing against a decision of the Medical Council which last year found him guilty of disgraceful conduct and professional misconduct in relation to his diagnosis and treatment of seven patients.

He was struck off the Medical Register, fined a maximum penalty of \$1000 and ordered to pay \$157,000 in costs.

The appeal was heard before Mr Justice Barker, Mr Justice Thorp and Mr Justice Smellie. The hearing finished yesterday and the judges reserved their decision.

Mr McClelland said yesterday that the woman with the brain tumour saw a physician in July 1986 after suffering from loss of periods, loss of weight and dizzy spells

Because of her symptoms, and the fact that her twin sister had died from a brain tumour, the physician arranged for her to have a chest and skull x-ray and a CT scan if necessary.

Mr McClelland said the woman chose to ignore this and in April 1987 she went to see Dr Tizard. She did not tell him about her sister's death nor did she mention what the physician had advised.

Dr Tizard carried out no physical examination nor any x-rays or laboratory tests but relied exclusively on his "EAV machine" to diagnose pesticide poisoning and inherited toxins.

Mr McClelland said that Dr Tizard did not obtain the woman's previous medical records because he wished to avoid the possible hostility from contact with her GP.

After an initial improvement, the woman's condition deteriorated and she refused to get a second opinion because Dr Tizard told her that this would interfere with all he had achieved.

"By September 1987 [she] was skin and bone, could not properly focus her eye and she slept a lot. She again refused to gain a second opinion."

By October, she could not cope with her children, was constantly sleeping, was seeing double and her right eye appeared to be wandering; her weight loss continued and the muscles in her legs wasted away.

The woman's husband accompanied her to what turned out to be her final consultation with Dr Tizard, on October 30.

"On that day her aunt thought she looked like Frankenstein. She had no doubt that [her niece] was dying."

Dr Tizard tested the woman on the EAV machine but made no other examinations

or investigations. He told her he was 'very pleased' with her progress.

The following day, at the aunt's insistence, the woman went to North Shore Hospital to seek a second opinion and was urgently admitted.

"Dr Tizard's treatment delayed the making of a correct diagnosis and therefore definitive treatment," said Mr McClelland.

"Earlier diagnosis would have prevented the severe weight loss and therefore [her] general health, ability to tolerate treatment, capacity to cope with family responsibilities and general quality of life would have been much improved."

Mr McClelland also outlined to the court the case of a man suffering from the skin condition psoriasis.

On Dr Tizard's advice he abandoned his medications and embarked on a course of homeopathic treatment.

When he was finally admitted to hospital his skin lesions were so inflamed and he was in such a terrible state that a specialist described him as being similar to the television character *The Singing Detective*.

Another case involved a woman who sought help for her atopic eczema — an incurable disease. She stopped taking her medication on Dr Tizard's advice and her condition immediately worsened.

About eight weeks into the treatment, a doctor at an Auckland medical centre saw the woman and told her that she needed urgent hospital treatment for grossly infected eczema.

Dr Tizard intervened. He said the woman would soon get better and administered morphine so her dressings could be changed.

A few days later the medical centre doctor advised Dr Tizard of the risk of septicaemia developing and recorded in his notes: "He is to carry the can — his

full responsibility."

The following day, Dr Tizard admitted the woman to hospital where she was treated with intravenous antibiotics for 38 hours.

For Dr Tizard, Mr Roger MacLaren said yesterday that a girl who had spent four months recovering in hospital after receiving treatment from Dr Tizard was simply convalescing after successful treatment for pesticide poisoning.

He said the girl, who had been diagnosed by conventional specialists as having juvenile rheumatoid arthritis, could now beat her mother to the top of Rangitoto.

Dr Tizard believed that the girl's improvement in the long term was due to his treatment.

Yesterday, the court questioned the Medical Council's order that Dr Tizard pay \$157,000 in costs after it had already imposed the maximum sentence.

Mr Justice Barker compared the removal of Dr Tizard's name from the Medical Register to putting the doctor before a firing squad.

"It strikes me that an award of \$150,000 is far greater than any sort of fine that would ever be imposed, coming on top of the ultimate sentence that could be pronounced."

Mr Justice Barker said it seemed unjust that someone should have to pay the "Rolls-Royce" fees outlined in the council's schedules of costs, such as \$1000 a day for tribunal members, \$600 a day for a stenographer and \$6750 for the preparation of one affidavit.

Mr McClelland replied that Dr Tizard's case was slightly different because, being struck off the register did not take away his means of making a living as he was continuing to practise homeopathy.

