The Medico-Legal Society
A meeting of the Society was held at the Royal Society of Medicine, 1 Wimpole Street, London W1, on Thursday, 11 April 2002. The President, Dr Roy Palmer, was in the Chair.

Claimed Contemporary Miracles

Dr Peter May
General Practitioner, Southampton

The President: Good evening, ladies and gentlemen, and welcome. This evening we are to hear a fascinating talk on Claimed Contemporary Miracles by Dr Peter May, and, as you can’t have failed to notice from your press and media reports, miracle cures, so-called, are frequently in the news and the issues that they raise are often contentious. Is there any valid evidence for these claimed cures that will satisfy either the scientists or the legal profession?

What is a miracle? Well, the Concise Oxford Dictionary says that it is “A marvellous event due to some supernatural agency, or a remarkable occurrence”, a fairly brief definition. But the rather longer definition in the full Oxford Dictionary is that “A miracle is a marvellous event occurring within human experience which cannot have been brought about by human power or by the operation of any natural agency and must therefore be ascribed to the special intervention of the deity or of some supernatural being”, and an alternative definition is that it is “Chiefly an act, for example of healing, exhibiting control over the laws of nature and serving as evidence that the agent is either divine or especially favoured by God”. Well, that is the Oxford Dictionary.

But tonight we are to hear from Peter May. Peter qualified from the Royal Free Hospital here in London and for some years has been a general practice principal in Southampton, in The Grove Medical Practice there, and he has also for a good many years been a member of the General Synod of the Church of England, and he is going to talk to us about Claimed Contemporary Miracles. Dr May. (Applause.)

Dr May: Thank you very much for turning up to hear this theme, which has for me been of recurring interest, not one I particularly sought, more one I have had thrust upon me. I have collected a good deal of data over the years, and it is quite nice to have the opportunity to present it to someone who is remotely interested, because it is a fairly rarefied taste, I imagine. My wife is quite convinced I am incapable of doing two things at once (I think this is a sexist comment), so she has insisted she operates the PowerPoint, so I can blame her if we get hopelessly lost!

Few of us, if we are struck down by a serious chronic illness, would miss the chance of a miraculous cure, if it were available. We may not believe in miracles, but if someone persuades us that there is a possibility of a cure, we would not dismiss them lightly. If scientific medicine has nothing to offer, we would appear to have nothing to lose by looking at other options.

For all the success of scientific medicine, there is a great deal that eludes us. Enormous numbers of patients have incurable conditions. Some of course are trivial and transient – the common cold, low back pain, incapacitating migraines. Others are more serious but manageable – asthma, diabetes and hypertension. But some are altogether far more distressing – secondary cancers, cystic fibrosis, multiple sclerosis, osteoarthritis, emphysema, dementia, infertility, motor neurone disease, to name a variety.

Sufferers of such illnesses are therefore vulnerable to the pretensions of snake oil salesmen. The profitable world of Alternative Medicine flourishes at their expense. Hopeless remedies, such as the theo-
retically absurd and evidently baseless homeopathy, attract even intelligent punters. It is little wonder that less intelligent patients are particularly open to the bogus claims of diverse healers. It is to my mind especially sad that broadsheet newspapers, especially the Sundays, publish the musings of alternative health gurus and such-like. I am assured that Continental newspapers do not publish anything so inane.

Our concern tonight is with cures rather than treatments, and miraculous ones rather than long term therapies. There are a surprising number of miracle healers making outrageous claims. We first need to ask whether it matters. Does anyone come to any harm from their pretensions?

Dangers

Delay in Presentation

I first became interested in the subject as a medical student, when I heard a surgeon complaining that he was seeing patients with incurable cancers who delayed presenting to the doctor because of the bogus hopes offered by "spiritual healers". He saw people, whom he might otherwise have cured, dying as a result of the delay.

Stopping Medication

Over the years, I have come across other patients who died because they stopped their medication after visiting a healer. I think of a doctor who suffered severe depression and believed that she had been healed. She stopped her medication, the depression became dramatically worse and three weeks later she committed suicide. A 25 year old woman called Audrey Reynolds had an ankle injury and also suffered from epilepsy and learning difficulties. She appeared on the platform at Earls Court with American healer Morris Cerullo, after which she stopped taking her epileptic tablets. She had a fit in the bath six days later and drowned. The coroner, Sir Montague Levine, concluded, "It is a tragedy that she went to this meeting and thought she had been cured of everything. Sadly it led to her death." A woman in Kent came home from hospital with her newborn baby. She had a major postpartum haemorrhage, and someone summoned the prayer group rather than the ambulance, and the mother bled to death, leaving an orphan and a widower.

Self Deception

Having been alerted to these tragedies, I soon found other difficulties. Self-deception presented itself in the person of a Registrar in Psychiatry. To the chagrin of his wife, he went off sick for weeks on end, treating himself for a self-diagnosed peptic ulcer. Eventually an endoscopy was arranged and I enquired the next day to see how he had got on and was told the test had been entirely normal. Three days later he went to a healing meeting, and announced afterwards that he had been miraculously cured. He returned to work the next day. Somehow the healing service got him off the hook! All those who knew him now had an explanation for his sudden recovery. Presumably only his wife and I worried about the timing.

