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Chemicals Which Cause Cancer

Our food, our homes and our general environment are all irretrievably polluted by chemicals. And the pollution is getting worse daily. New chemicals are being created, introduced and sold far faster than anyone can be expected to keep up with them.

Chemicals are, without a doubt, a major cause of death and illness today. They are one of the main reasons why the incidence of cancer continues to rise. The use of untested chemicals is one of the main reasons why the number of babies born with deformities is constantly going up.

Look in your kitchen cupboards, take a look at some of the labels on the foods you've bought, or the cleaning or bathroom products you've got, and you'll see the names of just a fraction of the vast number of chemicals now used as dyes, flavourings, preservatives, disinfectants and so on.

Many of these chemicals are known to be carcinogenic – and yet manufacturers are allowed to continue to use them in a wide variety of products. Thousands have not yet been tested – and we know next to nothing about them. Every day we touch, breathe in and swallow chemicals about which no one knows very much at all. It hardly seems believable. But it's true.

Some of these chemicals produce skin rashes, headaches, irritated eyes, hair damage and other annoying but hardly life threatening symptoms. Some cause nausea, vomiting and diarrhoea. Others can cause liver or kidney damage, cancer and death. Your local supermarket sells enough dangerous chemicals for you to start a biological war in your neighbourhood.

The companies which make and use these chemicals are trusted to do their own safety tests. New chemicals are used if the company making them decides that they are safe. There are tens of thousands of chemicals around about which the so-called regulatory authorities know no more than you or I know.

Companies which use chemicals do so because they help them increase their profits. That's what these companies exist for: to make profits. There is absolutely nothing wrong with that, of course. But it is something that governments and regulatory authorities seem to forget.

If a company discovers that one of the products it uses may cause cancer is it really likely to announce this to

the world – and risk finding itself the subject of a mass of lawsuits? Or is it more likely either to suppress the evidence and continue to use the chemical or to quietly remove the chemical and replace it with something else?

Four years ago, in a surprising and perhaps exceptional moment of good sense, former US President Bill Clinton took a small step towards dealing with this problem. He issued an executive order designed to protect children from harmful substances in the air they breathe, the food they eat or the water they drink.

A good decision.

Clinton, aware that hundreds of thousands of children have high blood lead levels, that mercury can be found in many foods and that children are exposed to many life threatening chemicals, ordered federal agencies to identify ‘environmental health risks and safety risks that may disproportionately affect children’. Chemicals are a major threat to the young because growing, developing bodies are especially prone to cancer. (The rising incidence of childhood cancers can largely be blamed on the widespread use of chemicals.)

Chemicals (known as endocrine disrupters) which affect the normal action of hormones in the body have been a special worry for some time.

Under normal circumstances the human endocrine system is constantly producing hormones which send signals around the body, switching functions on and off and generally regulating the way the body operates.

Hormones do their job by fitting into special receptors. When the right hormone slips into the right receptor the response is rather like putting a key into a lock: the body responds by doing whatever is appropriate.

Chemicals – found in the food we eat, the air we breathe, the water we drink and the chemicals we use to clean our homes – can interfere with this process by fitting into the receptors and either opening the lock or blocking it so that it cannot open even when the proper hormone arrives. Either way, chaos can ensue.

The Food Quality Protection Act, which resulted from Clinton’s initiative, gave America’s Environmental Protection Agency the power to start an Endocrine Disrupter Screening Programme.

But, sadly, political good intentions rarely turn into great actions.

One of the last things Vice President Gore did, before sending away his lawyers and joining the political unemployment line, was to set up, with America’s Environmental Protection Agency (EPA) something called the Child Health Testing Program.

The people who run the EPA decided not to bother actually testing air, water or food to find out which chemicals were around in the greatest abundance – and which, therefore, might be causing the most problems.

They decided not to bother warning parents against which foods contained dangerous chemicals.

They decided not to slap any controls on the way chemicals are used.

They decided not to do proper laboratory tests which would identify the most dangerous chemicals.

You’ll never guess what they decided to do.

Over a year ago I had forecast that Gore and the EPA would decide to set up a huge animal testing programme.

And this is exactly what they have decided to do, apparently believing that this will help them find out exactly which chemicals are toxic and what dosages are safe for children.

Over a year ago I said that the EPA would eventually decide to satisfy Clinton’s executive order by giving chemicals to thousands of animals in an attempt to find out which chemicals kill which animals.

I desperately hoped that they wouldn’t be so stupid.

My hopes were in vain.

It is difficult to define precisely how stupid this programme is.

In comparison Napoleon’s decision to lay siege to Moscow was a military masterstroke. The Japanese decision to bomb Pearl Harbour was an exhibition of strategic genius. The decision to send American troops to South Vietnam was politically brilliant.

I haven’t had a close look at the EPA’s plan.

But I can guess the way they’re thinking.

If chemical A doesn’t kill rats (or make them obviously ill) then it will be deemed safe to put into baby food.

If chemical B only kills rats in large doses then small doses will be considered safe for babies and children.

Duh.

This is the biggest, craziest, most obscene, most utterly pointless testing programme in history.

It is pointless because, even though the EPA doesn't seem to have noticed, rats, mice, rabbits, cats, dogs and so on are all different to one another. And they are certainly, unquestionably different to human beings.

A Fundamental Error

This is obviously going to come as a terrible surprise to Al 'I Love Florida' Gore and the EPA but the fact that chemical A kills rats does not mean that it will kill human babies.

And the fact that chemical B doesn't kill rats does not mean that it will not kill human children.

Why on earth are these apparently well-educated and highly-paid individuals making such a fundamental error?

Can Gore and the people at the EPA really be so stupid that they believe that mice and rats and cats and kittens are just the same as tiny little people?

Do they really, really believe that they can obtain results of any value from tests like these? Do they honestly believe that if a chemical doesn't kill a rat it won't kill a human being?

Surely not.

Gore and the EPA could not possibly believe any of this unless they were quite unable to read and had never looked at the vast amount of evidence which now shows that animal experiments are entirely worthless.

If they had done any research at all they would know that the vast majority of doctors agree that tests done on animals are dangerously inaccurate and misleading.

So, what the hell is going on?

Stupid And Irresponsible

Why have the Americans chosen to test chemicals in this utterly stupid and irresponsible way?

Well, to answer that question we have to

ask ourselves who stands to benefit from a pointless testing programme that kills animals but doesn't identify dangerous carcinogens.

Now, who can we think of.

Er.

What about the companies making the cancer causing chemicals?

Might they benefit?

Could there, for example, be a commercial reason for doing animal tests – instead of doing tests that might produce useful results?

Well, surprise, surprise, there just could be.

Indeed, from a commercial point of view it is easy to see the sense in America's new testing programme.

I predict (and it isn't the hardest prediction I've ever had to make) that the companies making chemicals will do just what the drug companies do.

If one of the tests shows that chemical A doesn't kill rats then chemical A will be considered safe.

If another test shows that chemical B does kill rats then they will give chemical B to rats in smaller and smaller doses until they find that it doesn't kill the rats. That dose will then be considered a 'safe' dose.

Alternatively, if chemical B kills rats even in very small doses they could try giving chemical B to guinea pigs.

