

# NEW ZEALAND SKEPTIC

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## From ERA to EAV, the Sorry Saga of the Black Box

David Cole

*As Professor Cole explained at the last Skeptics' Conference, 'Quantum Booster'-like devices have been around a long time.*

IF you include the Roman physician, Scribonius, who treated patients with shocks from electric eels, then electro-medicine has a very long and distinguished history indeed. But its recent history really began in the 1920s, with the flowering of America's Black-Box supremo, Albert Abrams, of San Francisco. He was to become a millionaire from the sale of his sealed 'black' boxes for diagnosing and treating almost everything from stretch marks to streptococci and, most seriously, cancer.

At the turn of the century Abrams recognised that so-called radionics and electro-medical gadgets were ripe for exploitation with their incredible (and I use that word literally) power of rapid and accurate diagnosis of diseases and their radio-frequencies. For therapy, other versions were designed to shatter the identified

diseases whether bacteria or cancer. His own device became the Electronic Reaction of Abrams (ERA).

Abrams' fame and machines spread to the UK, where the President of the British Medical Association spoke in strong

support. Fortunately there were some sceptics in the Royal Society of Medicine (we would be proud of them) and Lord Horder was sent to investigate. In 1925 he returned from the USA to report, much to the relief of the medical establishment, that his team found "its use is scientifically unsound and ethically unjustified" and, they went on to say, they could "give no sanction to the use of ERA in diagnosis or treatment of disease", ... so diminishing, but not extinguishing, this strange manifestation.

It was not just in California, the capital state of medical fraud, that electro-diagnosis flourished, for there were many others to

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## OF CON TRICKS AND CONFERENCES

MANY moons ago I packed into a dimmed lecture theatre along with 400 other keen-eyed stage I psych students to listen to a presentation on psychic ability.

The mood was festive - it was almost the last lecture of the year and promised to be a good one. Some bloke was going to demonstrate their prowess with telepathy and fix some broken watches. Students packed into the aisles and I'm sure there were a few economics or accounting students present.

I distinctly recall being suspicious. Honest. Probably aided by my brother sitting next to me who was trying to work out the tricks. What I remember most of all is the utter gullibility of the majority of the other students - they swallowed it hook, line and little lead balls. It was, of course, a setup brilliantly executed by Otago University psychologist David Marks. I was so impressed I went out and bought his book, *Psychology Of The Psychic* (written with the late Richard Kammann) - one of the earliest books on the topic that I ever read. (Could the person I lent it to please return it?) It was this incident, somewhere back in the early 80s, that first sparked my interest in skepticism.

So it is with considerable delight that I see Dr David Marks will give a presentation at the next skeptic's conference (the one in Dunedin, the one you are about to register for straight away...). Dr Marks is these days professor of psychology at Middlesex University and we are grateful to the NZ Association of Rationalists and Humanists who have helped with financing his visit to this country. I also note he is pencilled in for Saturday night's entertainment which alone could be worth driving 800km to listen to.

Unhappily the Taylor/Riddell household won't be attending - having just settled in following six months in the deep south we're not ready to turn round and go back again.

Which is a shame because the theme of this year's conference is one close to our hearts - Evolution, Creationism and Education.

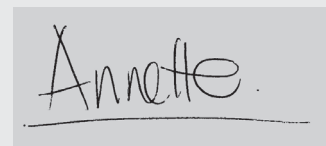
Another distinguished speaker who will need no introduction to most members is Australia's Ian Plimer, professor of Earth Science at Melbourne

University. His talk on the evolution of creationism will be a highlight of the programme.

Conference organiser Warwick Don has put together an excellent weekend - if only it was in Hamilton!

But welcome to the 56th issue of the NZ Skeptic in which we examine medical matters, with Dr David Cole looking at the history of black box devices and Dr Bill Morris's article on the pill.

We also welcome back Dr (am I the only non doctor in these parts?) John Welch who for many years wrote the Hokum Locum is picking up his pen again. Many thanks to Dr Neil McKenzie for his contributions.



### Contributions

Contributions, whether written articles or newspaper clippings, should be sent to:

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come: Rife in the '30s, Ruth Down in the '40s and in NZ, Dr Laurie Gluckman reported meeting an elderly Maori tohunga who had an old car battery and some wires, which, attached to his clients, served the same purpose.

Nowadays we are surrounded by black boxes in our home, and they are also the armamentarium of TV servicemen, car mechanics and the ultimate black boxers, the radiologists. It is easy to see how people in the 1920s would be impressed with dials and wires, solenoids and resistors. After all the Electrocardiograph - arguably the most successful black box of all time - had been discovered only a few years before in 1921 by Eindhoven, later a Nobel Prize winner for this work.

### **Spondylotherapy**

But to return to the anti-hero of this confection. Soon after World War 1, Albert Abrams, holding an MD from Heidelberg, began treating patients' spines by thumping special points, a technique he called 'spondylotherapy, a rival to Palmer's chiropractic developed in Iowa two years before, or Still's osteopathy, then a year or two older. Both have proved more durable.

As Maurice Fishbein of the American Medical Association commented wryly: "Abrams, having percussed the back to the fullest extent it would yield monetarily, he rolled the patient over and percussed the abdomen." But strangely it was not the patient's own abdomen, for Abrams did not need to have the patients themselves present and instead placed a specimen of their blood on a slide into the circuit. Wires

led from this 'dynamiser' to the forehead of a neutral test subject, standing on ground plates.

Diagnoses of illness were made, enthusiasts proclaimed, 'with superb sensitivity', aided by a remarkable chart that designated resonance areas for various illnesses (shades of iridology charts). Investigators were startled to find that, rather dramatically, these patients could also be further categorised by abdominal dullness patterns into: Catholic, Seventh Day, Jewish, Protestant and Methodist.

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## **Nowadays we are surrounded by black boxes in our home, and they are also the armamentarium of TV servicemen, car mechanics and the ultimate black boxers, the radiologists.**

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Very soon, delighted with his diagnostic machine and needing something with which to actually treat the patient, he invented an 'oscilloclast' along the same lines. This was calibrated to respond to vibrations peculiar to the specific disease, after establishing the frequency with the 'dynamiser'.

### **Shrewd Business**

Abrams' final entrepreneurial touch was not to sell his oscilloclasts, but instead to lease them out, insisting on a signed agreement that the machine would not be opened, examined or serviced by the lessees. A sound idea, replicated in 1998 by a New Zealand GP, who imported a \$40,000 black box, ETG, whose function was 'electro-

trichino-genesis,' ie causing hair to grow. On the sealed generator was the statement 'tampering with the box will lead it to self-destruct.'

Lord Horder was not the only official enquirer about Abrams' remarkable boxes. It is a measure of the notoriety of this treatment that in 1924 Scientific American published 12 articles exhaustively examining ERA. The experts concluded that the claims were not substantiated and the treatments were without value. Abrams was of course not

deterred, he continued to attract patients and died a rich man at the height of his fame in 1925.

One of Abrams many imitators in the 1930s was another American, Royal Rife, and he deserves brief mention here because his so-called generator has recently appeared in Rotorua under the name of Quantum Booster. This was used in the sad case of young Liam Williams-Holloway from Southland. The generator allegedly produces radio waves with precisely the same frequency as the disease, usually believed to be an infection but widely used for cancer.

It is now time to introduce another medical doctor from a very dubious Medical College in Missouri, Dr Dundas Mackenzie. Mackenzie was a New Zealander who had been at the Otago School of Mines, but did not really strike gold until some time after he returned to NZ in 1896 fresh from homeopathic training in the USA. His name plate stated he specialised in Cancer and Chronic Disease but he later, under cross examination, said that he was an 'auto-haemic surgeon'



Having visited Abrams in 1920, and realising the potential of the 'box', he soon ran foul of the BMA here, for he gave demonstrations of the Abrams machine in the Auckland Town Hall and claimed cancer cures. Application was made to stop him practising but the Medical Registration Board were slow to act, for he had powerful friends, including the Chancellor of the University of Auckland, Sir George Fowlds, who also believed in phrenology.