Distress of Those Unhealed

Then I reflected that the anguish of those who were not healed was greatly intensified by the claims of those who were healed. I think of a woman who used a wheelchair because she claimed to have a chronic neurological disease, which she was happy to imply was similar to MS. To the medically naive, ME and MS sound very similar and are easily confused. Her photograph appeared on the front cover of a magazine, now holding her wheelchair over her head. Why should one person with a crippling neurological disease be healed and another not? My enquiries revealed that there was no evidence that she ever had a neurological disease. Extensive investigations had all been normal.

Negative Thinking

Her message for the world was that all sufferers should seek miraculous healing until they find it. This hopeless quest robs patients of their time and their dignity. It also prevents them from coming to terms with their condition and making the best of their days.

Siren Voices

Any young person with a serious incurable disease is liable to be pestered with the claims that someone out
there could cure them. I recall reading about the nurse who attended to Jacqueline Du Pre, holding out false hopes to her. None of us would be immune from the well-meaning letters of misguided friends distressed by our fate, as John Diamond described so vividly. According to his book, *Snake Oil*, he received 5,000 letters suggesting alternative cures.

**Financial Cost**

That leads me to the next major problem, the financial cost of it all. Most healers make a living from their bogus claims, and many of them make a great deal of money. If a psychic surgeon does not work a wonder, then why not try a homoeopath? When that fails, what about a faith healer? If he fails, there is always another, often at the opposite end of the country. If that doesn’t work, what about a trip to Lourdes or even to the USA? The quest for a miracle robs chronic invalids of precious funds that could be used to improve their care.

Having a daughter-in-law with MS, I have been made to realise how very expensive it is to be disabled, and how beneficial expensive adaptations to a home can be to make life worthwhile. She is currently having to go to great expense to raise her large patio by four inches, so that she can take her wheelchair outside and supervise her small son when he is playing in the garden. The provision of a ramp would have to be so large for just a four inch rise that it would occupy most of the patio, so the patio has got to come up to the level of the kitchen. Disabled people rarely have a lot of money to spare.

**Making Money**

Since there is no shortage of people in pursuit of a miracle, who justify their expenses by their desperation, miracle workers have everything to gain. Many boast they do not charge for seeing patients, but have a bucket at the door for donations. This allows them to say they live on charity, while scandalously circumnavigating the taxman.

The fund-raising tactics of the megastar faith healers profoundly nauseates me. Vast crowds of desperate people, wrestling within themselves with the question as to whether or not they have enough faith to be healed, have their faith tested most acutely as the bucket is passed to them. No wonder miracle healers can afford to cross the Atlantic on Concorde. I am in no doubt that miracle workers do serious harm, that bogus miracles are a moral outrage, and that sick, naive and vulnerable people need protecting. We should not belittle the distress these healers cause. Their abuse of children is particularly distressing.

**Natalia Barned was a four year old girl suffering from neuroblastoma. In the Earls Court Arena in front of an ecstatic crowd, Morris Cerullo declared that she was healed of "cancer of the blood and the bones". He made her run across the stage to prove it, and told her parents to take her back to the doctor afterwards to verify it. She died just two months later.**

To the extent that I have been able to achieve anything in this grim environment, I have sought to expose the medical realities. In order to show that something is not a miracle, we need first to define our terminology. Healers play fast and loose with language. What exactly is a miracle? There are a number of difficulties in any definition. I have therefore concentrated on describing a miracle, rather than defining one.

**What is a Miracle?**

I assume that most people, when talking about healing miracles, are thinking about Christ’s healing miracles. What other historical figure is noted for being a miracle worker? There is a world shortage of miracle workers in the pages of history. While other miracles have been claimed, they are usually isolated stories and many of them are presented as being in some sense Christ-like. **Miracle workers today seem strangely uninterested in Christ’s other miracles – such as the feeding of the 5,000. You would have thought there was plenty of scope for that.**

**Gospel Miracles**

For my purposes, I needn’t get embroiled in the discussion as to whether or not Christ performed miracles. In all events, we cannot produce scientific evidence for them. We can merely wonder at the stories, ponder their context and make a judgment. The pivotal miracle was clearly the Resurrection itself, which does raise a number of fascinating historical issues, which are open to serious debate and are not easily avoided. If God has uniquely revealed himself in Christ and put his seal on the
matter by raising him from the dead, then the virgin conception, his healing miracles, his unique teaching, his stunning character and his personal claims all find their place in that context. Whether or not they happened, in considering contemporary miracles, it is sufficient merely to record the characteristics of the healings presented in the Gospels and ask whether we are seeing anything like that today.

**Incurable**

There are numerous examples in the Gospels, which for all their diversity have some marked similarities between them. Firstly, apart from the exorcisms, the physical miracles involved frankly incurable diseases. There is no room for the oft-repeated assertion that Christ performed the sort of psychosomatic healings commonly reported at the hands of alternative therapists today. To the contrary, the incurable nature of the conditions described in the Gospels is quite striking. A man was healed of congenital blindness. A woman was cured of a fixed kyphosis of the spine, which she had had for 18 years. A man who had what is graphically described as a “withered hand” had it restored. A cripple was able to carry his bed home, a deaf mute could hear and speak – well, that would be a double miracle – and a man who was dead for four days apparently walked out of his tomb. I take it that modern medicine would not be able to cure any of those people today. So the first characteristic of the Gospel miracles is that they involved incurable conditions.