If it kills guinea pigs they could try it on rabbits. If it kills rabbits they could try it on puppies. And if it doesn't kill puppies it will be considered safe for children.

The theory is that by testing chemicals on animals they can find out once and for all which chemicals are safe for humans.

If a chemical doesn't kill a mouse, a rabbit or a kitten then it will be presumed safe to put into baby food and drinking water.

Great system.

I do hope that they won't mind my pointing this out, and I hope that they will understand that there isn't anything personal in it, but the Environmental Protection Agency in the US is showing itself to be one of the cruellest and most remarkably stupid organisations in the world.

It isn't always easy for any government agency to do two things at once. But the EPA has managed to do three things at once. Stupid, cruel and dangerous.

The EPA is now pushing for the largest animal testing programme in history – and wants animal tests to be done on up to 87,000 chemicals.

The programme, which has the blessing of Vice President Al ‘Count ‘em Again’ Gore, is based on the sort of thinking that would make a coffee table seem intelligent.

If they use, as planned, an average of 1,200 animals for every chemical tested this programme will involve torturing and destroying a total of over 100 million animals!

And what a worthless and dangerous exercise this will be.

It is important that all these chemicals should be tested. But testing on animals will produce misleading, inaccurate and worthless results.

If the EPA really wanted to know the truth about these chemicals then it would get far more accurate evidence by using *in vitro* technology than by using animals.

It is perfectly possible to do laboratory tests which would help us find out which chemicals are a bit dangerous and which are bloody dangerous. In fact it’s really quite simple. All you do is to check out whether chemicals can (or cannot) bind with human hormone receptors. This system has the advantage of being fairly cheap and easy to follow. It would also be quite quick. And, since the test would use human hormone receptors it would be reliable. If a chemical binds with the human hormone receptor then it’s going to cause problems. If it doesn’t then it is probably OK.

It would also be wise to monitor the levels of chemicals in food, water, air and breast milk. This technique also works and is also highly effective. Once a chemical contaminant has been identified it is then not difficult to track down the source – and to take whatever action is necessary to eliminate the chemical and to make sure that it does not cause any future contamination.

It is always wise to assume that any contaminant may be carcinogenic (or may, indeed, cause other health problems).

What Is Going On?

What the hell is going on? Doesn’t the EPA want to know the real facts about just how

dangerous these chemicals are?

Because it is being carried out in the US, and because it has the blessing of the American government, my fear is that this huge experiment will produce results which will be accepted by chemical companies (and governments) all around the world.

But as anyone who has looked at the value of animal experimentation can confirm, the results this huge experiment will produce will be utterly worthless.

No, that’s not true.

This huge experiment will be worse, far worse, than useless. I am confident in predicting that thousands of chemicals which are hazardous to humans will be given a clean bill of health as a result of the EPA programme.

Gore’s legacy to the world will be a mass of deaths.

Our descendants will look back and probably regard Gore and his chums at the EPA as having been more deadly than Hitler.

This is just one more piece of evidence which supports my theory that the question is not why so many people try to overthrow their government, but why so many don’t.

Absurd Programme

If you want to protest about this absurd programme of testing; a programme which will result in the torture and deaths of animals, and which will expose human beings to enormous hazards in the future, let President George W Bush know your views.

George W Bush’s address is 1600 Pennsylvania Ave, NW Washington, DC 20500, USA.

His telephone number is (001) 202 456 1414.

His fax number is (001) 202 456 2461.

If you want to send an e-mail Mr Bush’s e-mail address is President@whitehouse.gov

Maybe Master Bush will turn out to be brighter than Gore (and Bush Senior) after all. Maybe he will put a stop to this obscene, barbaric, absurd, expensive and utterly worthless scheme.

Chemicals need to be tested. But they need to be tested properly.

American presidents have for years been fighting the war against cancer. Bush now really

has a chance to do something positive in that war.

If he allows the animal tests to go ahead he will have blown it. He will go down in history as just another moron who has proved the accuracy of the theory that in any organisation people rise to a position where they cannot function effectively. It will be clear to historians that he should have stayed in Texas, strutting around and authorising executions.

If, on the other hand, Bush replaces the worthless animal testing programme with a proper, scientifically-based testing programme then he will go down in history as a wise and useful President. He will, with one simple decision, have made a real difference. He will probably save more lives than any other American President ever has.

Whether you are opposed to the EPA's planned experiment because you disapprove of millions of animals being pointlessly tortured and killed or because you would like to see possibly carcinogenic chemicals subjected to proper testing, (or for both reasons), here is a sample letter you might like to post, fax or e-mail to US President George W Bush.

Please amend, extend or shorten the letter as you feel appropriate. You may like to add the words 'Fellow of the European Medical Association' to whatever other qualifications you consider appropriate to add after your name.

During the early days of their office political leaders often like to make their presence felt and they always like to do things which please the public. So there is a very good chance that Bush will respond to your letters favourably.

Date

Dear President Bush,

Chemicals in food, water and the air we breathe are recognised as being a major health threat. It is now generally recognised that chemicals are one of the main reasons why the incidence of cancer is still rising in developed countries everywhere.

The EPA is planning a test programme to try to identify the most dangerous chemicals. But instead of using reliable modern in vitro technology – technology which would accurately identify the chemicals which are most likely to

cause trouble – the EPA is planning to use many millions of animals in probably the biggest animal testing programme ever seen anywhere in the world.

This program is, to be blunt, barbaric and pointless. Doctors everywhere now agree that the anatomy and physiology of animals are so different to those of human beings that animal tests are worthless.

I do hope you will instruct the EPA to reconsider its plans.

A proper, reliable chemical testing programme could save many millions of lives – both in America and around the rest of the world. The testing programme the EPA plans to use will pointlessly destroy millions of animals and save no human lives.

Instructing the EPA to adopt a more logical, responsible programme would enable you to start your Presidency in a fine way. You would probably save more lives than any other President in history. That would surely be something of which you could be extremely proud.
Your sincerely

(Signed)

Fellow of the European Medical Association

How You Can Protect Yourself From Hazardous Chemicals

Meanwhile, until Bush acts, here are some simple tips designed to help you reduce the amount of damage that chemicals may do to your health.

1. This may sound obvious but try to have as few man-made chemicals in your home and your life as you possibly can. Take a look in your kitchen and your garage and you may be surprised to see just how many chemicals you have in your home.
2. Use simple, unperfumed soap. And use the simplest shampoo you can find.
3. Avoid aerosols whenever you can – there is always a risk that you (or someone else) will inhale man-made chemicals.
4. Be particularly careful if you use a hair dye. Some of the dyes used in these products may cause cancer.
5. Don't take medical drugs unless you really

need them and there is no alternative. This warning includes drugs which you have bought without a prescription. An increasing number of powerful drugs are now available over the pharmacy counter.