After a preliminary hearing in front of the Board, the case moved to the Supreme Court. The local doctors had assembled some firm if devious evidence, having taken some blood for testing from a donkey who gave rides at Mission Bay. Mackenzie reported that this test sample showed the 'patient' had both tuberculosis and congenital syphilis, which was naturally of some concern to the mothers of the potential riders of the aforesaid donkey.

In his memoirs Vince Meredith, the leading KC who took the Board's case, described this case as his most memorable as it "combined the ludicrous with the tragic in almost equal proportions." He made great play in Court of the

donkey subterfuge, and pitied this "always respectable animal" whose testing had apparently "revealed a past that was not always respectable." Mackenzie's opponents had also covertly submitted for testing some human blood samples from people with known disease. There was no correlation.

When asked if an official and supervised test could be arranged, Mackenzie declined to take part in any trial. In Court Meredith made the strong point that Mackenzie frightened innocent patients with spurious diagnoses of syphilis and cancer and then cured them with the oscilloclast machine. It worked well for these non-existent diseases, a technique for success that is believed to have been used by other NZ charlatans in cancer scams in the 1980s.

### Honest Belief

At the Supreme Court Meredith convinced the Judge that having refused any tests Mackenzie could not 'honestly believe' in the machine. This phrase was very appropriate as it came from the 1858 British Medical Act and later was introduced into the Medical Practitioners Act in NZ in a 1924 amendment of s58 concerning unorthodox practice, the

so-called homeopathic clause. It is a worry to us that it still survives in the recent 1995 Medical Practitioners Act although all other Commonwealth countries have abandoned it.

The process of proving and successfully prosecuting these unorthodoxies can be prolonged and very expensive ('the black wine-box phenomenon'). This is illustrated by the tale of a Hollywood chiropractor, Ruth Drown, who had an enormous following. Her radionic instrument was especially valued as she claimed it worked at a considerable distance by a telephone connection. In this instance the FDA decided to act, and after a cancer test-case Drown was found guilty and fined \$1000. The prosecution had cost the FDA \$50,000.

### Marriage of Convenience

By the early 1950s the reputation of black boxes was flagging. What saved them was a marriage of great convenience with acupuncture. A Japanese doctor had observed that many of the 361 classical Chinese acupuncture points in the body had reduced skin resistance when tested conventionally with a small current; these he called 'ryodoraku points'. It was then a small step for a German, Reinhold Voll, to



develop the machine he patented as the Dermatron. Using an electrode held by the patient, and with a probe, he tested the acupuncture sites noting the skin resistance changes. He claimed he could not only identify the diseased organ but diagnose and treat a variety of disorders in these organs.

Furthermore, he serendipitously 'observed' that homeopathic substances introduced into the test circuit further altered the resistance in some subtle way and could thus be tested for relevance; for example, putting dilute Roundup in the circuit might identify it as the problem. This was the crucial breakthrough that ensured the commercial success of the method. Schimmel in Germany also produced a 'Vegatest' machine which has found increasing favour and similarly allows for the introduction of test samples.

We are told of course, there is 'enormous' skill required to find the right points and apply the correct pressure. This became apparent when a New Zealand medically qualified, now deregistered, eco-medicine specialist was asked during his trial to allow patients with known disorders to be put through the circuit, even when he was the operator. Just like Mackenzie he refused because he considered these were unusual and misleading situations, not comparable to natural patient diagnosis.

Detached observers have repeatedly commented that the degree of skin pressure of the probe, and hence the resistance reading, is entirely, and unreliably, in the fingers of the operator.

### **The Vega Machine**

Unlike the Abrams oscilloclast,  
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the Vega machine does not seem to be used for treatment on its own, but has usually been linked to treatment by homeopathy. In the case referred to above the doctor had relied heavily on the Vega readings in his management of the cases by 'complex' homeopathy and hyperbaric oxygen. The Medical Council found this and other aspects unacceptable, and he was deregistered.

In another case put before the disciplinary authorities, a GP described the manner in which he identified a baby's food allergies by Vega-testing her mother's foot. Indeed it seemed it was not even necessary to have the baby in contact with the mother and in one case under discussion the practice nurse had been required to remove the crying child to the office so the examination could proceed. The startled mother was assured the machine could still work up to five metres. Indeed very few questions were asked of the mother for the doctor had, he explained, a subconscious link with the baby and was getting the answers directly. Worse still was his frightening of mothers with old-fashioned homeopathic miasm warnings of ancestor disease and criminal activity, the inherited basis for the baby's problems.

### **No Substantial Benefit**

In this case, and the preceding one, the medical tribunal steered clear of any evaluation of the efficacy of the procedures. It was transparently clear, that for the patients assembled as witnesses, no substantial benefit was provided. But more than that, proper and standard medical treatment, as expected from a registered medical practitioner, was seriously absent. This is what led to the penalties.

The final generation of these diagnostic machines are inevitably now computerised. In Canada withdrawal of medical license followed a Dr Korman's use of his 'interro-computer' for what the registration body described as 'totally useless and unproven tests while working under the cloak of respectability of his medical licence'.

His prescriptions for the patient to observe after diagnosis, can only be described as bizarre. These including having all dental amalgam removed (under hypnosis), removing the microwave from kitchen, use of a dustless vacuum cleaner and watching TV via a mirror. Two mirrors might have allowed her to at least read the text.

Here is a quote from the 1991 American Journal of Acupuncture:

"Western allopathic medicine is founded and supported on the reductionist-mechanical scientific paradigm that originated in the 17th century. Unlike Western medicine, science is becoming holistic" [the magic word], "based on quantum mechanics, new laws relating to the chaos theory, fractals and the discovery of self organised criticality and non linear science".

These words, like 'chaos theory' conveniently plucked from sister sciences, are implying that we are far from up to date. Has the unorthodox world found something we are missing? I think not.

Prof. David Cole is a former Dean of the Medical School and while on the Medical Council investigated a number of aberrant doctors.

# A Bitter Pill?

Bill Morris

*The risks of third-generation contraceptive pills have been much in the news. But assessing risk can be a tricky business.*

TWENTY-NINE years ago, I was about a week into my first job as a doctor, as a House surgeon in orthopaedics at Guy's Hospital in London. I had not had time to get to know the patients under my inexperienced care and was on a very steep and stressful learning curve. Just before three in the afternoon as I was doing my post-operative round, my bleep went mad, warning me of some dire emergency. I hurried to the men's ward to find an anaesthetist and another doctor working hard to revive a man who had suddenly called out and then fallen back pulseless. He had had a knee operation the week previously, before I had arrived on the job and I scarcely knew his face, let alone his name. My puny contribution to the efforts of the experts were to no avail and his circulation could not be restored. His wife was waiting outside and it fell to me to tell her that he had had some sort of heart attack and had died. You will not be surprised that it is her face rather than his that I remember.

Twenty-five years later, another patient in my charge, a young student of twenty, had puzzled two other doctors by her sudden attacks of loin pain over several weeks, first on the right side, then on the left and then on both sides. By the time she came to see me, she had had numerous blood tests, an emergency kidney x-ray and a chest x-ray. They had given no clues as to the cause of the pain. She had been seen in the Accident and Emergency

department of the local hospital in the middle of the night. She had been seen by a colleague of mine at the weekend. The attacks continued, but in between them, she had been well enough to go out on Territorial Army manoeuvres. When she saw me, the pain was bad enough to make her catch her breath. Apart from severe muscle spasm and a raised pulse rate I could find no abnormality. I noted that "something strange is going on here." I arranged for her to see a medical specialist urgently. Before she could keep the appointment, while walking from the library to the cafeteria, she fell pulseless to the ground and her circulation could not be restored.

## Venous Thromboembolism

Post-mortem examinations showed that what both these unfortunate people had in common was deep venous thrombosis and massive pulmonary embolism, first elucidated by the great German pathologist Virchow, well over a hundred years ago. Venous thromboembolism, as it is often called, VTE for short, has vexed doctors ever since.