**Non-Remitting**

Secondly, apart from epilepsy and menorrhagia (which are mentioned in the Gospels), these were not conditions which might on their own spontaneously remit. I once had a patient with lung cancer who went into a spontaneous remission. It is very rare for such a thing to happen. When cancers do remit, and some are more liable to than others, it happens very gradually over a period of months, and for my patient over several years, which leads to the third characteristic.

**Instantaneous**

The astonishing events described in the Gospels are reported to have happened instantaneously. Usually, it was at a word of command. The crowd witnessed the event, which was completed before their eyes.

**No Other Therapy**

Fourthly, there was, of course, no other therapy provided. He did not offer snake oil or expect them to fulfil any conditions. The idea that Christ laid his hands on their heads in some ritual sense does not seem to have been a feature in the Gospels. If he touched them at all it was in reaching out his hand towards them in comfort, or to encourage them or help them up.

**Complete**

Fifthly, there is nothing in the narratives to suggest that these conditions were either partially cured or subsequently relapsed. The impression given is that these cures were complete and final.

These five criteria – of incurable diseases, which would not otherwise remit, being healed in an instant, completely and without any therapy being employed – were elucidated in 1735 by Cardinal Lambertini, who later became Pope Benedict 14th, and they are still referred to by Roman Catholic authorities today, though honoured, it seems to me, in the breach, rather than in the observance. But more of that later.

**My Strategy**

I have adopted a simple strategy in my investigations, which has invariably produced results. I simply ask healers – whether individuals or organisations – to produce their best cases, which they must choose themselves. If I chose random cases to investigate, they would say “Well, this is not representative”, that I have deliberately chosen a duff case. Generally speaking, these healers boast of the large numbers of people who have been cured at their hands. I usually invite them to select three. To ask for only one leaves them with excuses. The healer would point to all the other genuine cases which I haven’t examined. Being asked to select their best three concentrates the mind wonderfully. When all three are exposed, there is little left to say. So the onus is put on the healer or organisation to choose, and I try to give them plenty of time! Sometimes, of course, they have already chosen their better cases to publish in a best-selling book. Usually then the best case is obvious, being referred to at the beginning but not being described until the final chapter.

I arrived at this strategy during a live ITN inter-
view with Morris Cerullo. He had claimed in giant posters all over London that the blind would see, the deaf hear and the lame walk – ideas lifted straight from the Gospels – and his posters caused uproar. One was a broken hearing aid, another was a snapped blind stick cast aside, and one was of a wheelchair tipped over. Certainly at his meetings people make these claims. The need was to look at the medical reality of it all. I asked him on television to identify his three best cases from the week at the Earls Court Arena and put their names forward for medical scrutiny. He was furious and immediately after the interview he launched into an impassioned sermon about the folly of putting God to the test. I repeated that I just wanted three names and he could choose them himself.

That evening in the Earls Court Arena I bumped into Joan Bakewell. She was making a “Heart of the Matter” documentary about Cerullo and now wanted to do a follow-up programme examining the cases that he put forward. An estimated 4.7 million people watched that second programme, and I think it remains the highest viewing figure the programme has ever had. I also managed to get the results published in America, which pleased me greatly. I have to say, it is a strategy that clearly works and I have stayed with it ever since.

Access to Health Records
My enquiries have been greatly facilitated since the Access to Health Records Act 1990, which came into force the following November. Provided the patients give consent, doctors are now obliged to give patients access to their records, unless there are strong grounds for believing that it would not be in the patient’s best interests to do so.

Medical Findings
So what then have I discovered when I have gained access to the records? I shall discuss the broad categories which I have found and illustrate them with case histories taken from a variety of the main players in the field.

1. Symptomatic Improvement

Needless to say, most people who claim to be healed feel better – and for most it is entirely transient. A psychologist who took part in one of the “Heart of the Matter” programmes used a vivid illustration by comparing the excitement of a healing rally to winning the Boat Race. Having expended the same amount of energy, rowing at full strength over the same distance, and arriving, as this year, almost at the same time, one team was exuberant, punching the air with enthusiasm and enjoying a state of mind close to ecstasy. The other team, perhaps just two seconds behind, is doubled up in pain. Some may be vomiting over the side, others collapse. They have probably never felt so awful in their lives. The hype associated with healing meetings, often preceded by loud music for a prolonged period and with the zealous rantings of the healer, whip up the crowd into a state of excitement and expectation. For some, they feel as though they have been healed, only to realise the next day that they haven’t.

Occasionally, however, the improvement is maintained. While Morris Cerullo was asked for three cases, he eventually produced nine. Of these, seven consented to medical records being obtained. One was a woman called Sheila Lambshead. She had degenerative arthritis of her spine. She had become depressed, inward looking, socially isolated and hopeless – until she was invited to a Cerullo meeting. It became clear that somehow through it all – and please don’t ask me how – she had experienced Christian conversion.