6. If you decorate the inside of your house make sure that you keep the windows open. Paint fumes can be hazardous.
7. Avoid buying plastic toys. If possible buy unpainted wooden ones instead.
8. If you have aromatherapy make sure that the oils which are used have been tested scientifically and have been shown to be entirely safe.
9. Make sure that you consume plenty of vitamins and minerals (either in your diet or in an appropriate supplement).
10. Listen to your body. Pay attention to symptoms which might suggest that your body doesn't like a chemical. If you develop strange symptoms make a note of when and how the symptoms first started, and precisely how they developed. And, at the same time, make a note of any new chemicals you may have tried. Common symptoms which suggest that your body doesn't like a chemical include: a skin rash, sneezing, nausea and tears for no reason. If you ignore these simple symptoms you may be making it easy for a chemical to do your body serious damage.
11. What products are most likely to cause problems? Virtually anything these days. But medications (either ones which have been prescribed or ones which you have bought from the pharmacy) are near the top of the list. Many contain a whole range of ingredients – any one of which could possibly cause problems. Food additives. Detergents. Cleaning materials. The list is virtually endless.
12. If you develop symptoms which you think might be linked to a chemical you could have encountered at work, speak to your union representative, or to your employer, and find out if anyone else has reported developing similar symptoms.
13. Look at product labels carefully. If the small print tells you that a product can be dangerous then believe it. Companies don't issue warnings unless they have to.
14. Be extremely careful about how you store potentially dangerous products. Just because you know that the stuff in the old lemonade bottle is deadly it doesn't follow that everyone else will know that it is deadly. Children have a nasty habit of tasting strange-looking brews. Every year thousands of children are poisoned – and many die – because dangerous chemicals are left lying around under sinks or in sheds or garages. Don't allow your home to become a toxic waste dump.
15. Remember that tobacco smoke is still one of the most lethal cancer-causing agents known to man. Don't sit or spend time in smoke-filled rooms and don't let people smoke in your home.
16. Try not to spend too much time near to roads where there is a good deal of heavy traffic. Diesel fumes are extremely dangerous.
17. Improve your body's resistance to chemicals by avoiding foods which are high in fat. Fatty foods damage your body in several ways. If you eat fatty meat (and even lean meat may contain a good deal of 'hidden' fat) then you will almost certainly be introducing a number of chemicals into your body. Farm animals are fed a frightening selection of chemicals these days. Eat the flesh from an animal and the residues of those chemicals will find their way into your body. It is because chemicals tend to collect in fat that breast cancer is so common among women. (Breast tissue contains a large proportion of fat.)
18. Try not to buy pre-packed food which is wrapped in plastic. Paper makes a much safer wrapper. The chemicals from the plastic can 'leak' into the food.
19. Whenever possible wash (and scrub) food before eating it. This will help remove surface chemicals.
20. Buy organic food whenever you can.

Self Help Groups

There is no doubt that self help groups have made an enormous contribution to health care in recent years.

About thirty years ago the first book I tried to produce was a directory of self help groups. I

wrote hundreds of letters and collected a huge file of seemingly ever changing addresses and telephone numbers. I eventually produced a volume containing details of just a few hundred self help groups – all there were at the time.

When, in 1982, I wrote a book called *The Good Medicine Guide* (later produced in paperback as *The Patient's Companion*) I repeated the exercise. Looking back at the book I see that I managed to produce a list of 560 organisations.

My list has been out of date for years. Several other people have produced replacement lists.

But I have only ever found one really good directory of self help groups.

When the first edition of *Help!*, the directory of UK National Self Help Groups, was published I described it as the best directory of self help groups I'd ever seen.

The good news is that the directory is still going – and it is getting better.

I've just seen a copy of the latest, 7th edition of this magnificently comprehensive work and I am, if anything, even more impressed than I was before.

Self help groups are continually increasing in numbers. The latest edition of *Help!* contains details of over 800 national self help groups which are cross referenced, indexed and sorted alphabetically.

Every decent medical library, doctor and nurse in the country should have two copies of this directory – one for their own use and one for the use of patients. Individuals who have a lot of illness in the family would be well advised to invest in a copy of their own.

Warning About Self Help Groups

Before finishing this section I must issue a few words of warning about self help groups.

Many self help groups are desperate for funds to pay for leaflets, stamps and so on.

In their desperation they often foolishly accept funding from drug companies (or, indeed, other commercial groups with a specific product or products to sell).

The drug companies involved will usually argue that their financial support does not come with any strings.

I may be unduly sceptical (some would

probably say cynical) but I am not easily convinced about this and I do find myself questioning the independence of self help groups which accept major funding from drug companies which have a related product to sell.

The influence can sometimes be crude (the drug company pays for the publication and distribution of a booklet which promotes their product and offers editorial advice, support and input to make sure that the booklet sticks to the corporate line); may sometimes be subtle (the drug company pays for a booklet which promotes an approach which seems to be fair and independent but which, when looked at closely, inevitably means using the company's product) and can sometimes be very subtle (the organisers of the self help group simply feel a responsibility to be kind about the sponsoring company's product).

But the end result is the same. The drug company's influence is there.

Drug companies (and other large corporations) have lots of money and lots of highly skilled, experienced marketing professionals and they are much better at manipulating small groups of volunteers than the amateurs are at protecting themselves and their independence.

Self help groups which want to retain their independence (and which want to be regarded as independent) should turn their backs on offers of support from corporations which have a related product to sell, and should remember that whereas individuals have principles and purposes, corporations (like governments) merely have policies.

Raising money through jumble sales and coffee mornings may be slow and hard work but at least you know where the money came from – and you know that there are no strings attached to it.

I should also mention that I believe that there are some self help groups which may do more harm than good.

I am thinking in particular of those organisations which exist to help people suffering from phobias.

The danger here is that exposing a patient who has a phobia to the fears and anxieties of lots of patients with similar fears and anxieties may make things worse rather than better.

Note: The new edition of *Help!*, which contains telephone, fax and e-mail addresses as well as postal addresses, costs £10 and is available from G-Text, Freepost NWW6775, Blackpool, FY4, 3GA (e mail g-text@blackpool.net). Cheques should be made payable to G-Text. The self help directory is NOT available from Publishing House.

When Food And Medicine Become One

The world's biggest 'life sciences' firms (companies such as Monsanto) have for some time been putting together drugs and agricultural products in an attempt to manufacture hybrid products which are designed to 'feed and treat' at the same time. It was, of course, the growth in the power of the genetic engineers which was one of the catalysts for the design and production of so-called 'functional' or 'designer' foods. (They are also known as 'nutraceuticals'.)

For years the distinction between foods and drugs has been blurred – and is getting blurrier.

Firms have been selling tomato ketchup packed with extra lycopenes and margarine stuffed with ingredients designed to lower blood cholesterol for ages.

And yoghurt manufacturers have for quite a time claimed that their products will improve digestion and help boost the human immune system.

The whole food-as-medicine business seems to have started in Japan where they've been describing foods as medicinal for a decade now. Some foods are sold as treatments for specific health problems such as high blood pressure or digestive troubles. Others are sold as general health aids.

Two years ago the market for functional foods was already worth \$17 billion in the US and \$14 billion in Europe. Big bucks.

The idea of being able to charge the sort of prices drug companies charge (and make the sort of profits drug companies make) was and is appealing to food companies.

Today, the variety of designer foods on the market is increasing almost weekly.

There are juices packed with extra vita-

mins. Cereals and snack bars that will strengthen bones, lower cholesterol, aid digestion and probably help you tune in the video recorder too.