Most of you will know that blood outside the body clots. It is fortunate that while in the blood vessels it does not usually clot unless the vessel is damaged and then clotting is indispensable. The damage results in the release of substances that initiate a cascade of biochemical reactions that result in a tangle of a fibrous protein called fibrin, mixed up with platelets and red blood cells. This

plugs the hole in the vessels and may plug the whole vessel. Virchow's triad has stood the test of time as an analysis of what happens with abnormal clotting. He observed that the main influences are disturbances of the vessel wall, things that change the dynamics of the blood flow and things that change the components in the blood that initiate clotting. Let us return to my two unfortunate patients.

## Contributing factors

In the case of the first, he had had an operation on a lower limb and his limb had been immobilised in plaster. The stress of an operation in itself increases the clottiness of the blood, muscle action would have been absent during the operation and reduced after it, leading to sluggishness of flow. We can imagine what happened in the veins of his legs with clot extending from a vein, often starting in a valve pocket, and eventually extending into the main vein of the leg and thence even into the main abdominal veins. Eventually, a large piece broke off, was pumped through the right side of the heart, blocked the pulmonary trunk and brought circulation suddenly and permanently to a halt.

The second person was a fit and healthy young woman. Were there any known predisposing factors? Had she perhaps an inherited predisposition for her blood to clot easily? Her grandfather had had an uncomplicated deep vein thrombosis after an



operation on his leg, but this is a known risk. Had she had any injury? Well, she had sprained her ankle on Army manoeuvres four weeks before she had started to get symptoms. Following her death, her Lt Colonel investigated this and there is nothing in his detailed account to suggest that she had anything other than a minor sprain.

She had not sought any medical attention for it. And three months previous to her death, she had started to take the contraceptive pill.

### Popular Pills

The first major trials of the contraceptive pill took place in the late 50s and it quickly became very popular because of its ease of use and near 100 percent efficacy. It contains two hormones, progestogen to fool the pituitary gland into thinking the taker is pregnant, so that it has no need to send signals to an ovary to release an egg; and oestrogen to give cycle control so the taker can have a monthly pseudo period. The oestrogen component also reinforces in some way the contraceptive efficacy of the pill. The first pills used about six or seven times as much oestrogen hormone as modern pills and the first case histories suggesting an association between the pill and VTE appeared in 1961. A report to the British Medical Research Council in 1967 showed a clear link between pill use and VTE and further papers from Britain, Sweden and Denmark in 1970 concluded that the risk of thrombosis was linked to the oestrogen dose. By this time, the oestrogen dose was down to about 80 micrograms from an initial 180 to 200 micrograms and it was then recommended that the level at

which risk became unacceptably high was about 50 micrograms of oestrogen.

### Absolute Risk

Early case-control studies suggested that the risk of VTE was between two and eleven times greater in pill-taking women and the absolute risk was between three and six episodes per ten thousand women per year. A large study of 65000 women in Seattle in the early eighties suggested a relative risk of 2.8. Healthy women not on the pill seem to have an absolute risk of about one per thirty thousand women per year, so the risk in pill-taking women is about one per

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**Eventually, a large piece broke off, was pumped through the right side of the heart, blocked the pulmonary trunk and brought circulation suddenly and permanently to a halt.**

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ten thousand per year. I should make it very clear at this point that we are not talking about risk of death here, but only of deep vein thrombosis. If we take the worst figure, about one in fifty of people who get deep vein thrombosis will have a fatal pulmonary embolus, so the risk of death from this per year of pill use is about one in a quarter of a million per year. However, a further proportion of people who get DVT will have permanent damage to the veins of their legs and in some, multiple small clots breaking away will cause permanent damage to the circulation of the lungs. Pills containing progestogen on its own do not seem to have an increased risk of VTE, but are less effective and periods are irregular, so they are less popular.

Late in 1995 media reports began to appear that so-called third generation oral contraceptive pills carried a greater risk for VTE than the older pills. The third generation pills contain the progestogen hormones gestodene or desogestrel, which can be thought of as designer hormones. The state of the art of drug synthesis has advanced to the point where the properties of the hormones can be to some extent predicted from their structure, and vice versa, and these two hormones have fewer male-hormone like effects (such as causing acne etc) and less effect on fat and carbohydrate metabolism. They were promoted as being safer for the arteries, where blood clots also

occur, as in heart attacks and strokes, and better for the skin. It was difficult for doctors to advise their patients as the papers on which the media reports were based had not been published, but three eventually appeared in the scientific medical journal, the

Lancet, of December 16, 1995 and another one in the British Medical Journal in January 1996. They are not easy reading and I think it is safe to say that those most likely to prescribe the contraceptive pill, general practitioners, do not as a rule read the Lancet.

### Literature Reviews

Fortunately for us, there was no shortage of secondary articles, and one appeared in the Ministry of Health's Prescriber Update in February 1996. I have read the original papers and can say that the article is an excellent and balanced summary that accurately reports the findings of the originals and correctly reflects the views of their authors. The risk

of VTE in second generation pills is less than previously reported. A healthy woman who is not a current user of the pill has an annual risk of VTE of about one in 26,000. A woman who takes the modern second generation pill has an annual risk of about one in 6 to 10,000. Someone who takes a third generation pill has an annual risk of between one in 3,570 and one in 5,000, so the risk of VTE in third generation pills is roughly twice that of second generation pills. The authors echo a Lancet Leading Article in stressing "that further independent study is necessary. The interpretation of the small increase in risk of VTE must be weighed against a possible decrease in the risk of other cardiovascular endpoints. Until the relative risk of other important health outcomes such as stroke or coronary artery disease.. is clarified, there is no sound basis for recommending any change to current contraceptive practice."

### British Response

In Britain, the response of the Ministry of Health was to advise that the third generation pills should not be used by women with additional risk factors for VTE and that doctors should prescribe them only for women who were prepared to accept the increased risk and who were intolerant of other combined pills. This led instead to widespread flight, not only from third generation pills but from contraceptive pills in general, with at least anecdotal reports of many accidental pregnancies and an increase in abortions. This may seem very strange to aliens like us who habitually think logically, but you will not be quite so surprised if I said that following a recent total solar eclipse in Britain, people

sought advice as to whether viewing the eclipse on television could have caused damage to their eyes...

In New Zealand, the response was more muted. Doctors took the advice from the Health Department at its face value and received it as a reminder to check for risk indicators when prescribing the pill. In December 1998 we were told between January 1993 and June 1998 there had been six deaths from VTE in women taking the third generation pills whereas between 2.2 and 3.7 deaths in this time would have been expected. Of course, with such small numbers the figures could readily be accounted for by random variation and the article pointed out results from epidemiological studies are more reliable than Committee for Adverse Reactions Monitoring data. The waters were by now quite muddied and Sandra Coney jumped into them last year to further stir them up when the headline of her column in the Sunday Star Times read "Who's to Blame for Pill Deaths?"

"My question is", she wrote, "who is accountable for these deaths? Is it the drug firms who raised the spectre of legal action against the Ministry when it planned to issue warnings when the risk of these pills were first known?

"Is it the medical groups who pressure the Ministry by saying they would disassociate themselves from the advice? Or is it the various officials of the Ministry of Health who caved in under the pressure, selling New Zealand women down the river?"

She pointed out that "an astounding 75 to 80 percent of women" using the pill in New Zealand

were on third generation pills. "This", she said, "tells us something about the too-cosy relationship between doctors and drug companies in New Zealand."

According to Coney, the Adverse Reactions Committee had advised doctors should preferentially prescribe the older second generation pills, but the pill manufacturers threatened the ministry with legal action and had "bombarded GP's with dossiers contradicting the studies" and the Royal New Zealand College of Obstetricians and Gynaecologists said they would publicly dissociate itself from the advice. The Family Planning Association, another body that might be thought to have some expert knowledge too, "went about saying the studies...were affected by biases so that the results couldn't be trusted."

### Rhetorical Questions

At the end of her article she asks questions that might be thought to be mildly rhetorical given the general tenor of the article. Of women using third generation pills she asks:

Are they warned of the risks?

Do they know that they could reduce their risk by using older forms of OC's or even eliminate it by using another method?