Now whatever view we have of this, the Christian message is profoundly powerful. No doubt with many things in her life which she regretted, she now believed that God had forgiven her and that she could make a new start. Previously alienated from those around her, she now found that she was part of a caring community, and found restoration in her relationships with many people. Previously finding life futile, she now had a new agenda – a reason to get up in the morning. The future had looked bleak, but now she had hope, even in the face of the ultimate enemy, death itself. Talking to her, it was difficult to believe she had been depressed. She was now bubbling over with enthusiasm. Her back pain was largely a thing of the past.

She was taken back to her orthopaedic consultant, who repeated the X-rays of her spine. The camera crew recorded the two sets of pictures alongside each other, together with the comments of the consultant. There was no difference in the X-rays. There was a great deal of difference in the patient. Christian
conversion had had a life-changing effect on her. Medically, all one could say is that her mood had lifted, she found renewed motivation to be active and, not surprisingly, it relieved her back pain.

2. Natural Processes

One of Cerullo’s seven cases was a woman who believed she had had a recurrence of a melanoma. One can understand her fears. Her doctor, however, diagnosed a small, perianal, inflamed spot — a one line entry in her case notes. Its natural resolution coincided with her visit to Earls Court, and his other cases were also readily explicable.

3. Mistaken Diagnoses

Dr Theodore Mangiapan was Clinical Director of Lourdes for 18 years. In 1995 I interviewed him at his home in the South of France and asked him to choose his best case. The Medical Bureau of Lourdes is constantly selecting its best cases, some of which the Roman Catholic Church proclaims as miraculous healings. In the 144 years of the shrine’s existence, only 66 cases have been officially declared by the church to be miracles. This number must be seen in the perspective of the very large number of people who visit the shrine, currently well over five million people every year, though Mangiapan pointed out that probably only 100,000 of them each year came because of their illnesses. That still leaves a very large number. There is nothing hurried about their deliberations. They follow up their cases for years before putting the evidence before their International Medical Committee of some 30 doctors. The 66 cases have been sifted from an estimated 6,500 claims. If the doctors pronounce it a cure, the curia may pronounce it a miracle.

I talked to Dr Mangiapan about Cardinal Lambertini’s criteria for identifying a miracle and, in particular, pressed him about the meaning of “instantaneous”. “Ah...” he said, “many books have been written about that.” To my mind, that could only mean one thing, that the obvious meaning was not the one they usually employed. I learned later that Mangiapan takes the word “instantaneous” to mean “immediate”, and “immediate” to mean “without convalescence”. I did not have the opportunity to ask him how he defined “convalescence”!

I did, however, ask him which of the (then) 65 cases did he believe was the most impressive Lourdes miracle, and he explained that he was biased. He was a paediatric surgeon and that he had been personally involved with this case, but this was for him the most impressive miracle of Lourdes, and he has studied them all carefully and published his book on the subject.

Delizia Cirolli was a twelve year old Sicilian girl who developed a tumour in her knee. She was examined by an Italian specialist, who concluded that she had a neuroblastoma of the knee and it was curable only by amputation, which her parents refused. She attended Lourdes in 1976, and some six months later she spontaneously got off her sick bed and began to walk, and she never looked back. I pointed out to him that neuroblastomas of all childhood cancers have the highest rate of spontaneous remission. But he disagreed with the diagnosis. He believed that she was too old to have developed a neuroblastoma and she actually had a Ewing’s sarcoma and he didn’t believe there was a single reported case of such a tumour resolving spontaneously. The diagnosis became a much disputed issue. Biopsy slides taken from the tumour were sent to various histologists for their opinions. The fact was the cellular picture showed no structure at all. It was completely undifferentiated. Eventually Mangiapan’s view won the approval of the International Committee. They said she was cured and the Church declared it a miracle.

“But was her cure instantaneous?” I asked. “Well, yes,” Mangiapan said. “One day she got up and walked.” “But when was she next x-rayed?” I asked. Some six months later. What did the x-rays show? Well, the tumour was by then substantially healed, but not completely. In other words, a process was at work that took months to complete. Was her limb completely restored? Well, the tumour completely disappeared, but it left her with a seriously deformed limb, with the leg deviating outwards below the knee, so that she was unable to walk, apart from having a gross limp. Subsequently, she underwent orthopaedic surgery to correct the shape of her leg.

So if this was an incurable cancer, the healing of Delizia Cirolli was neither instantaneous nor complete. A Channel Four “Equinox” documentary film was subsequently made on the healings at Lourdes and the producer interviewed me and I encouraged him to press the case of this child, and he did. He took the slides from her tumour and gave them to Dr Kathy Pritchard-Jones, a Consultant
Paediatric Oncologist at the Royal Marsden to comment, and she added a surprising twist to the tale. In her opinion, it is quite possible that Delizia had neither a neuroblastoma nor a Ewing’s sarcoma. The lesion may not have been malignant at all. She thought it was quite possible the child had suffered a bone infection of the knee, possibly tubercular, which the body eventually overcame.

According then to the most senior doctor of the Lourdes International Committee, who was Clinical Director for nearly 20 years and has written the definitive book on the subject, this was the most impressive miracle to be associated with the shrine, and her photograph is on the cover of his book.

In February 1999 a further Lourdes miracle (number 66) was claimed. I have requested a copy of the medical findings from the International Committee, but they are not yet available in English. Monsieur Jean-Pierre Bely is believed to have suffered from Multiple Sclerosis.