You can buy foods that will help reduce your chances of developing heart disease and foods that are good for diabetics.

Even when a food doesn't contain any magical ingredients the manufacturers will leap at any opportunity to promote its magical healing properties.

The people buying all this food-as-medicine are mostly in their 50s or older, college graduates and big earners. They work hard, suffer a lot of stress, are overweight and are desperate for a magical product which will get them well quickly and easily and without any real effort on their part. They have got the money and so they are willing to pay for their magic foods.

The good news for these companies is that the demand for their new products is still growing. Cleverly written labels, advertisements and brochures often seem to make extraordinary claims and members of the public who are beginning to learn that good food means good health may make the mistake of assuming that food described as having added medicinal benefits may mean better health.

The people buying these foods want miracle solutions and are prepared to pay for them.

The bad news for Monsanto and the other companies in this new industry is that some consumers are becoming wary.

People have become confused, sceptical and cautious – both about medicines and about food.

And as far as these magic foods are concerned the wariness is often justified.

For example, juices sold as vitamin enriched may contain artificial chemicals instead of natural vitamins – and the artificial chemicals may not do as much good as the natural ones. So-called medicinal foods may contain too much sugar or may contain possibly carcinogenic chemicals.

My advice is simple.

Buy good, simple food and you will dramatically reduce your chances of needing medicines – or medicinal foods.

Then, if you fall ill and need medicines, take medicines.

If you want to feed yourself and heal yourself at the same time you'll be better off relying on good food than on 'designer' foods.

Root-Filled Teeth May Be A Time Bomb

Do you have any root-filled teeth? If so – beware! They may be a time bomb – waiting to go off at some unknown time in the future.

It now seems that it is possible that root-filled teeth may cause any one of a number of serious diseases – including some of the commonest and most troublesome degenerative diseases – such as arthritis, heart disease, muscle problems and many other conditions.

It is even possible that a root-filled tooth could kill you.

The bugs trapped inside a root-filled tooth may sit there for years – apparently doing no harm. But another disease – or a stressful incident putting pressure on the body's immune system – may trigger the bug into action.

No one really knows just how dangerous root-filled teeth can be. Many dentists dismiss the idea of danger out of hand. Some claim that they can eradicate all bugs before root-filling a tooth.

I think this confidence is misplaced.

I believe there is a real risk.

I suspect that having a tooth root-filled could lead to future health problems.

And I also believe that if you have a serious, chronic problem and you have a root filled tooth the two could be connected.

There's no easy answer to this problem.

But I can tell you that if I had a long-standing, troublesome health problem and a root-filled tooth I would want my doctors and dentist to consider the possibility that the two could be linked. Removing the root-filled tooth might provide a 'miracle' solution.

And in future I will think very carefully indeed – and be very reluctant – before allowing my dentist to root fill any of my teeth.

Defensive Medicine – A Growing Problem

For several decades now doctors have been practising what is called 'defensive' medicine. This doesn't mean that they are being defensive on behalf of their patients. It means that they are concerned with defending themselves.

The practice of defensive medicine originated in the US (surprise, surprise) where lawyers have for a long time effectively made more decisions about the way that medicine is practised than have doctors.

Defensive medicine is now very much a part of medical practice everywhere else.

Lawyers in the UK (and most other 'developed' countries) are advertising aggressively for clients, and every doctor knows that he is a target for these legal piranhas.

Defensive medicine has already led to the development of a number of bad practices.

It is, for example, the reason why doctors perform so many unnecessary X-rays (a subject I dealt with in the last VCHL).

If you are taken to hospital after having banged your head (or having banged just about any other part of your anatomy) you will be X-rayed.

Nine times out of ten this isn't done to help the doctors make a diagnosis. It is done to protect the doctors from the lawyers.

If you are admitted to hospital as a routine patient they will probably X-ray your chest. Why? Just to be on the safe side.

If you visit your doctor with a cold, a mild sore throat or a touch of flu there is a better than even chance that your doctor will give you an antibiotic. Why? He or she probably knows that the antibiotic probably isn't necessary, may not help you and may cause more problems than it solves. But he or she gives you the antibiotic to protect himself or herself if you develop complications and then decide to sue him or her.

Doctors know that they are unlikely to be sued for over-investigating or for over-prescribing.

It is nigh on impossible to prove that a health problem was caused by a drug or an X-ray.

And doctors know that in their ignorance

lawyers (and judges) seem to think that the more investigations a doctor performs, and the more drugs he prescribes, the better a practitioner he must be.

Defensive medicine is a major cause of doctor-induced illness. It is one of the main reasons why doctors now do more harm than good. It is one of the reasons why doctors now cause as much illness and as many deaths as cancer or heart disease.

And things are getting worse.

I received an alarming document this month from a British doctor who raises several important issues with regard to the way doctors are now being forced to practice defensive medicine.

The doctor deals with several issues.

First, there is trust.

How far, he asks, is a doctor to examine a patient's history or clinical state in his search to establish the truth and the facts?

Truth and trust are essential for good medicine. But it is now clear that many doctors fear establishing the full truth lest they are accused of being insensitive.

This cannot possibly be good for patients.

Second, there are the complaints.

Patients are readier than ever to complain these days. This is largely the fault of doctors who are frequently insensitive and arrogant. But the way that complaints are dealt with is sometimes creating additional new problems.

For example, some authorities will suspend a doctor against whom there has been a complaint – even if nothing has been proved. This can badly affect the doctor's other patients. It can cause depressed patients to commit suicide or homicide. It can lead to delay in the treatment of patients who are seriously ill. In acute medicine, time and accurate diagnosis can be vital. Suspending a doctor may destroy his relationship with his patients for ever.

Next, my correspondent points to the area of confidentiality and claims that recent rulings by the General Medical Council (GMC) now mean that if a general practitioner sends a patient to a specialist then the specialist is not allowed to send a report to the family doctor without getting the patient's express written consent on each and every matter.

This is crazy. It's like something out of

Alice in Wonderland.

I am told that this fetish for privacy is upheld even when the patient's life is at stake.

My correspondent claims that this ruling means that in future a radiologist will not be able to report X-ray findings to the referring doctor without the patient's express written permission. Nor will a pathologist be able to send a report on blood tests which have been requested by the GP.

How on earth any of this can help patients is beyond me.

Finally, my correspondent claims that new rules about patient consent mean that every action, even the most minor adjustment of a patient's clothing, requires the patient's express permission.

'This,' says my correspondent, 'will result in consultation times increasing, with many consultations delayed and waiting lists growing. Much more seriously it will slow down the examination process of acutely ill patients who will find that they may not be seen quickly or even on the same day.'

I have been a stout fighter for patients' rights for thirty years.

But some of the new regulations being brought in don't help patients at all.

And the armies of lawyers now encouraging patients to sue their doctors will result in permanent changes to the way medicine is practised.

I fear that the changes which take place will result in more – not less – unnecessary deaths.

Defensive medicine helps no one. It doesn't help patients. It doesn't help doctors. (And, ironically, it doesn't even help the lawyers.)