Girl in agony court told

Herald 29 Oct

A nine-year-old girl who was given homeopathic treatment by Dr Matt Tizard ended up so ill she would scream in agony at the slightest touch, the High Court at Auckland heard yesterday.

The child's condition was so severe that a paediatrician wept after examining her, a lawyer for the Medical Council's prosecution arm, the preliminary proceedings committee, told the court.

The lawyer, Mr Matthew McClelland, said the girl spent four months in hospital undergoing intensive treatment from five consultants and other health professionals before she recovered.

He said Dr Tizard had ignored the opinions of conventional specialists who had diagnosed the girl as having juvenile rheumatoid arthritis.

Instead he diagnosed pesticide poisoning and told her parents to stop giving her the steroids, anti-inflammatory drugs and other medicines used to suppress and control the disease and its symptoms.

He embarked on a course of

homeopathic treatment which included injections of a substance made from syphilis pus.

Mr McClelland said the girl was one of seven patients who ended up near death or dead after being in the care of Dr Tizard.

Dr Tizard is appealing a Medical Council decision last year which found him guilty of disgraceful conduct and professional misconduct in relation to his diagnosis and treatment of the seven patients.

He was struck off the medical register, fined a maximum penalty of \$1000 and ordered to pay \$157,000 in costs.

The appeal is being heard before Mr Justice Barker, Mr Justice Thorp and Mr Justice Smellie.

Mr McClelland said that when the nine-year-old girl was taken to see Dr Tizard in October 1988 she was walking with some stiffness but no real pain.

Dr Tizard did not ask for her medical notes nor did he carry out any physical examination.

He simply tested her on a device called an EAV machine and diagnosed pesticide poisoning as her main problem.

Mr McClelland said the Medical Council had heard in evidence that Dr Tizard insisted

that her medication be stopped completely and he started her on a course of injected vitamin C.

She also had to sit in a modified decompression chamber and breathe almost pure oxygen.

The child's condition began to deteriorate and soon she became totally crippled and was in increasing pain. But Dr Tizard reassured her parents that the treatment was progressing as expected.

During February and March the child was receiving injections of Luesinum, which is a preparation made from syphilis pus.

By May the child's pain was so severe that Dr Tizard administered two injections of morphine — an act which was later condemned by the Medical Council.

At the final consultation with Dr Tizard, the doctor told the girl's parents he had done all he could for the child, he did not advise them to seek any further medical assistance, nor did he reinstate the child's medication, said Mr McClelland.

On July 25 the child's mother took her to see the paediatrician at Princess Mary Hospital, Auckland.

"He had never seen a case as bad as [she] was when he saw her on this occasion," said Mr McClelland.

"He could not touch her without her screaming in pain and every joint in her body was inflamed, swollen and painful."

"All the signs and symptoms which were readily detectable by observing [her] indicated that the disease had been allowed to continue and progress without treatment. After [she] left [the] doctor cried because he was so upset at what he had seen."

Mr McClelland said the Medical Council's view of Dr Tizard's treatment of the girl was that it was at the extreme end of disgraceful conduct.

He outlined another case in which Dr Tizard had failed to diagnose a brain tumour in a woman who consulted him suffering from weakness and weight loss.

The woman later died and her husband laid a complaint with the Medical Council — although the woman's mother signed an affidavit to say her daughter had not wanted the complaint pursued.

Another case involved a man aged in his 40s who had his asthma under control with

steroids and other conventional medication.

Under Dr Tizard's care he cut down his intake of conventional medicines and underwent a series of homeopathic treatments including vitamin C injections and hyperbaric oxygen.

His condition grew steadily worse over a period of months but Dr Tizard reassured him that this was caused by "post-chemical detoxification situation."

The man ended up critically ill in Auckland Hospital.

A hospital, critical care specialist later said the man had been in cardio-respiratory arrest and would probably have died had he not been resuscitated once by the ambulance team and again in hospital.

Mr McClelland said all seven patients at the centre of the Medical Council investigations had put faith in Dr Tizard because they believed he would fall back on his expertise as a registered medical practitioner if his homeopathic remedies failed.

However, the council had found in all cases he had not done what an average medical practitioner would have been expected to do.

The hearing continues today.

When Faith-Healing Works

Carl Wyant

Sometimes feeling better isn't a good sign at all... Carl Wyant recalls an occasion when faith healing showed itself better at handling symptoms than causes.

The following story is true; the names have been changed to protect the lame-brained. It's not a terribly dramatic story of its type — that is, no one died — but it illustrates an important point. Over the years I have found, as a general rule of thumb, that most “natural healers” know hardly anything about the human body.