However, when the Committee reached its verdict, it was not unanimous. Significantly, I understand it was the neurologist who dissented, claiming that the diagnosis of MS had never been safely secured. It was a speculative diagnosis, which can only lead to a speculative miracle.

In offering examples from Lourdes, I do so knowing that, unlike all other healing organisations, they examine their cases thoroughly. They follow them up for years, they are slow to make judgments, they seek specialist opinions and then have the honesty to publish their findings for public scrutiny, all of which is most commendable.

Since 1960 there have only been four cures from Lourdes officially declared to be miraculous. Yet it is only in the last 40 years that the developments of modern science, not least in terms of imaging techniques, have enabled the cases to be adequately scrutinised. Before then diagnoses were made largely on clinical grounds, and many questions about those cases were left unanswered.

4. Hysteria

Lourdes miracle number 64 concerned 41 year old Serge Perrin. He was thought to have had a stroke, but his signs and symptoms never married up. Crucial tests were normal and he displayed “la belle indifférence” throughout his illness. He was healed in 1970 and he made a crusade of his recovery. It seems probable to me that his symptoms were psychosomatic. Interestingly, Dr Mangiapan did not seem keen to argue the point!

5. Spontaneous Remission

In 1986 Dr Rex Gardner published an influential book called *Healing Miracles*. He was a gynaecologist in Sunderland and had collected 22 stories from around the world of what he considered to be miraculous healings. Such stories coming from a doctor were likely to be taken seriously. Writing an article on the subject for the 1983 Christmas edition of the BMJ raised his profile and gave his story a spurious credibility. Over the next five years whenever I spoke publicly on the subject I could be confident that someone in the audience would refer to his book.

Sir John Houghton, the distinguished meteorologist, chaired a Consultation which met on three occasions between 1992 and 1994, drawing together some 30 participants, mainly doctors and clergy, to discuss a Christian view of healing. Dr Gardner was present, giving me the opportunity to ask him for his best case. Needless to say, it was the last case reported in his book. It is the story of a nine year old girl with a five-year history of bilateral hearing loss, requiring hearing aids. The deafness was thought to be due to conduction deafness in her middle ear but also nerve damage from a viral illness. Adenoidectomy and myringotomy were performed, and fluid was extracted from the middle ear. However, her surgeon was convinced that her difficulty was essentially due to the nerve damage and he did not expect much benefit. A month later, suddenly at nine o’clock one evening, to the family’s utter astonishment, her hearing was fully restored, seemingly in a moment.

Not knowing what to make of this, I wrote to a friend who was in my year at medical school whom I knew was in paediatric ENT at Great Ormond Street. Not only did he reply by return of post, but, extraordinarily, he enclosed a copy of a paper he had written on the subject entitled “Recovery from Prolonged Sensorineural Hearing Loss”. In it he described five cases of spontaneous remission of nerve deafness.

He subsequently invited me to an ENT Conference on the subject, and from this I gleaned that the phenomenon is evidently rare and is ill understood, but it does occasionally happen. It is not
6. Double Thinking

The meetings chaired by Sir John Houghton kept me under pressure regarding the rest of Dr Gardner’s book. Eventually I was obliged to comment on each case in turn. I agreed with Dr Gardner that none of his cases were as good as the one he had recommended in the first place. Furthermore, I found that two of his 22 cases, far from being cured, had actually died of their diseases in the year that his book was published.

7. Medical Ignorance

An Anglican Bishop attending the Consultation presented a case of miraculous healing of a birthmark. I insisted that he provided evidence for this claim, and he did so in the form of two photographs. Fortunately, there was a dermatologist present who immediately identified the lesion as a strawberry naevus and explained to the clergy that it is part of their natural history for such disfiguring birthmarks to gradually disappear. It had taken years to improve. The remarkable thing to my mind was that it was still identifiable on the second photograph, though much diminished. Of course, there is no reason why a layman should know about such things. I just thought he might have checked it out first.

8. Economy of the Truth

“Chrissy—Her Story” is the name of a video which was sent to me promoting the Acorn Healing Trust. It tells the story of a young woman who developed breast cancer and was subsequently healed. I later had the opportunity to meet her. It became clear on questioning her, though ambiguous on the video and not mentioned at all on its cover, that she had had her breast lump and an axillary secondary excised and she had had both chemotherapy and radiotherapy. She had had the full gamut of medical intervention and, given the nature of the disease, after five years it was still too early to say that she had been cured of it.

9. Medical Terminology

Probably the most prominent American healer currently is Benny Hinn. He draws enormous crowds in stadiums across America and his meetings are frequently broadcast on American television. The foreword to one of his books is written by a doctor. He highlights the story of a man who is reported to have been healed of colorectal cancer. Chapter 1 introduces the details and the last chapter tells the story. It certainly sounds impressive, until you look at it closely. With all such written accounts, the author is liable to tell the tale in the most positive form.

However, they get into difficulties when they quote from medical documents. Here there remains a real chance of objectivity, combined with the fact that a non-medical author is liable not to fully appreciate the significance of what the report says. Benny Hinn claims in the book that the man required “no radiation, no chemotherapy, no colostomy and no medicine for his cancer. He was totally healed by the power of God”—a list which left me asking what has been omitted? Did this man have a surgical excision, which would be the most likely curative intervention? Hinn quotes a medical follow-up report after the man’s healing. In it are the sentences “Rectal side of the anastomosis: negative for malignancy. Colonic side of the anastomosis: negative for malignancy.”