Have their doctors explained to them the symptoms of blood clots?

Do they know they are at additional risk if they are immobilised because of illness, injury, surgery or a long plane flight?

What must we poor benighted doctors do as dossiers rain down about our ears from drug companies, as sticks labelled "in-



formed consent” are waved at us by the Health Commissioner, as our expert bodies display their ignorance by echoing the advice given by other expert bodies throughout the world?

The publicity has had a beneficial effect in making us more careful in assessing people’s suitability for the combined pill, but it may have led us to practice a more defensive style of medicine. In a consultation I have about twenty minutes to impart quite a lot of information and know that seventy percent of what was absorbed at the time will have been forgotten by the end of the day.

### Reduced Risk?

Could they indeed reduce their risk by using an older pill? One expert, Walter Spitzer, commenting in the Lancet on a World Health Organisation scientific summary writes “The summary of the conclusions plays down the controversies that have raged for the past two years about differences between second and third generations of oral contraceptives in risk of VTE. It also properly emphasises the rarity of all the three serious side effects.” He went on to point out that there is at least some evidence that third generation pills may have a smaller incidence of heart attacks in young women and that the order of risk for VTE and heart attacks is about the same. What we may gain on the swings of reduced VTE we may lose on the roundabouts of heart attacks.

If we look at risks in isolation we may reach conclusions that are both correct and yet which are absurd. Let us suppose that a sexually active woman decides that the risk of OCP is too great

and so she uses no contraception at all. In a year she has a seventy percent chance of getting pregnant. During the pregnancy she has a one in 1600 chance of getting a DVT and during the week in which the baby is born a risk of about one in six hundred, roughly ten times greater than the worst risk for third generation pills - if the studies have reached a correct conclusion.

### **In a consultation I have about twenty minutes to impart quite a lot of information and know that seventy percent of what was absorbed at the time will have been forgotten by the end of the day.**

#### Symptoms

Every third year medical students knows the symptoms of blood clots. You get a painful swollen leg with tender calves. Unfortunately for us poor benighted doctors and unfortunately for our patients, most people with DVT don’t have these symptoms and most people with these symptoms don’t have DVT. Pulmonary embolus is even more difficult to diagnose without high tech help - except in the post-mortem room. Oh, if only the drug firms would distribute free retrospectoscopes instead of raining dossiers of propaganda on me! Still, I do tell patients, orally and in writing, about painful swollen legs; and chest pain with shortness of breath and spitting of blood; and about sudden loss of vision or use of limbs. If I set a test at the end of a week not many would pass. But I’ll be OK when the Health Commissioner comes calling.

Do I really have to tell them about additional risk if they are immobilised because of illness, injury,

surgery or long plane flights? My elder daughter flew to Britain a few months ago. Would I as a doctor expect her doctor to suggest that she stop the pill (I don’t know whether she’s on it. It’s none of my business). First of all, long distance flying carries a risk of DVT that is independent of being on the pill, so I should also expect him also to warn her about the risk of cosmic rays at high altitude, the risk of side-stream smoke in the cabin, the risk of acquiring hepatitis A from eating airline food and so on almost ad infinitum. In any case, it’s a risk that she would run for a few days at most, so it would have to have a very high annual risk indeed to be of comparable significance to the annual risk from the pill.

To Sandra Coney and others the issues seem to be simple. One sort of pill carries twice the risk of another sort. Drug firms have bullied the Ministry of Health and have muted the voice of doctors and other experts by stopping their mouths, not with gold, the preferred substance for scoundrels down the ages, but misleading dossiers. A risk is a risk is a risk and no one should have to run it if it can be reduced. No matter that people vastly better informed and experienced in analysis of statistics comment about the “lack of clinical importance and public health significance of VTE” with its “very low absolute rate of occurrence, low morbidity and low case-fatality.” Nothing must get in the way of a good story.

Bill Morris is a doctor with the Student Health Service at Massey University.



# BEACHCOMBER

## BY THE WAY



**W**ISHING to contact an ethereal friend of mine, who lives physically in central London but mentally on a different plane altogether, I decided to send him an urgent telepathic communication. Shortly after I had pressed the mental equivalent of the 'transmit' button, I sensed an incoming message.

"Telepathic routes to London have been changed," it told me. "Please rethink your message, putting a seven before the name of the intended recipient if he or she is in central London, or an eight for outer London." I switched back to transmit mode, re-sent the message to the new number and remained in a trance as I waited for a response. Once again, however, the voice entering my head was not that of my friend.

"The entity you are calling," it said, "is telepathically engaged. You are connected to VoicePath to leave a thought, concept or message, please think it after the tone."

Taken somewhat aback, I hung up before the beep.

After taking a few minutes to compose both myself and my intended message, I rang back, ready to record on his AnswerPath. This time, however, a different metallic voice answered me. "All ethers to London are engaged," it said. "Please try later."

I was beginning to think that this mind-reading business is not all it's cracked up to be, but I decided to give it one more try. I pictured in my mind the entire message, complete with illustrations and paragraph indents, prefixed it with the intended recipient's name, preceded by a seven, and zapped it out with all the brain waves at my disposal. An icy feeling suffused my skull as the words "Mental font not recognised. Attempt conversion?" entered my brain.

"No!" I screamed silently. "I'll send it again." I took a deep breath and changed the entire message out of my favourite Campbell's Soup Condensed font

into Times New Roman 15-point (large print for the slow of thinking) and sent it yet again. This time, a warm and gentle buzzing sound inside my head told me that I had made the right connection.

"Thank you for thinking of us," echoed a pleasant voice. "If you are participating in a parapsychological experiment and wish to transmit a diagrammatic representation of a house, probably composed of a square with a crudely drawn door and two windows, please think 'One'. If you wish to send a different picture, think 'Two'. If you require an ectoplasm brochure, please think 'Three'. If you were just thinking of us in general terms and have no specific message to communicate, please hang up." I let out a sigh, but I think we must have had a bad connection because an ectoplasm brochure arrived next post. We've ordered half a ton of the green. It will look good on the rockery.

## Feng-shui tomatoes ungodly – work

Evening Post, 14 April 2000

LONDON, April 13. – British tomato growers hoped using feng-shui would produce bigger, juicier crops – but it left a bad taste with two workers.

Martin Kelly and his son Paul quit their jobs, saying the ancient oriental art of channelling energy flows was against their Baptist beliefs. "I'm not working for a farm that openly claims it relies on a power other than God," Martin told the

BBC. "I wouldn't be able to sleep at night."

A stunned Alan Parker, director of Arreton Valley Nurseries on the Isle of Wight, said: "It didn't even enter my mind that the whole thing could become a religious issue."

The British Tomato Growers' Association is encouraging members to try feng-shui and has called in experts to advise on sites for hives for bumblebees to pollinate crops.

Last year, it persuaded growers to play rock 'n' roll to their tomatoes on the basis that it could create "good vibrations".

"We saw production rise by 5 percent last year and, don't put it entirely down to the introduction of rock 'n' roll where sound waves help the pollination process, it has encouraged us to think laterally," chairman Peter Lansdale.

## Newsfront

Dominion 30 March 2000

## Church changes wording on 'Jesus heals' claim

A COMPLAINT about a church's advertising claim that Jesus would heal cancer, arthritis, diabetes, deafness, blindness and any other disease "totally", has been settled after the advertiser agreed to water down its wording.

But Powerpoint Ministries appears to have escaped the power of the Advertising Standards Complaints Board by insisting it will continue to make its claims on an Internet Web site – outside the board's jurisdiction.

Any future print advertisements by Powerpoint will omit the list of specific diseases, and "Let Jesus heal you totally" will be changed to, "Let Jesus heal you".

The complaint was made by the Association of Rationalists

and Humanists. It argued that such therapeutic claims could be dangerous to some people if taken literally.

Responding, the church said it "did not agree" that its advertisement was misleading but agreed to amend its board rules. But though prepared to change the wording of its print advertisement, it was moving the list of diseases to its website, thus altering its summary. The board was not prepared to require any part of its Web site to be changed.