Navigating Life's Rock-Strewn Passageways

Have you noticed that every small company seems to have a mission statement these days? Your local cobbler may have one tacked up above the counter. Even the chip shop probably has one. Having a mission statement sounds pretty corny. And it is true that many of the

commercial ones are trite, pretentious and false and born out of commercial expediency rather than a passionate yearning to do what is right.

But there is good sense in having your own mission statement: a map for life; a small collection of very personal guidelines designed to help you navigate life's rock-strewn passages.

Simply earning a living isn't a reason enough to get up and go to work.

And keeping up with the dull, predictable antics of TV soap characters isn't the sort of driving purpose which will give your life real meaning.

Most people spend their lives being battered around by circumstances; rarely, if ever, in control of their own lives or their destinies.

Time and effort is wasted collecting material stuff which has no lasting worth and which provides little more than transient satisfaction.

To have a sense of worth, a sense of identity and a feeling of genuine self-esteem you must identify the things which are really important to you.

Here are some pretty basic questions that you may not have asked yourself very often in the past:

What would you die for?

What do you live for?

What do you want to achieve?

Do you want to be remembered for what you are doing with your life now?

If you die tomorrow will you have made full use of your talents?

Will you have realised your potential?

How long is it since you asked yourself really searching questions about what you really stand for?

How much of your life do you fritter away on trivial and inconsequential activities – while the really important things (the things which will make a difference to you and to other people) are put to one side and eventually forgotten?

You can give your life solid principles for the future – and a mission to ensure that you always know exactly where you are heading and why.

Here are my suggestions—designed to help give your life meaning and purpose and to provide you with a stable base in a very wobbly world. These are very personal suggestions. You

may feel that some of them are inappropriate. You may not like any of them. But, hopefully, you will feel that they trigger off some thoughts of your own.

1. Get to know yourself. Understand what you really want out of life. Learn to respect yourself and others. If you respect yourself then you have a right to expect others to respect you too. How can you expect other people to respect you if you don't even respect yourself? Remember that courtesy is an important way of showing respect.
2. Spend your time carefully – remembering that time is the most valuable commodity any of us have. The things which matter most to you should not be at the mercy of things which matter not at all. It is easy to put off the important things and to fritter away the hours on trivia. Into every life must come some crap. And these days the crap rains down in bucketfuls. Whoever you are, wherever you work, however you would like to spend your days, you will find yourself dealing with bureaucracy, with forms and with pointless paperwork. Some of the crap is unavoidable. But much of it you can ignore. Or you can, at least, determine to give the important things in your life precedence over the crap. Never forget that when you sell (or give away) your time you are selling (or giving away) part of your life.
3. Give yourself short, medium and long-term targets. Decide where you want to go to in life and where you want to be in five, ten and twenty years time. Without a map there is a risk that you will wander around aimlessly; frittering away your days, your months and eventually your life. Remember that you cannot possibly begin to live properly until you have found something for which you would die.
4. Say 'no' to the unimportant things. Every day you have to say 'no' to something. Make sure you say 'no' to the things which don't matter. Remember that every choice involves a cost.
5. Stand up for those who are weaker or more vulnerable than you are. Bullying and cruelty are abhorrent and when we say nothing we

dishonour ourselves. Remember that cruelty to animals is just as unforgivable as cruelty to human beings.

6. Be aware that the way you see the problem is the problem. What matters is not so much what we experience but how we respond to our experiences.
7. Never stop learning. Strive constantly to improve the skills you have and to acquire new skills. Learn from your mistakes – they help you grow stronger. Remain sceptical when confronted with claims made for new products, treatments or cures. It is becoming increasingly difficult to separate the honest from the dishonest. The more you know the more you will be able to spot the dishonest.
8. Concentrate your efforts on those areas where you can have influence. And gradually try to expand the extent of your influence. Do not make the mistake of thinking that you are without influence. You can have all the influence you want.
9. Learn to understand other people's needs and fears. When you listen to someone try to understand things from their point of view. Do not try to see their problem through your eyes and do not rush in with advice before you understand their needs and fears.
10. Allow your conscience to speak to you. And learn to listen. Never compromise with your principles. Your principles are what you are. They define you. Focus on your principles and let them run your life.
11. Remember that the best, simplest and easiest question to ask yourself is: 'Why?' Ask it when you are about to move house, take a new job or take on any new responsibility. Why do you want to buy a holiday home? Why do you want to buy a new car?

Only when you ask yourself 'Why?' will you know what you really need and what you are prepared to do for it. Most people earn and spend without ever asking themselves 'Why?'. Ask yourself 'Why?' more often and you will learn more about yourself and about what you are doing with your life.

World Health: How Is Your Country Doing?

The World Health Organization recently produced four reports on how national health systems are working around the world. The health care systems in 191 countries were measured.

The Overall Health Care Performance

The aim of this report was to find out which country looks after its citizens most effectively. France was a clear winner.

1. France
2. Italy
3. San Marino
4. Andorra
5. Malta
6. Singapore
7. Spain
8. Oman
9. Austria
10. Japan

Oman came way down the list in the 1970s but a determined government (and wise investment) has put Oman in the top ten.

The Overall Level of Population Health

This report was designed to find out which nation has the healthiest citizens.

1. Japan
2. Australia
3. France
4. Sweden
5. Spain
6. Italy
7. Greece
8. Switzerland
9. Monaco
10. Andorra

The Level Of Health Service Responsiveness

This survey measured patient satisfaction and how well the relevant national system works. The report studied the availability of services, the promptness with which patients could obtain help and other issues such as confidentiality. This was the only report in which the US did well.

1. US
2. Switzerland
3. Luxembourg
4. Denmark
5. Germany
6. Japan
- 7= Canada
- 7= Norway
9. Netherlands
10. Sweden

Fairness of Financial Contribution

This report looked at the way citizens paid for their health care – and measured the fraction of a household's capacity to spend that goes on healthcare.

1. Colombia
2. Luxembourg
- 3= Belgium
- 3= Denmark
- 3= Djibouti
- 6= Germany
- 6= Ireland
- 8= Finland
- 8= Japan
- 8= Norway

Colombia came top because its wealthiest citizens pay 7.6 times as much as the poorest for health care.

It will not have escaped readers' notice that the UK – with its National Health Service – does not figure in any of these top ten lists.

Questions and Answers

Magnet Therapy

Question

What do you think about magnetic bracelets? Do you think these are worth buying and using? The claims made for them are quite dramatic but I have heard that they can cause problems. What are your views?

Answer

I wrote about magnet therapy at some length in VCHL Vol 4 No 8 and came to the conclusion

that: 'Magnet therapy isn't crude and isn't money making nonsense. But I am not convinced that we know enough about magnet therapy to be using it on a wide scale at the moment. I am particularly worried about possible side effects and I certainly haven't been able to find the evidence I need to convince me to recommend magnet therapy to VCHL readers.'

Cramp

Question

I suffer a lot at night with cramp. Can you help?

Answer

People often wake up at night with cramp in their lower legs. The pains are usually thought to be caused by the collection of waste products in the muscles which have collected there because of poor circulation.

To avoid cramp make sure that your bed-clothes are not too tight around your feet – and avoid wearing tight stockings, socks or garters.