The word “anastomosis” is not in popular use, but it is, of course, a common medical term used to describe a join in the bowel after a section has been excised. It is only reasonable to assume that this man had an excision and that he didn’t have a colostomy because the surgeon was able to do an end to end anastomosis, reconnecting the bowel at the time he excised the tumour. It is not clear to me who is responsible for the misdescription, but the patient would not be the first if he had deceived himself.

10. Multiple Pathologies

Reinhard Bonnke is a German Pentecostal healer who seems to perform mainly in Africa. I use the term “perform” advisedly, as Mr Bonnke’s performance is something to behold. The crowds flock to hear him. A recent television investigation of the claims of Benny Hinn and Reinhard Bonnke was able to investigate the claims of Mr Hinn, albeit with entirely negative results, because the American context meant that the cases were medically documented. However, in Africa it is far more difficult. They merely noted the cruelty of what Bonnke was doing and the way disabled people returned the next day to find the crutches they had so readily abandoned.
However, Mr Bonnke did once produce a video about an English lady. The cover reads:

“Mrs Jean Neil of Rugby, England, was a truly hopeless case – spinal injury, angina pectoris, a hip out of joint and one leg shorter than the other. She underwent 14 operations, spent four years in hospital, suffered three heart attacks and was treated with traction and plaster jackets. Mrs Neil was confined to a wheelchair, used three respirators [which I suppose were inhalers] applied heart patches and took 24 tablets daily. This was her situation throughout the course of 25 long years – until 12 March 1988. Now she has a brand new story.”

A letter was shown on the video, which enabled me to freeze the frame and read her address. Directory Enquiries then gave me her number. We had some long conversations on the phone and she sent me several orthopaedic medical documents, which somehow were in her possession. They made no comment about any discrepancy in her leg lengths and they reported clearly that X-rays of her hips appeared quite normal. Of her 14 operations, only four were on her spine. The others included two Caesarean sections, an appendectomy and an operation for hammer toe. (Laughter.) Vigorous investigations (to use the phrase in the report) of her heart disease reported that her heart was normal and her asthma appears to have been due to the side-effects of medication – she was given Propranolol because they thought she had angina. The four years in hospital was a generous estimate of the total of all her unrelated admissions, while the 24 tablets a day included 8 Paracetamol.

In particular, these documents stated emphatically that the X-rays of her spine taken after her healing showed “absolutely no change” from the X-rays taken before the event and that three months before her healing her orthopaedic surgeon reported that she was able to walk using sticks. The claim that her invalidity was static and that she was confined to a wheelchair for 25 years is quite groundless and outrageous.

I compiled a list of 18 questions, which I sent to her doctor, but he replied that he did not feel that it was in her best interests to answer them! I sent a report to Mr Bonnke asking him to withdraw the video, which led to a long and entirely fruitless correspondence.

11. Relative Thinking

Our post-modern culture encourages people to understand truth in relative terms. People commonly speak about something being “true for me”, whether or not it is held to be true by anyone else. Two recent stores illustrate the difficulty.

A young doctor was reported in the Daily Mirror to have been miraculously healed of bone cancer. She described her bone tumour, which led to an above-the-knee amputation. Sixteen years later she developed a lung secondary, which was surgically excised. Later that year she developed pelvic pain and CT scans gave a picture which was considered to be entirely consistent with a further metastasis. This lesion, however, subsequently decreased in size and disappeared over the next few months. The closing statements of the article in the Mirror quoted her consultant as saying:

“She is saying it is a miracle. I am saying it is unexplained. It is important to say we do not have proof this was a metastasis in the pelvis. Everyone assumed it was on the basis of the scans.”

A biopsy apparently had been inconclusive. The lesion may have seemed like a secondary to her, and one can easily sympathise with the anguish in her mind as she feared the worst. The story is remarkable. Her surgeon said he had never seen a case like it. Her prayers would appear to have been answered, but there is no evidence that it involved a miracle.

The final case concerns a Mrs Jean Smith from Gwent. She was reported in a religious paper in June 2000 to have been miraculously healed after being blind for 16 years. However, her description of the event is naive and the claim is not supported by any medical evidence. I wrote to the editor, a Mr Elsdon-Dew, and asked if he had published the story without validating it or whether he had a medical report, which for some inexplicable reason he did not quote. He stated that Mrs Smith did not want any renewed medical investigation and was simply content that she can now see. The miracle was true enough for her. It has become clear that he did not seek medical validation before publication, and he believes I am cynical and distrusts my motives and integrity.

If this were just a private matter, I wouldn’t pursue it. However, a public claim has been made, and made very widely, that a woman who was registered blind can now see. I have suggested to Mr Elsdon-Dew
that he should obtain medical reports and seek an independent assessment of them. She may well have already been re-examined in the intervening two years. All that is required is for her to sign her consent to establish the truth of what she has said. Furthermore, I suggested to him that he publishes the findings as widely as he did the original story. If it is true that a blind lady has been miraculously healed and has regained her sight, then he should tell the story with full medical confirmation, for the same reasons that he thought the original story was worth telling. If it is not true, he should set the public record straight and apologise for misleading his readers.