"Powerpoint ministries advise all people receiving such advice to continue following the advice of a registered medical practitioner until you are confirmed," a spokesman said.

The board ruled the church was "settled".

Wellington, New Zealand

Dominion

## 'Bigot' claim d

By PHIL HAMILTON, Education reporter

Victoria University's student magazine has called for the academic who boycotted a Maori blessing to be called before the university's discipline committee.

Salient editor Nikki Burrows referred to associate Professor Paul Dunmore as "bigoted" and "ill-educated" after his refusal to attend a Maori blessing because it was an "act of animist superstition".

"It [academic freedom] does not mean that he has a right to say whatever he damn well pleases," she said in an editorial and open letter to Acting Vice-Chancellor Roy Sharp in the latest edition of Salient.

**"It [academic freedom] does not mean that he has a right to say whatever he damn well pleases,"**

– Salient editor Nikki Burrows

However, her call for Prof Dunmore to be disciplined has been compared to the actions of brownshirts in Nazi Germany by philosopher Denis Dutton. The Canterbury University associate professor said it was nothing new for students to try to muzzle an



# Creationist says 'the truth is catching on'

By MARITA VANDENBERG

PETER SPARROW was a 19-year-old Aussie working at Hastings' Tomoana freezing works when God found him. He didn't believe in God; he believed that humankind existed as a result of evolution.

Peter Sparrow had gone to a meeting where he says he was shown the scientific evidence for creation.

He went back to Australia and went to university where he studied biology. Then he went on to teachers' college and later taught science at an Adelaide high school.

"I went through university and teachers' college as a creationist. None of my lecturers could handle the arguments that I had for creation," he says.

Now, 26 years later, he drives around rural Australia with his family in the Creation Bus explaining to people why we didn't "evolve by chance from slime" but were created by God.

This weekend Peter Sparrow will be in town with other members of the Answers in Genesis ministry he helped form more than 20 years ago, giving public lectures.

Earlier this week he addressed a hall in New Plymouth of around 170 people.

The truth, he says, is catching on.

So how does he explain evolution?

"If evolution occurred there should be transition forms in the fossil record," he answers. "If reptiles changed into birds then we should find forms that were half and half."

The same goes for the one's transi-

tion forms, he says.

"Even the evolutionists themselves say there's no evidence for evolution."

Yet he says there's evidence of a far superior intelligence to man's. He uses intelligent technology and extrapolates from that to present his example; he says all the intelligent technology in the world is still inferior to the intelligence contained in one human brain.



**BELIEVER**  
Peter Sparrow.

That's just one arrow pointing to the existence of a more superior being, he says.

In Wellington on Saturday, Peter Sparrow will be joined by former Wellingtonian Dr Jonathan Sarfati, also a member of Answer in Genesis.

Dr Sarfati has an honours science degree and a PhD in chemistry and physics. He'll be speaking on a range of subjects including dinosaurs and the age of the Earth.

● Answer in Genesis: Friday April 14, 7.30pm Levin Baptist Church (ph 06 368 6110); Saturday April 15, 3pm Salvation Army Corps, 92 Vivian St; Sunday April 16, 10am Life City, Auckland.

Evening Post, 28 April 2000

## Ghostbuster called

BRITAIN. – A "ghostbuster" will investigate a royal palace near London to see if Henry VIII's fifth wife is haunting her former residence. Historians at Hampton Court Palace have asked parapsychology expert Dr Richard Wiseman to investigate rumours that the building is haunted by the ghost of Catherine Howard. The former Queen is said to stalk the palace's Haunted Gallery. For centuries, palace workers say they have seen her dressed in white flying along the corridor. Recently two women fainted at the same spot. Both said they became cold, felt as if they were punched and woke up feeling very hot. – DPA

Saturday, March 4, 2000

# Burrows 'Nazi' response

Academic expressing their opinion.

"In the 1930s, Nazi students led the way suppressing anything but approved doctrine in German universities. They made professors they viewed as 'bigoted and uneducated' were hauled before disciplinary committees. Or worse," he said.

Prof Dutton said Ms Burrows was following a long tradition which stretched back from Pol Pot, through Mao Tse Tung, to Stalin and Hitler. "These dictators made a special point of the reeducation of recalcitrant academics," he said.

Prof Dunmore, an associate professor in accounting and commercial law, refused to attend the Maori blessing of Rutherford House on February 11 saying in an e-mail to

other staff that he found it "culturally offensive that, in this institution dedicated to the advancement of knowledge, we propose to inaugurate our new premises with an act of animist superstition".

Prof Dunmore said he was opposed to the superstitious nature of the ceremony and would also refuse to attend a Red Mass [a Roman Catholic ceremony] on the same grounds.

Ms Burrows said she was outraged by the negligence of university management on the issue of the "bigoted and at least sadly ill-educated" Prof Dunmore.

"Academic freedom is not the right of academics to speak out on any issue, no matter who it might harm, embarrass, de-

mean, belittle, or ridicule," she said.

The university's disciplinary committee was the appropriate place for Prof Dunmore to explain his actions.

Prof Dutton said Prof Dunmore, with his comments, had made Victoria a more attractive university for anyone wanting to avoid the dead hand of political correctness.

Maori studies senior lecturer Peter Addis was relaxed about the boycott and said it was only the personal view of one academic. He said while it was an unfortunate view, he did not believe it was a disciplinary matter.

Professor Sharp said he would be responding to the Salient editor in an "appropriate forum".



# Charismania

*Christian fundamentalists usually come to the notice of the Skeptics when they make pronouncements on scientific matters, as with creationism. But, as Ross Miller indicates, fundamentalism results in junk religion, not just junk science.*

THE major damage to intelligent Christian profession in this country is being wrought not by secularism or liberalism, but by what theologians know as biblicism, and by charismania — that is, by large sections of the New Zealand Christian Church itself.

Biblicism treats the Bible as a sacred, infallible book, internally consistent, an accurate historical record, and so on. Jesus certainly never handled the Bible that way, and was angry when he encountered people who did.

Charismania is the religious naiveté, gullibility and hysteria associated most recently with “gold dust”, the alleged appearance of gold dental fillings, and many claimed miraculous healings. It also comes with speaking in alleged “tongues”, “prophecies” (which, when you get to hear them, are mainly tedious and mindless babble in poor Authorised Version English), and “worship” which includes the kind of behaviour the scriptures mainly associate with Baalism, and much falling on the floor.

Biblicism and charismania are the main reasons many people I talk with now have come to regard the church and much of its profession as a joke. I have come to the view that it is often a healthy, life-enhancing decision to leave such a church. But perhaps for the moment it is urgent to focus on charismania.

Why is not most of the church writhing with embarrassment at the latest reports of hysteria and delusion? Why are so many

“charismatic” pastors and others actually such spooky people? Part of the reason these things happen has to be that charismatic leaders tend to be scarcely trained in any of the serious disciplines of Christian ministry. These include systematic and classical theology, church history, psychology and human spiritual development, and study of the biblical record in its original languages using historical/critical methods. They are too afraid to undertake such training. Are there any astrophysicists who are also astrologers, or chemists who are alchemists?

As one might expect, there are good people among these pastors and leaders; there are also incompetents, poseurs, people who enjoy personal power over others, and frauds — and their churches have frighteningly few checking mechanisms.

Why is there apparently no end to the gullibility of so many would-be believers, so much craving for miraculous signs and “fixes”? Why did that Timaru woman say on TV, without a blush, that you should indeed leave your brain at the church door, in order to acquire these blessings?

Some years back, on an inspired whim, I became a paid-up member of the NZ Society for Scientific Investigation of Claims of the Paranormal (Inc.), more commonly known as the Skeptics. It has been such a refreshing and liberating thing. As a Skeptic, I know that God does not transmute amalgam into gold, or rain gold dust upon us (which,

conveniently, like the manna in the wilderness, is never anywhere to be found when you want to get a sample for analysis). As a Christian believer I know that God, about whom one is less and less willing to be dogmatic, does not in any case bother with such juvenile humbug.