And try this exercise:

- ◆ Stand barefoot one yard away from a wall
- ◆ Lean forward until your hands touch the wall but keep your heels on the floor
- ◆ Maintain this position for ten seconds and then repeat it once
- ◆ Do this exercise three times a day for a week and then nightly before going to bed

Waiting for Surgery

Question

My doctor says I need an operation but that I have to wait months for the initial appointment and then eighteen months to two years before I can have the surgery I need. I am an enthusiastic supporter of the National Health Service and am not a member of any private health insurance scheme. I am unwilling to pay to see a surgeon privately. But I am in my sixties, the quality of my life is poor at the moment and I just don't think I can wait that long for the treatment I need.

Answer

It is absurd, cruel, uncaring and wicked to expect

anyone to wait eighteen months for treatment. If a patient has a health problem which needs treatment then they need treatment now. Research published a few months ago in the UK showed that one in five lung cancer patients becomes incurable waiting for treatment. The word 'scandal' hardly seems strong enough to describe this state of affairs. I rather suspect that if a government minister (or a member of his family) needed an operation he or she would not have to wait eighteen months to two years for treatment.

Waiting lists are virtually unknown outside the UK, where they exist solely because the system allows hospital consultants to have both NHS patients and private patients and therefore encourages consultants to make patients in the first category wait for long periods so that more patients are encouraged to choose to pay extra for private treatment.

VCHL subscribers have already won one battle in this war – by forcing the government to bring in new rules to control the way hospital specialists are allowed to abuse the system. In VCHL Vol 5 No 2 I revealed that the government had announced that newly qualified consultants would be banned from seeing private patients for seven years after their appointment.

But these changes won't produce real benefit for some time – and so they won't help you with your current problem.

There are only two practical answers.

The first is to find out whether there are any non-surgical alternatives.

You didn't tell me what your problem is but there are many health problems for which doctors routinely recommend surgery when non surgical remedies would work just as well. For example, a good many GPs still regard surgery as the only treatment for benign prostate gland enlargement whereas the evidence shows that herbal remedies can be just as effective and much safer and less intrusive. (I have dealt with this in more detail in a special report which is available from Publishing House. The normal price is £7.95 but VCHL subscribers can get a copy free, by sending a cheque/PO for £2.95 to cover PP&H).

The second answer is for you to accept that you have been betrayed by the people running the NHS and that the only practical answer is for

you to see a doctor privately.

A few years ago it was relatively uncommon for specialists to see private patients who weren't members of private insurance schemes. But things have changed. A growing number of people have realised that not only are the monthly fees charged by private insurance schemes outrageously high but also that the rules and regulations reduce the value of membership of some of these schemes. For decades I have argued that people are better off saving the money that they would have paid to a private insurance scheme, keeping it in a building society or bank account, and then using it to pay for private care if and when it is needed.

If you decide to have private medical treatment I strongly suggest that you negotiate with the doctor. As I have shown before in VCHL surgeons and other consultants are open to negotiation and you can probably haggle with a consultant more easily and more effectively than you can haggle with a second-hand car dealer.

A surgeon who wants £1,000 to perform an operation may well settle for a quarter of that. He may settle for even less than a quarter if he isn't very busy and has school fees to pay. (I am assuming, of course, that you will reassure yourself that the surgeon you choose is a good one. And don't make the mistake of assuming that just because a surgeon isn't very busy he isn't very good.)

One reader of mine spent an hour or two on the telephone to half a dozen surgeons and saved himself several hundred pounds – and a long waiting time – simply by doing some negotiating.

Finally, do remember that a quick and cheap way to beat the system is to pay for a private consultation right at the beginning. See the consultant privately and then tell him that you want to go onto the NHS waiting list. You may or may not get put higher up on the NHS waiting list. But whatever happens you will have cut out the long initial wait for a preliminary appointment.

Some GPs say it isn't possible mix and match private and NHS treatment in this way. They are talking rubbish. Of course it is possible. Even the NHS now plays the pick and mix game. The last time I saw a private consultant I saw

him in an NHS hospital where he was renting a room for his private clinic.

AIDS: You Can't Test For HIV Because It Doesn't Exist

Question

If you question the existence of AIDS how do you explain the number of people who have positive HIV tests?

Answer

HIV testing is non-standardised and non-specific. Bizarrely, different test kits in different countries give different results, and different countries have different criteria as to what constitutes an HIV positive result.

There are now said to be sixty conditions which can produce an HIV positive result – including flu, hepatitis and autoimmune diseases.

(Ironically, of course, it isn't possible to test for HIV itself because no such virus has ever been isolated.)

The massive, extremely rich worldwide AIDS industry is nothing more than a massive confidence trick. Anyone who questions the significance or existence of HIV or AIDS is branded a 'dangerous lunatic' by the powerful AIDS establishment which doesn't like to see the credibility of this money spinning notion being questioned.

The myth that AIDS is rampant in Africa is nothing more than a piece of dangerously misleading scientific whimsy. I lost my final ounce of faith in the AIDS industry when I discovered that they were listing countless thousands of TB patients as AIDS patients in order to justify the raising of still more money to spend on useless AIDS research. This is pretty sick and cruel stuff. Tuberculosis is a major health problem in Africa but by fiddling the figures the AIDS industry bandwagons are drawing attention away from this very real hazard.

The AIDS industry makes the Y2K industry and the dotcom bubble look positively paltry.

It is difficult not to feel sorry for President Thabo Mbeki of South Africa who has been widely vilified for daring to have an open mind on the subject of AIDS. Mr Mbeki has been reported to believe that AIDS is caused mainly

by poverty rather than HIV. As far as Africa is concerned I am sure that he is probably at least partly right. He is certainly right to question the official scientific view that AIDS is an infectious disease caused by HIV.

But supporters of the establishment view of AIDS have convinced journalists around the world that anyone opposing the official view of AIDS is a dangerous lunatic, and so Mr Mbeki is learning the hard way that fighting apartheid and prejudice is a hell of a lot easier than fighting international drug companies and scientists with a vested interest.

At the end of the 1980s and the beginning of the 1990s I was banned from numerous TV and radio programmes for publicly opposing the official view that AIDS was the epidemic that was going to kill us all. One TV producer asked me my view about AIDS. When I said that I thought that the government was scaremongering unjustifiably he told me that he didn't want anyone saying that on the TV programme he was planning – which was, allegedly, a significant look at all aspects of the AIDS issue.

And I remember receiving a particularly angry letter from a BBC World Service producer (on whose programmes I had appeared regularly) attacking me harshly for my view that AIDS was unlikely to affect every family in Britain by 1990. (A view which was, in the 1980s, widely held and broadcast by members of the medical establishment).

One might have thought that if he had been confident that the official view was accurate and sustainable he would have been happy to invite me onto his programme so that he could demolish my arguments. Instead he did what everyone else was doing and simply banned me from his programme so that my inconvenient and non-establishment views weren't even aired.

Medical Journalism

Question

Why is the quality of medical journalism so poor these days? Most newspapers and magazines simply seem to regurgitate press releases and to take the establishment line on every issue.