It is very easy to publish these stories, and it is not difficult either to find out whether they are true. To believe them without evidence is naive; to publish them is, in my judgment, grossly irresponsible.

**Libel Action**

We have looked then at some best cases from Morris Cerullo, Lourdes, Dr Rex Gardner, Sir John Houghton’s Consultation, the Acorn Healing Trust, Benny Hinn, Reinhard Bonnke, the secular press and the religious press.

That brings me to the final part of what I want to say. Lawyers will not be surprised to learn that I have constantly needed to watch my back. Early on in my investigations I was threatened with libel action. I consulted the Medical Defence Union, who pointed out that they were under no obligation to defend me in cases that were outside my clinical work. Having said that, they then went on to give the most helpful advice to somebody entirely naive in these matters. There are in essence two matters I have to keep in mind. For a defence of justification to succeed, I must be able to show that all the statements I have made are true in their entirety. I have therefore had to weigh my statements carefully, stating only what the evidence will uphold. Exaggerations and rash statements could prove very costly indeed.

Secondly, for a defence of fair comment to succeed, I must be able to show that the matter is in the public interest and that my comments are made without malice and based on true facts. If what I say is true and fair, and only if it is true and fair, could I remain immune from a charge of defamation.

This does not, of course, stop people who can afford it from sending frightening letters from their lawyers. In one from Morris Cerullo, the last paragraph read:

“We regret to say that unless we receive a positive response within the next seven days, we are instructed to issue proceedings in the High Court of Justice without further notice.”

This led to anxious moments. It had followed some ill-judged reporting of an interview with me concerning Morris Cerullo. I got a sequence of letters, and this was the final one. My wife found this more difficult than I did and, as she lay awake at night, would ask such questions as whether our mortgage was in joint names. (Laughter.) I have to thank her for her support at such times.

There have been several threats to report me to the GMC, most recently from a well-known alternative therapy physician. I replied that if he wants me to discuss his clinical practice with the General Medical Council, then that is entirely his choice, and I have heard nothing more.

Most frustrating has been the fate of my book. To help readers understand the issues, I have written up my investigations and used about 80 case histories to unpack the complexities of the subject and deal with every public claim I have investigated. As the book neared completion, the publishers sought a legal opinion, which said that any one of these individuals might sue. I protested that I could substantiate every medical statement that I had made and that I was happy to take their advice as to whether my comments in the light of those facts were fair. They advised the publisher that it was not sufficient that I should be satisfied that I could substantiate every medical statement that I had made and that I was happy to take their advice as to whether my comments in the light of those facts were fair. They advised the publisher that it was not sufficient that I should be satisfied that I could substantiate every point. They also would need to be satisfied at every point and, given the 80 cases I had described, this would be an enormously expensive undertaking and it was not worth the effort. The manuscript remains on my file!

Thank you. (Applause.)

**Discussion**

**The President:** Thank you very much indeed, Dr May, for that absolutely fascinating address to us.

Well, the floor is open for comments and questions. Dr May has kindly agreed to answer your questions. Can I just ask please, as usual, that you give your name and perhaps your discipline as well.
Mrs Brahams: Diana Brahams, barrister. This could be a medical rather than a literary question. I don’t know whether you are familiar with Graham Greene’s book *The End of the Affair*, but in that book there is a sort of lay anti-God preacher who has a huge strawberry mark, which, at the end of the book, shrinks. This lay anti-God preacher’s confidence is deeply shaken because of this. So I was therefore very interested; I hadn’t appreciated that they can remit spontaneously. Has this been known for about 50 years or not, because that book was published, I would say, probably around 1950?

Dr May: Yes, but that only happens in small children. They are birthmarks and usually they have gone within a couple of years. The remarkable thing about the one that I referred to was that the child was now twelve and it was still visible, and that is very unusual.

Mrs Brahams: Right. So this effectively was being presented as a kind of miracle, but you are saying it actually couldn’t happen? I mean, this was a man in his twenties.

Dr May: I have got no medical understanding of such a healing taking place in an adult. There are different sorts of marks, of course, but it is difficult to imagine why it would suddenly disappear.

Ms Stern: I am a solicitor. Have you done any research into Matthew Manning’s work?

Dr May: No, I haven’t. I have occasionally heard his claims and I have read about them in the Press or seen him on television, but I haven’t followed up any of his cases.

Ms Stern: Is there a reason why you have not?

Dr May: Sloth! (Laughter.) It is quite time-consuming to follow them up and it also can be quite expensive, because you get the medical report and you get a bill from the doctor for 50 quid. So I usually try and persuade the healer that he might actually fund the investigation himself. It is just not getting round to doing it, but you are quite right, it would be good to take up one of his cases. Put his name on the list. (Laughter.)

Mr Mitchell: John Mitchell, lawyer. Have you come across any cases of Munchausen or Munchausen by proxy?

Dr May: Not in this area. I mean, I have had patients who have made these sort of wonderful claims, but, no, I haven’t got any good stories from my miracle clients.