How many charismatic pastors are there, who privately know very well that such “miracles” have not actually happened — but also that these things are filling their churches and paying their salaries, and maybe financing newer and bigger church buildings?

How many are lying awake at night, knowing they have to face yet another crowd of the credulous expecting miracles...?

I once went to a “healing” service at which the preacher claimed we would be able to smell the Holy Spirit arriving at the venue — all on the basis of some obscure text in the Book of Psalms which, whatever it meant, most certainly did not mean that. Sure enough, just about everyone (not I) began to smell this fragrance. It was simple heresy — not so much the Olfactory Effect, which is merely suggestion and delusion, but the assumption that God was the last to arrive and thus formerly absent.

I do not see how all this differs from paganism, Baalism, Druidism, which are essentially unremitting attempts to propitiate the gods, to make life go well, to ward off disaster and evil spirits, to feel good, to employ

“miracles” against pain and sorrow and death, to manipulate life the way we want it — and, for some, to get wealth (which is called “blessing”).

Jesus taught otherwise. He called people not to some safe haven of good feelings and miracles to make everything right, but to die to self, which is quite the opposite. The deceptions being practised, wittingly or otherwise, by much of the charismatic persuasion are becoming too wacky altogether to pass without comment.

Ross Miller is a retired Presbyterian minister

## New Ideas on Old Life

**The Crucible of Creation: The Burgess Shale and the Rise of Animals, by Simon Conway Morris. Oxford University Press. Cradle of Life: The Discovery of Earth's Earliest Fossils, by J William Schopf. Princeton University Press. Reviewed by David Riddell.**

The Burgess Shale has attained iconic status among those interested in the early history of life. It has been the subject of several books, most notably *Wonderful Life*, by Stephen Jay Gould, who portrayed the Burgess fauna as

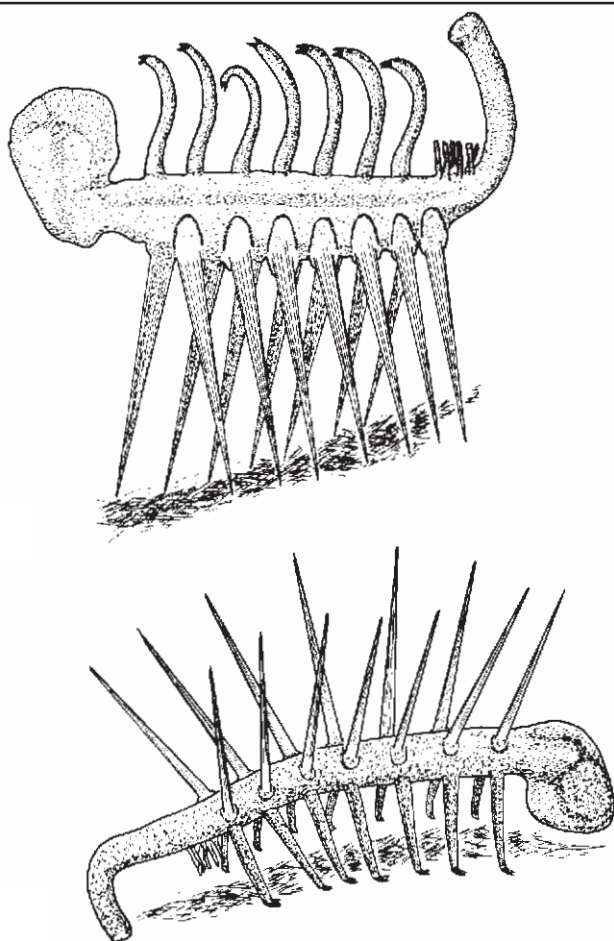
one with a broader range of phyla, or major animal groups, than exists today. The eventual dominance of the vertebrates, he argued, was dependant on the contingencies of history, and could not have been predicted from their minor status in the Cambrian.

Morris, who has done much of the groundwork on the Burgess Shale and other Cambrian soft-bodied faunas, argues that more recent findings indicate that the diversity of Burgess phyla has been overstated, and in fact show the basic unity of groups which today we consider very distinct. The Halkieriids, for example, appear to link the molluscs, annelids, the Burgess animal *Wiwaxia*, and even the brachiopods.

William Schopf, on the other hand, has devoted his life to the Precambrian. A mere 30 years ago, almost nothing was known of the first three quarters of the history of life. The problem was, says Schopf, we were looking in the wrong places. Once the right kind of rocks were identified, a range of single-celled and other simple fossils were discovered, including his own record-breaking find of three and a half billion year-old cyanobacteria in Australia, the oldest fossils known.

Schopf was also brought in to advise on the purportedly fossil-bearing Martian meteorite, and he explains clearly why these structures are most likely non-biological.

Both books are highly readable accounts by leading authorities in their fields. Recommended reading.



*Hallucigenia*, one of several Burgess Shale animals to be reinterpreted in light of fresh evidence. The spines, originally thought to be walking appendages, are now believed to have been protective. Rather than being an oddity with no known relatives, it probably had affinities with lobopods such as *Aysheaia* and *Peripatus*.

# Hokum Locum

*John Welch returns with his column on medical matters.*

## **Craniosacral Therapy**

MANIPULATIVE therapists such as osteopaths and chiropractors continue to provide a rich source of deluded ideas. Here is Clemens Franzmayr writing in *NZ Doctor* (10 May) on the treatment of dizziness: 'Colleagues experienced in craniosacral therapy have good results by freeing tentorium cerebelli from restriction and by mobilising the temporal bone on the disturbed side, including the ear pull.' For once I am in complete agreement but I have always obtained far more impressive results from the 'leg-pull.'

The good Doktor goes on to say: 'with one single manipulation of the upper cervical spine the patient could be free of all complaint.' The patient could also be dead from spinal cord damage due to the wholly unnecessary and unscientific intervention.

## **Medical Overinvestigation**

Your correspondent has been recently refreshing his medical skills in the Casualty Department of a large urban hospital where many of the patients present with trauma due to alcoholic decelerations. It is fascinating to experience the change in attitudes due to medicolegal fears and the consequent extensive use of sophisticated investigations such as radiological imaging techniques, recently satirised by one writer as the 'gropagram'. However, a note of caution. When arriving at the hospital please do not ask

for your NMR (Nuclear Magnetic Resonance) as I fear you could experience a nasty rectal invasion by an agency nurse from Sri Lanka. (*New Scientist* 17 April 99).

## **Fraudulent Skin Treatments**

There is widespread belief and acceptance of treatment with secret mixtures by a section of the community who do not understand that such preparations are not subject to any form of scientific testing, standard or even basic tests of efficacy. A London clinic sold a 50g pot of cream that cost \$2000 which was found to contain white paraffin and a small amount of the steroid fluocinolone, sold in New Zealand as Synalar and costing \$5.92 for 30g. The great irony here is the use of a powerful and effective remedy secretly used within the context of quack therapy. Herbalists, not to mention Homeopaths, will no doubt join me in general indignation at this totally unethical behaviour.

This "Kentucky Fried medicine" (secret herbs and spices?) is a perfect accompaniment to the age of post-modern consumerism. One Wellington GP has even received approval from the Medical Council to sell similar products to her patients.

I wish I had patients like that when I was in General Practice. Even Dermatologists would envy me earning over \$100,000 a year from the sale of one pot of cream a week. Damn that troublesome

conscience; I could have been rich!

## **Analysis of Chinese herbal creams**

Patients with chronic problematic skin conditions often resort to herbal remedies which are seen as 'natural' and therefore safe and free of side effects. Since chronic skin conditions are commonly treated with potent steroids there are genuine concerns about side effects. Some researchers (*BMJ* 1999;318:563-4) found that eight out of eleven herbal creams contained dexamethasone, a potent topical steroid.

I know it's fraud, but I still find it amusing that people using a 'natural and safe' herbal remedy are in fact gaining relief from a potent nasty dangerous steroid, normally prescribed by nasty dangerous doctors in the pockets of multinational drug companies. Me paranoid? I know they are out to get me!

This reminds me of a very popular cough mixture in the early 1900s whose 'magic' ingredient was heroin.