Answer

Most newspapers and magazines have learned that providing their readers with a regular diet of celebrity gossip is a much easier way to make profits than publishing legally hazardous investigative journalism. Most so-called health correspondents have little or no training in health or medical matters and simply regurgitate whatever they are told by spokesmen for the medical establishment (which is of course controlled by the pharmaceutical industry). They tend to print press releases sent out by the companies which offer the best freebies. Journalists quickly learn that anyone who tries to rock the boat will soon find themselves attacked and discredited.

Doctors Who Kill Patients

Question

The case of British doctor Harold Shipman who is now suspected of having killed over 300 of his patients worries me a great deal. Just how much do you think this sort of thing goes on?

Answer

I don't think it goes on much at all. Dr Shipman's worst legacy to doctors and patients will, I suspect, be another batch of rules which will interfere with the way that good doctors practise medicine, and which will do absolutely nothing to stop bad doctors killing their patients. A rogue doctor who wants to kill his or her patients will always be able to do so.

To be honest, there isn't likely to be another Shipman. But if there was it would be relatively easy to spot him early on if the authorities used a little common sense. Shipman filled in death certificate forms when his patients died. Death certificate forms have to be sent in to the authorities. If the relevant bit of British bureaucracy could find an employee somewhere on the staff with an IQ approaching shoe size they could quickly spot it if a doctor was filling in considerably more than the average number of death certificates.

In the ten years I spent in general practice I think I filled in no more than a modest handful of death certificate forms. Shipman filled in armfuls and no one seems to have taken any notice.

(Incidentally, I have no doubt that campaigners will want Shipman released in a few

years' time. And if he gets out of prison I have little doubt that the General Medical Council will let him back on the register. I have never been much impressed by the GMC which is, it has always seemed to me, usually far too concerned with things which don't matter much and far too little concerned with patient welfare. Twenty five years ago I tried to stand for election to the GMC. I got the requisite number of signatures from other doctors and sent in my application form. Sadly, the day after the closing date for applications the GMC told me that my form had been lost.)

The real irony here is that I believe that there are probably several thousand doctors still in practice (many of them much lauded by their colleagues and their patients) who have killed far more patients than Dr Shipman did.

Surgeons who perform dangerous, out of date and pointless operations, and physicians who prescribe dangerous and ineffective drugs, have between them killed hundreds of thousands of patients in the UK alone.

Doctors who have insisted on following orthodox, establishment guidelines and who have failed to take advantage of much more effective unorthodox remedies are also responsible for hundreds of thousands of deaths.

Any doctor who insists that chemotherapy, radiotherapy and surgery are the only ways to treat a patient with cancer will, during his career, be directly responsible for the deaths of far more patients than Dr Shipman.

Flu Vaccine

Question

I know your views on vaccines and that for years you have argued that the flu jab is worthless because it is prepared to deal with last year's bug – and not the latest version. But the propaganda from the government is relentless and quite convincing. The government says that the flu vaccine cannot give you flu. And experts claim that it is perfectly safe. Are they telling the truth?

Answer

I don't believe anything the government tells me – and I suggest that you develop a similarly healthy level of scepticism. The government's

lies about AIDS, whooping cough, Mad Cow Disease and other important issues mean that it doesn't even have the right to expect us to believe anything it says.

I don't have flu jabs and nor does my wife. According to one of the drug companies making the stuff the possible side effects associated with the flu jab may include: headache, malaise, and pyrexia.

Now, what does that remind you of?

Another VCHL reader asked me why the government would promote a vaccine if the vaccine didn't work. There are two explanations.

The first is that the vaccine may prevent some attacks of flu. That will reduce the strain on hospitals and doctors (and, therefore, the need for the government to spend more money on health care). The government doesn't care if the flu jab only works in (say) 10% of patients. And they don't care if the jab produces unpleasant side effects in 80% of the people who have it. You have to remember that the government is not in the slightest bit interested in your health.

Politicians are really only interested in one thing: getting re-elected. Most politicians are not particularly bright but they know that the best way to get re-elected is to be able to pretend that they are spending vast amounts of money on essential services while they are, at the same time, keeping taxes down. Vaccines which may help save a little money from health service expenditure are, therefore, a good thing.

The second reason why governments are keen on promoting the flu jab is that it helps the drug companies make lots of profits. And why does the government want drug companies to make profits? Simple. Companies which make big profits also pay big taxes. Drug companies which don't like a government take their headquarters elsewhere – creating unemployment and reducing the taxes they pay.

Mobile Phones and Cancer

Question

Why is there still no conclusive evidence showing whether or not mobile phones cause brain cancer? The last I heard was that someone was now doing yet more animal experiments. What on earth are these going to prove?

Answer

The animal experiments will prove nothing. If they show that mobile phones could cause cancer the experiments will be dismissed as irrelevant because animals are different to people. (Though, of course, if the tests show that mobile phones aren't dangerous to animals the results will be used to help deny that mobile phones can adversely affect human users.)

I suspect that there still isn't any conclusive evidence on this because the mobile telephone companies really don't want to know the truth. What on earth will they do if someone produces evidence showing that mobile phones do cause cancer?

The fact is that it would be extraordinarily easy (and quick and fairly cheap) to do some conclusive research to find out whether or not mobile phones cause cancer.

Here is what they should do:

1. Get hold of a decent number of patients with brain tumours. A thousand would do.
2. Find out which of these patients had a mobile phone.
3. Find the location of the tumours within the brain (on the right or on the left).
4. Ask the patients whether they held their mobile phone to their right ear or their left ear.

Simple. Sorted. It would take a month at the most to do this research. It would cost next to nothing. And it would answer the question.

Is anyone likely to do such simple research in the near future?

Not a chance.

Dupuytren's Contracture

Question

Do you have any information about Dupuytren's Contracture – also known as 'old man's claw hand'? The little finger and ring finger of my left hand have turned into my palm and I cannot move them. I have been put on a waiting list for surgery but my hand is getting worse and no one seems terribly bothered.

Answer

A few months ago another reader, Lord Walsingham, also a sufferer from Dupuytren's

Syndrome, sent me a copy of an excellent paper he had written entitled *The Case of Lord Walsingham's Hands* and I am delighted to have the opportunity to refer to it.

(Incidentally, I feel I have an almost proprietorial interest in this condition since when I was taking my finals at medical school one of the patients I was asked to see and diagnose had exactly this problem. The patient was a genial and kindly fellow who seemed almost as relieved as I was when I made the correct diagnosis.)

Lord Walsingham reports that tens of thousands of British patients are subjected to surgery every year for this condition – and that the surgery is estimated to cost in the region of £2,000 per case – but tells me that he had his Dupuytren's Contracture dealt with by a surgeon in Paris. The operation (needle fasciectomy) is not done in the UK but according to Lord Walsingham it is effective, painless and cheap. It involves a local anaesthetic, takes around twenty minutes and costs £30.

In contrast, the type of surgical procedure popular in Britain puts the hand out of action for four to eight weeks and can cause post operative discomfort which 'can last for months or even years'.

The doctor whom Lord Walsingham recommends (and although I have not seen the doctor at work I have seen photographs and I found Lord Walsingham's evidence convincing) is Docteur Jean Luc Lermusiaux and his address is 8 Avenue Aristide-Briand, 93220, GAGNY, France. The telephone number (in Paris) is 01 13815527 and the fax number (again, in Paris) is 01 1302 9092. Lord Walsingham tells me that Gagny is about half an hour from Paris Gare du Nord railway station.