Once upon a time there was an attractive, young married couple, Jack and Jill, and Jack's mother, a charming, vivacious 50-ish woman, with a growing reputation as a “spiritual healer.”

I was deep into my Zen phase at the time, and too caught-up in the mysteries of the void and the unfathomable wisdom of one hand clapping to remember every last detail of the case, but here's the basic gist.

Stomach Ache

Jack and Jill were around at our place, when late in the day Jill began to complain of a bad lower stomach pain. Being an occasional pancreatitis sufferer, I tend to take bad stomach pains seriously, so I suggested she see a doctor. But of course, being budding New Agers, they said, “we'll see what mom says,” which is what I figured they'd say. I forgot about it.

When I saw Jack a couple of days later I asked him how Jill was. “She's fine,” he said. “She had a few sessions with

mom and it just went away. Tension, apparently, from a block in her sexual energies.”

Jack's mom specialised in blockages of the “life airs” or vapours, ethers, chi, or whatever term is popular at the time. She was able to determine where these alleged blockages were by studying the client's aura and then healed them by focusing her energy on the trouble spots.

...just as we take our cars to people who know a lot about cars, rather than, say, windmill systems, we should take our bodies to people who know a lot about bodies rather than, say, ritualistic superstition and fairytales.

Admittedly, I'm not a doctor, but somehow the kind of pain Jill had been describing, to my uncultured, insensitive, skeptical ear at least, didn't sound like an everyday, run-of-the-mill type of pain, and for a minute I was almost disappointed that my more fearful diagnosis was so far off the mark.

More Than a Stomach Ache

Some days later I was informed that Jill was in the hospital recuperating from an operation to remove a burst appendix. Jack's mom had miraculously stopped the pain sure enough, but not the

progression of the appendicitis.

One would think that if a person was genuinely interested in healing people they would endeavour to learn as much about the body and its problems as possible. But most occult and natural healers don't do this. For them, the main premise of New Age healing is that modern Western science is all hogwash because it lacks the “spiritual” dimension. It's *not worth* knowing.

This “no need to know” theme is a common one among paranormalists. Indeed, most religions would burn every book on Earth right now if they had the chance. Throughout history, religions have always hit the libraries.

It would behoove us to remember that despite the alleged “spiritual” dimension, the body is still a machine of sorts, and just as we take our cars to people who know a lot about cars, rather than, say, windmill systems, we should take our bodies to people who know a lot about bodies rather than, say, ritualistic superstition and fairytales.

Luckily there *are* people available who *do* try and find out as much as they can about the body — they're called doctors.

Carl Wyant is a freelance journalist in Auckland.

Forum

Confronting Creationism

The article on creationism by Barend Vlaardingerbroek (*Skeptic* 24) contains much with which I would agree, but there are also several points that could be contested.

The mainstream Christian churches as allies? Census figures suggest that in New Zealand their membership is declining so fast that support would be limited. In the United States in the past they have been useful allies (at the Scopes trial in particular) but most of their rapidly ageing congregations have little interest in creationism and even less in biblical scholarship.

"If we live in a secular democracy..." Barend Vlaardingerbroek seems to assume that we do, but this is one of the points that creationists dispute. If we do not want our democracy to become less secular we will have to fight for it.

Writing articles in academic journals may indeed be preaching to the converted, but combating creationist propaganda in the media is essential. If lies are repeated often enough without any protest people will start to believe them.

Contrary to Barend Vlaardingerbroek's view, there is an excellent case for attacking creationists through their religious beliefs, for this is their weakest point. Creationists, one should note, say as little as possible about creationism. Nearly all of their diatribe is an attempt to ridicule evolution. While it is necessary to point out their major distortions of science, our best strategy is to go on the attack and ridicule creationism.

A person who claims to believe that the biblical account of creation is infallibly true, when the first two chapters of Genesis contain two

separate and contradictory accounts, has got to be on shaky ground. Pointing this out will sway the public towards skepticism more than any defense of evolution.

Nor does one have to be qualified in the area of biblical scholarship to take this approach, although obviously some reading is required. For an introduction to the first five chapters of Genesis, may I recommend Isaac Asimov's *In the Beginning*.

It is always vital not to underestimate one's opponents, but in the case of creationists it is easy to overestimate their knowledge of the bible. An overseas creationist on a New Zealand tour accidentally revealed in debate that he did not know the Old Testament had been written in Hebrew. The audience responded with scornful laughter, much to his discomfort. Does this story sound too much for good skeptics? I assure you I have witnesses.