## **Chicken Soup**

Two Israeli doctors are calling for the World Health Organisation to include chicken soup on its list of essential drugs. This will come as a great burden to the inhabitants of many Third World countries where the daily walk for water will now have to be



extended for chickens. Since the WHO already lists a variety of conditions amenable to acupuncture, including myopia, the inclusion of chicken soup is entirely appropriate as an unspecified remedy for whatever ails you. Don't be put off by the lack of evidence—"Chicken soup is over 2000 years older than the randomised trial." They said the same thing about acupuncture.

I can assure readers that chicken soup will cure anything if you strongly believe that it will. Disclaimer: I have no shares in any chicken soup companies.

### Dental Amalgam

Readers will be pleased to hear of the retirement of one of the worst medically qualified quacks in recent memory. This individual who cannot be identified for obvious legal reasons, used a dental amalgameter to diagnose "mercury poisoning." This fraud was practised on countless patients who then paid to have all of their amalgam fillings removed, a practice condemned by the Dental Council as there is no link with any form of illness and the number of such fillings. I have written before on the subject of dental amalgameters which are basically a fraudulent blackbox device of the type discussed at our last conference. (*See lead article - ed.*)

This quack also railed against immunisation which prompted me to write a letter of complaint to the Medical Practitioners Disciplinary Committee (MPDC) who are essentially toothless when dealing with quack doctors. I was informed anecdotally by the MPDC that they had received dozens of complaints about this

individual but were powerless to act unless they received a complaint from an actual patient who had been harmed. The MPDC forwarded me a copy of the doctor's reply and if anybody would like a copy please send me a SAE. It is a fascinating, self-deluded and paranoid document from which I have deleted any identifying details.

Rudolf and Bailer, psychologists at the University of Heidelberg, looked at 40 patients who claimed health problems connected with their amalgam fillings. When compared with other people with amalgam fillings but no such complaints there was no correlation with any measurements of mercury in blood, saliva or urine. The researchers found that the complainants had histories of psychological problems, were emotionally unstable and had an obsessive attitude towards their health.

I have a mouthful of amalgam fillings and my health is perfect. I rest my case.

### Buteyko and Asthma

The Buteyko breathing technique (BBT) is merely one more of a long line of quack therapies for asthma. (Try the medieval remedy-powdered fox lung) Central to the theory is the belief that all patients with asthma hyperventilate (over-breathe). Deliberately slowing breathing increases carbon dioxide levels which could dilate restricted airways. However, the overwhelming scientific consensus is that asthma is an inflammatory disorder. Since quack treatments are seldom put up for testing, I was surprised to read of a trial of BBT reported in the *Lancet* (1998;

352:1993). It flunked. Although BBT patients were able to reduce their medication there was no objective change in key indicators of lung function. This is not at all surprising as patients receiving acupuncture treatment for asthma also reported marked improvement which was not confirmed by objective measurements of lung function. This is the classic placebo effect which is the cause of perceived improvement in most alternative medical treatments.

When people strongly believe in something and that belief becomes an unshakeable faith, they are immune to reason. When the above results became apparent the researcher from the BBT Clinic withdrew her authorship from the paper.

John Welch qualified in medicine in 1976 and became a refugee from General Practice in 1988, when he joined the Royal New Zealand Airforce and spends his time ensuring young people are fit to die for their country. He started writing for the magazine in Issue 16, but a posting with UNSCOM to Iraq meant he had to relinquish responsibility for the column. He is delighted to once again have the opportunity to indulge his interest in bizarre medical beliefs and wishes to thank Dr Neil McKenzie for his efforts to date.

Do some of our writers lead double lives? A recent Waikato Times advertised a seminar at the Hamilton South Baptist Church featuring David Riddell (see book reviews, p.13), billed as Dean of the Living Wisdom School of Counselling. And, we wonder, is Bill Morris (pp. 6-9) any relation of William Morris, founder of the modern creationist movement?

# 2000 Skeptics Conference

(aka Conference 6004)

Otago University, August 25 to 27

## Friday 25

The Jazz Gallery, University of Otago Staff Club: Registration, Social gathering with entertainment featuring Dr David Marks (7-9pm)

## Saturday 26

Archway Theatre 3: Registration (8am-8.45am); Session 1 (9am-12.20); Lunch (12.20-1.30); Session 2 (1.30-4.15)

### Evolution, Creationism and Education

#### Evolution: The Fossils Say YES!

Warwick Don (retired senior lecturer in Zoology, University of Otago)

#### Quirks of Evolution - Fossil Whales and the Transition from Land to Sea

Dr Ewan Fordyce (Associate professor in Geology, University of Otago)

#### Human Origins - Evidence and Controversy

Dr Jules Kieser (Professor of Oral Sciences & Orthodontics, University of Otago)

#### The Evolution of Creationism in Australia

Dr Ian Plimer (Professor of Earth Sciences, University of Melbourne)

#### Educating About Evolution - A Review of School Curricula in New Zealand in 2000

Barbara Benson (Senior lecturer, Head of Science, Dunedin College of Education)

#### Teaching Evolution to the Alienated

Dr Bill Peddie (Science teacher, Mangere College)

#### Panel Discussion: Evolution, Creationism and Education

**Pre-dinner drinks (6pm), Dinner (7pm), Media Awards. Guest Speaker: Professor Ian Plimer.**

**Venue: Scholars, University of Otago Staff Club**

## Sunday 27

Archway Theatre 3: Registration (8.30am to 9am); Session (9am to 12.20); Lunch (12.20 to 1pm); AGM (1pm to 2pm) members only

### Why Do People Believe Such Weird Things?

#### The Baby In The Box - The Meaning Of Urban Myths

Robert Pollock (Technical writer, Department of Computer Science, University of Otago)

#### The Kaikoura UFOs - Squid Boats

Bill Ireland (retired DSIR physicist)

#### Popular Delusions

Dr Richard Mullen (Dunedin psychiatrist)

#### What Are We To Make Of Exceptional Experience?

Dr David Marks (Professor of psychology, Middlesex University Health Research Centre)

# Who Ya Gonna Call — The Skeptics!

*What red-blooded skeptic could turn up an invitation to stay  
in a haunted house and meet the inhabitants — certainly not  
your intrepid chair-entity....*

## Vicki Hyde

YOU get a lot of interesting invitations when you head the Skeptics, but this one was more interesting than the usual Rotary talk request. Film-maker Rachel Davies was touring the country putting together a documentary about the existence of ghosts, tentatively titled *Adventures Beyond*

*The Material World*. Would the Skeptics be prepared to provide a representative in amongst the priests, psychics and clairvoyants? You betcha!

So that was how I found myself driving madly over the mountains through teeming rain on Holy Thursday to spend a night in a haunted house with the ghost team and a local ghost-friendly person. Sadly the latter, possibly scared off by the thought of meeting a real skeptic in the flesh, was there more in spirit than in flesh — she pulled out at the last minute.

That left the two doco people and me, knocking around in the haunted house. Actually it was a run-down journalist union holiday home in Akaroa, looking much like a rather disreputable flat I lived in during my student days. A dead seagull in the front yard was solemnly filmed (would have been more interesting if it was a raven — seabirds aren't exactly uncommon in this harbour town-ship...). We stomped around the old house, inspecting the saggy beds and testing the doors for creaking (they performed

beautifully in this regard), and settled down for a chat.

Rachel and her off-sider seemed to have had a great time touring around the place, chatting up people in bars and casually waving around their minimal video gear (courtesy of Nayland College) in true “real TV” fashion. They had heard some “amazing” stories which “rocked”, and were very hopeful of trapping more than the local bar-prop on tape.

One “spooky” experience had been with a psychic up north who had done what sounded like a very professional cold-reading on Rachel. I made a modest attempt myself, rounding up the usual phrases, which she seemed to find equally intriguing. The thing I found intriguing was the contradiction between their hopes for their film and their acknowledgment that they were unlikely to get anything useful on tape. It didn't seem to worry them any — these girls just wanted to have fun.