I have studied a paper published by Dr Lermusiaux and four colleagues (published in the *Revue du Rhumatisme* in December 1997) and I am impressed. The procedure makes good sense.

The technique used involves cutting the fibrous bands which produce the deformity with a needle which is used to inject a local anaesthetic – instead of using a knife – and the authors claim that the outcome is similar to that of surgical fasciectomy (the type of operation usually favoured – which involves a hospital stay). At least one fairly large trial has been performed and the results seem extremely convincing. Moreo-

ver, the French surgeons who perform this operation claim that serious adverse experiences are uncommon. Recurrences can occur but they can also occur with traditional surgery.

'Needle fasciectomy is a low cost procedure that requires no hospitalisation, absence from work, rehabilitation therapy or nursing care,' conclude the authors, who also point out that: 'This type of surgery should only be performed by practitioners who have extensive experience with the method and in depth knowledge of the anatomy of the hand.'

In a way it is appropriate that the French should have found a new and better way to treat this problem. Dupuytren's Contracture is named after Baron Guillaume Dupuytren (1777-1835) who first described it and who was French.

Some readers may be surprised to learn that a surgical procedure which is available in France is not available in the UK.

However, it is not at all uncommon for surgeons to continue to perform unnecessarily expensive, complicated, time-consuming and hazardous operations despite the existence of operations which may be safer, faster and more effective.

Maybe a few British surgeons will investigate this technique and consider adding it to their repertoire.

Meanwhile, a reminder to all VCHL readers: before undergoing any surgery it is always wise to check that there are no better types of treatment available.

Regression

Question

What are your views on regression? Do you think it is a valid and safe form of treatment? I want to give up smoking and recently visited a hypnotherapist. He wants me to try regression. Do you think it will help?

Answer

The human brain is like a dustbin or, if you find that rather offensive, a bran tub. It is full of memories. Some of the memories are real. Some are imagined. There are bits and pieces about real people and bits about characters who've been read about in books or seen in movies. Anec-

dotes we have exaggerated to make them seem funnier or to make ourselves look better are mixed up with bits of reality.

There is plenty of evidence showing that our minds frequently betray us when we try to dredge up old memories. People often give bad evidence when they are called as witnesses in court. They give bad evidence not through malice but because their memories are faulty or prejudiced.

I think that regression is a dangerous and confusing business which is more likely to sustain and extend an illness than to lead to a speedy conclusion. It involves delving into a dustbin full of assorted facts and imaginary notions. Attempts to regress patients – to take them back to their childhood or to a previous life – is, in my view, both dangerous and potentially misleading.

I can't imagine why your hypnotherapist wants to use regression to try to help you give up smoking. There are much easier ways to overcome this addiction. I suggest that you try to find another hypnotherapist.

Women Doctors

Question

My doctor retired six months ago. He was replaced by a woman doctor. She is aggressive, hard and not in the slightest bit sympathetic. I do not feel at all comfortable with her. Other patients have expressed the same sentiments. Several people I have spoken to have said that they have always found female doctors to be harsh and unsympathetic.

Answer

Although there are a number of notable exceptions, there is little doubt that as a general rule women do make poor doctors. (They do, of course, make excellent nurses.) The problem is exacerbated by the fact that most women prefer male doctors and so do most men. This annoys women doctors who feel unwanted. Sadly, governments have trained lots of women doctors in the interests of political correctness rather than in the interests of patients. My advice is that you try to find yourself a male doctor. If all the bad female doctors are eventually left without any patients the authorities might (just might) eventually get the message.

Update

- ♦ **Mobile phones and microwaves:** Even governments now recognise that I was right to warn about the dangers of using mobile phones. But why on earth aren't the people who are frightened of mobile phones also frightened of microwave ovens? The danger with microwave ovens is, in my view, greater than the potential danger associated with mobile phones. (For more details see my book *Superbody*, published by the European Medical Journal).
- ♦ **Genetic Engineering:** Having succeeded in forcing us to eat genetically engineered food the big genetic engineering companies are now planning to make some pretty major revisions to farm animals. Pigs are being genetically altered so that they grow much more rapidly (thereby getting them to the abattoir more speedily and reducing the cost

Dr Vernon Coleman's Health Letter

Dr Coleman does like to hear from VCHL subscribers, and he tailors his research to cover the issues which are of concern to you. For practical and ethical reasons Dr Coleman is unable to answer your letters personally, but he will attempt to deal with as many topics as possible in VCHL.

Here's how to contact us:

Send your letters to: Dr Vernon Coleman's Health Letter, Publishing House, Trinity Place, Barnstaple, Devon EX32 9HJ, England.

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of keeping them). No one seems to stop and think about the pigs or the other, wider consequences of interfering with nature in this way. Of course, the pigs are deformed and quite possibly in a good deal of pain. Cows are being genetically engineered so that the milk they produce contains less fat. Genetically engineered salmon are nearly ready to be put into production. Animals containing human genes are being built to provide a steady stream of transplant organs. All this is happening very rapidly and seemingly without governments anywhere expressing any concern. No one knows what risks the genetic engineers are taking (My own suspicion is that using human genes in animals and using animal organs to transplant into humans will expose human beings to a whole new range of diseases.) And the moral and ethical questions about playing 'god' with the animal kingdom remain unasked and unanswered. It seems that the only thing that matters is the potential for profit. I shall be keeping a close eye on what is happening in the world of genetic engineering so that I can advise VCHL readers on how best to cope with the consequences.

Sadly, it is now too late to do anything to stop the relentless progress of genetic engineering, just as it is now pretty much too late to do anything to stop the hazards created by global warming.

We can pretty much blame the Americans for both these problems. They have used their economic power to force genetic engineering onto the rest of the world and they wouldn't do anything to stop global warming.

They forced genetic engineering onto us all because they wanted the profits.

And they have given us global warming because they refused to accept the modest economic cost that taking the necessary steps to control the problem would have involved. Actually, the Americans had also worked out that on balance global warming will probably be of benefit to them. They give the impression that they don't much care what happens to the rest of the world and yet they still seem

surprised and disappointed to find themselves loathed by citizens everywhere else.

Readers of VCHL who want a copy of my report on genetic engineering can get a free copy by sending their name and address and a cheque/PO £2.95 (to cover PP&H) to Publishing House.

- ♦ **Bad meat:** In the UK five men were jailed after being found guilty of selling condemned poultry to butchers, market traders, restaurants and supermarkets. The men got relatively short sentences but the judge said that if they had been supplying Class A drugs in the same way that they had supplied poultry which was unfit to eat they would have been given much more harsh sentences. Am I wrong in thinking that this rather gives the impression that selling food not fit to eat is not regarded as a particularly serious crime?

Incidentally, the turkey and chicken meat which they were selling, and which had been classified as unfit for human consumption, 'should have been used as pet food'.

Those who feed their cats and dogs on pet food may want to know food that is unsuitable for human consumption is apparently considered acceptable for animals.

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'What we do in life echoes in eternity.' MARCUS AURELIUS