Barend Vlaardingerbroek seems to assert the old proposition that one should not scoff at religion. But why not? The best weapon against ridiculous belief is ridicule, and there is excellent evidence to show that this is excellent PR. People enjoy being made to laugh.

Robert Ingersoll in nineteenth century America used this approach to attack the views nominally held by the majority of its citizens and he was enormously successful. He became both affluent and politically influential. Although described as the most hated man in the country, he



'...but most of all you-yourself have got to acknowledge the self-healing powers of the body'

was extremely popular. His lectures on *Some Mistakes of Moses* are a superb send-up of creationism.

On the other hand, it would be a mistake to imagine that creationism will ever go away. There will always be flat-earth societies. But surely the tide turned several years ago and the creationists have long been fighting a losing battle in New Zealand? In the US, their high-water mark was clearly at Little Rock on Jan 5th 1982 with the Overton judgement.

Jim Ring, Nelson

Homeopathy Works

I wish to protest the criticism of homeopathic medicine in *Skeptic 25*.

Certainly, homeopathic medicines are just water. But what more is needed? The magical qualities of water are well documented. It cures everything! Not only is it very good for the digestive system, but — as any sports enthusiast will confirm — it is a superbly effective cure for any injury incurred on the field of play.

Many is the time I have seen a player with serious injuries get up and run away with (if anything) even more agility than before, following the application of water to the injured area.

This is not just a vague impression. I have spent thousands of hours in front of the television in dedicated study of this phenomenon, and I have managed to establish this as scientific fact in the same exhaustive fashion as the esteemed *Consumer* magazine: I have found

another person who believes in this treatment.

My friend Mike not only studies the Water Cure Phenomenon on television, but also drinks large quantities of liquids containing water while engaged in his scientific studies. He claims that he feels happier and more confident after consuming these water-bearing fluids, and that's hardly surprising.

He insists that on one occasion he even saw water used to successfully solve a problem involving decapitation. Bloody Australians!

I can't help wondering why Syd Eru, the Rugby League player (*Skeptic 25*), did not simply cure his broken wrist with water at the time of the injury. He could have finished that game. Still, I think his case provides solid proof of the value of faith healing.

While the medical "profession" sneeringly suggested he would be out of action for six weeks, the faith healer's involvement enabled him to take the field for the New Zealand Maori side on October 17th, only five weeks and six days after his wrist was broken.

Grant Gillatt, Lower Hutt

A Challenge

Being a priest in a Christian church, and a confirmed Skeptic (a situation I enjoy so much I don't attempt to resolve it), I am fascinated by Carl Wyant's article "Angelic Sexism and the Politically Correct" [*Skeptic 25*].

As far as I can see, it would be a great advantage all round if the Skeptics did show an in-

terest in religion and big-time superstition.

Mind you, it may be difficult to express this in an informed manner. I found it difficult to recognise familiar territory in Carl Wyant's article, and there may not be many readers of the *Skeptic* who are up to date with the latest religious trends. But who could not but profit from the refreshing effects of reasonable doubt?

However much the contrary might be wished, religion is very much part of New Zealand society, and is a deep-rooted and powerful force amongst us. Nothing so significant should be beyond investigation, or be regarded as untestable.

I devoutly and piously hope that you will see your way to permitting investigation and debate on these absorbing issues.

*Leicester Kyle,
Vicarage, Kerikeri*

Obituary: Dr Jim Woolnough

The New Zealand Skeptics lost one of its founders with the recent death of Dr Jim Woolnough, aged 77. Jim was not only a passionate Skeptic, but a courageous fighter for the rights of New Zealand women to obtain safe, legal abortions. He was indicted in 1974 for performing abortions for the Auckland Medical Aid Centre; his acquittal on appeal in 1975 resulted in the Contraception, Sterilisation and Abortion Act of 1977, which made abortion legal in most cases. Jim will be missed.

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NZCSICOP is a network of New Zealanders — including scientists, educators, health professionals and many others — dedicated to increasing public awareness of the dangers and inanities of pseudoscience and bogus paranormal claims. Through meetings and its regular periodical, The New Zealand Skeptic, the group encourages informed, critical examination of the claims of fringe and quack medicine, astrology, so-called creation science, supposed extraterrestrial visitations, psychic phenomena, and associated "New Age" gullibility.

Annual membership is \$25; students and unwaged \$10. For further information, write to B.H. Howard, Secretary NZCSICOP, 150 Dyers Pass Road, Christchurch 2.