They seemed a bit disheartened by the no-show of the person who had claimed to hear “heaps” of ghosts in our Akaroa hideaway, so I did my best to cheer them up. They enthusiastically taped me unpacking my “ghosthunter's kit” — Peter's black leather pilot case looked nicely authoritative, and they oohed and aahed at the digital still camera, the digital video camera, the tripod, the reference texts *How to Test Your*

*Psychic Powers and Great Scams from the Beyond* and, last but not least, the Elizabethan chemise I had brought along to ensure I was in the spirit of the place, so to speak.

I had intended taking along our large spotlight, imagining the line “that's not a torch, THIS is a torch”. I had toyed briefly with secreting some dry ice in a cupboard and “discovering” it, but thought that that was really a bit too theatrical. (Besides, years of experience would suggest that the discovery would be filmed but not the explanation for the phenomenon...)

Over our fish and chips — this was a budget production after all — we had a long talk about ghosts, why they might exist, what sort of evidence one should look for and what alternative explanations abounded. I had mentioned to them early on that Skeptics tend to be a bit wary about participating in such efforts. After all, we're well aware that, in many cases, skeptical input can end up being very brief compared to those believing in their particular phenomenon (it's far more interesting to hear about someone's UFO abduction than any possible reasons why it mightn't have happened!)

The girls were interested to learn that I had been contacted the previous year regarding a poltergeist claim, and a little crestfallen when I had to add that a small amount



of preliminary investigation suggested the individual concerned had a more tenuous grasp of reality than first indicated, to put it delicately.

I talked about the difficulty of actually investigating traditional ghostly phenomena. They are so subjective — “did you feel that cold patch?”, “I saw a shape” — and hence difficult to test in any sensible fashion. The human mind is such a wonderfully inventive, imaginative thing and few people credit just how strong the powers of suggestion can be. And I warned them that I had a very well-developed imagination...

We drew lots for who would sleep in which of the upstairs rooms where whatever it was supposed to be supposedly happened. (They wouldn't tell me what the actual ghost claim was; I had suggested each participant be told a different story to see if that had any significant effect on our experiences.)

I think I made them a little nervous by cackling when I discovered the door handle on my bedroom came off. I tested it to be sure I could use it from the inside, and then carefully laid it next to the bed. I figured if anything was going to come through my door that night, it would have to materialise through the panelling. Then, with the camera set up to cover the small room, I went cheerfully to sleep.

My counterparts had a more difficult night. For film purposes they left the lights on, with a red filter over them — not particularly conducive to sleeping. Maybe after a week or two of this, sleep deprivation will provide the hallucinatory experience they are seeking!

Then the really horrific thing happened! It was dawn and there was movement in the house....

Now my experience of media people is that they are not usually early risers, but these girls were up and ready to hit the road at 7am on Easter Friday — a truly frightening thing to behold.

Why did I bother driving on a bad road in bad weather on a holiday to sleep in something not much better than a doss-house with two strangers? Well, I like to think it gave me a chance to demonstrate that the Skeptics are prepared to be thoughtful and imaginative, and demonstrate curiosity and humour when dealing with the wonders of the human condition. Take that, Casper!

## FORUM

### Wellington's Healing Touch

I was interested to read a recent article in the NZ Skeptic on Healing Touch, as I am a consultant anaesthetist at Wellington Hospital.

When I heard this “service” was to be offered to our patients, I immediately protested to CEO Leo Mercer.

During discussion he was unhappy with what he saw as my unnecessarily adversarial stance, and felt my offer to go to the police fraud squad was not a constructive approach.

My response to him was that there was absolutely no evidence that this was a proven form of healing. He replied the personal interaction between a nurse and her patient was a vital element in

promoting the patient's welfare and recovery.

I asked why dress it up in some kind of unproven mumbo jumbo, and turn it into something mystical. I also said that if this interaction had a spiritual basis, the nursing service was promoting religion, and not science or medicine, and was therefore misusing public funds.

In reply to that he asked whether I was calling for the withdrawal of the hospital chaplaincy service, which is also at least partially funded out of taxation. I said the chaplains were employed for their religious role, and no matter who funded it, they do not pretend to be anything else. Nurses are not employed as spiritual, magical, or religious advisers, and should not take on that role.

He said much of the practice of medicine has not been proven nor subjected to formal trial or analysis, a stance I agree with. However, the failings of medicine do not defend Healing Touch or anything else. What they call for is more and better scientific research in medicine, not the acceptance of anything else.

Dr Mercer agreed to raise my concerns with the senior nurses. Nothing has happened. The courses continue, and recently a seminar on the evidence supporting the energy basis of Healing Touch was offered.

Dr Mercer has now gone the way of all hospital CEOs - away from the hospital to somewhere, anywhere, else.

But the Healers Touch on.

Graham Sharpe  
Consultant Anaesthetist  
Wellington

# Beer and Skittles

*There has been a considerable easing of international tensions since the dark days of the mid-twentieth century. John Riddell thinks he knows why.*

## Take Two Dictators and Call Me in the Morning

AT the end of World War II, a man called Adolf Hitler killed himself. His followers then took his body and burnt it. The water in his corpse was heated and turned to steam. Also, the combustion process itself artificially manufactures water by combining some of the hydrogen in his body with oxygen in the atmosphere. The importance of these grisly facts will of course be obvious to anyone familiar with homeopathy.

The water given off by his cremation must have risen into the air and become increasingly diluted with the mass of the rest of the planet. Now the mass of the earth is about  $5.98 \times 10^{24}$  kilograms. And the mass of Adolf Hitler, pre cremation, about 100 kilograms (plus or minus 50kg). Now if the mass of Adolf was evenly diluted with the whole earth, that becomes a dilution of 1 part Adolf per  $5.98 \times 10^{22}$ . In homeopathic terms this is extremely potent. This is approximately a potency of 22X, that is a 1:10 dilution repeated 22 times. Of course in reality, some parts of Adolf will be much more concentrated than this, but on average it would be reasonable to expect that each glass of water you drink is going to be a very powerful homeopathic Hitler. Now the exact consequences of drinking small amounts of Adolf over a long period of time have not yet been determined. However, we might make some predictions

based on homeopathic theory.

The way homeopathy is supposed to work is that by exposing yourself to very dilute amounts of chemicals that produce certain symptoms, you will stimulate your body's defences and prevent those symptoms from happening. For example, a chemical that produces chest pains might be diluted to produce a homeopathic remedy that protects you against chest pain.

So we might look at some of the things that were caused by Hitler. The effect of people all over the world taking a highly potentised dose of Adolf should, if homeopathy works, be a reduction of those symptoms for which Hitler was famous.

Now Hitler was intolerant of Jews, Poles and Homosexuals. As predicted by this theory there has been a marked improvement in the treatment of these three groups by people around the globe. Similarly, Adolf was also well known for starting and waging wars. While Hitler was in charge of Germany, there was a world war. Since then, there has not been a world war. More confirmation of the hypothesis that a homeopathic Hitler remedy has been of benefit to the world.

But then my brother has just pointed out that perhaps it is a case of a biodynamic effect, as opposed to homeopathic. Rudolf Steiner, bless his tiny wee brain, thought you could get rid of

thistles by wandering round the paddock pulling all the flowers off. Actually, that will work, but it was what he did next that was strange. He took the flowers home and burnt them and then sprinkled the ashes around the farm. He never worked out that the reason there were fewer thistles the next year was because somebody kept pulling the flowers off.

Some followers (why do they always have followers?) of Rudolf thought this might work with possums. They caught a few possums and cut off their testicles. I don't know if the possums were alive at the time. They then burnt the testicles and sprinkled the ashes around the bush. According to them, the remaining possums moved out of the area. I can't see possums giving up their genitalia without a fight, so I assume they killed them first. After all, they couldn't have them go back to the bush saying "Watch out for the guy with the knife" But then again, maybe that's what made the possums move out.

So when they burnt Adolf, it is fair to assume they didn't remove his testicles first. Which means Hitler's cremated testicular dust got blown around Berlin. From that day to this, there hasn't been another fascist megalomaniac in charge of Germany. Perhaps there is something to this Biodynamics business after all?

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