Mr Plant: Jack Plant, solicitor. Just a medical/technical question. We have all probably heard of people who develop epilepsy at certain times in their life, petit mal and grand mal. Is there any well-documented evidence of grand mal epilepsy, for some reason or other, apart from medication, disappearing?

Dr May: Yes, there is. Something like 30% of cases will disappear after a few years. The clinical difficulty is we don’t know which 30% that is, and so if you take them off the tablets you are running a high risk that they will have a subsequent fit and then lose their driving licence again. So invariably we keep people on the tablets and assume they have still got the epilepsy, but when people are bold enough to take them off something like 30% have no more fits.

Mr Mitchell: So, if it happens, it is not a miracle?

Dr May: No.

Mr Mitchell: It is a medically documented phenomenon, the reason for which we don’t know? Or do we?

Dr May: I personally don’t. Perhaps if we have got a neurologist here… You know, there are a lot of different causes for epilepsy.

Miss Calder: Renee Calder, barrister. One has read many stories in the newspapers of blind people who have suddenly regained their sight: they might have had a bang on the head, or something or other dramatic; but there are quite often stories of blind people regaining their sight. You have just mentioned one case. There must be some medical explanation for people who are blind regaining their sight.

Dr May: Well, the ones that get reported in the Press are often told in a very sensational way. I don’t know the answer to the woman whose story I told at the end there. I suspect that she might have had some fluctuation or some improvement. It would be interesting to know if her visual acuity scores have improved at all, whether it is that she was depressed and now isn’t. There can be all sorts of reasons why she feels better about her vision. In terms of blindness being healed, it is fairly unusual. I don’t think many doctors have seen people being registered blind and then regaining their sight, unless they have cataracts removed. There are some clear interventions that can be done to restore vision. We use the word “blind” often to refer to people who are partially blind. You know, the number of times one has seen somebody with a white stick and a news-
paper under their arm. (Laughter.) There are so many people who are partially blind.

Ms Vine: I am Mary Vine, vicar. I have come across no cases of instantaneous recovery from an incurable disease, but I have come across people who, with the aid of medical intervention, have perhaps responded better to treatment than might be expected after prayers and the anointing with oil. Has your research provided any evidence of that?

Dr May: Well, I think clinical practice tells us again and again that the patient’s attitude to his illness is going to make a great deal of difference to how he responds, whether he is recovering from an injury or coming to terms with a chronic disease, and a positive attitude works wonders, and I would hope the Christian faith would give people a positive attitude to it and help them not to be dogged down by it and despairing, but think well, this is part of their lot and get on with it. This is what the good Lord has required of them and, as such, hopefully they will be more positive, they will use up more energy during the day, they will sleep better at night, their appetite will be stimulated, they will enjoy the normal human relationships and not, as this other woman I told you about earlier on, who previously went into a big black hole and shut herself off from the world and became quite despairing about her back pain. So, you know, I think the psychological dimension in healing is writ large. It is part of every recovery you ever hear of that the attitude of the patient is crucial.

Dr Josse: Edward Josse, medical practitioner. I have actually heard of patients who have had spontaneous cures of debilitating states of sickness. It is well described, and so...

Dr May: But not sudden?

Dr Josse: No, not sudden. The question I really wanted to get at is in a sense more legal than medical. It is about the libel situation. I mean, if a colleague presents a case and I say “Well, I think you are talking rubbish, for the following reasons…” – he has put up a medical diagnosis and I disagree – I am not necessarily defaming him, I am just disagreeing with what he is saying. Surely if you have evidence of what you say and it becomes established as truth, that can’t be libellous?

Dr May: No, that is as I understand it. If you can substantiate the facts – lawyers please tell me I am right – that is always a proper defence, a defence of justification. Of course, if the diagnosis was hysteria – I mean, it is very difficult to be sure whether a person is a hysteric or not – then they might want to argue the case quite vigorously. So there are some areas where it is best not to go in terms of writing statements. I have got one or two people who I think have been hysterics, but I don’t really say so, because I know at least one of them would sue me if I said it in public.

The President: And I think it is also fair to say those of us who have been involved in looking after doctors who get into trouble of one sort or another find the final outcome may well be vindication, but the ride to vindication is a pretty uncomfortable one and much stress and money is spent in achieving what in the end might be a good result. So, do you really want the pain?

Professor Treasure: I am a surgeon dealing with cancer. I loved your talk; it was very interesting, very measured and extremely sensitive and intelligent; and I also share your admiration for John Diamond’s analysis...

Dr May: Thank you.

Professor Treasure: …which is sceptical of medics but sceptical of the others as well. I am also very concerned about charlatans who use up dying patients’ time, funds and emotions with false hope.

Dr May: Yes.

Professor Treasure: Now there has appeared in London, it has come to my attention, a man who styles himself Professor, who has a gadget which he on his blurb says measures the hydroxyl ion and the hydrogen ion and, with the aid of this home doctor, will cure and find a resolution to all the usual list of things – depression and endocrine diseases, and so on, including cancer. Worse than that, the literature and the sort of messages sent out are “It is in your hands. If you refuse to go now, you will die, and you could have been saved.” I think that is criminal.

Dr May: Yes.

Professor Treasure: Now what is one’s responsibility? I mean, I am open to all sorts of possibilities, but what is one’s responsibility with regard to somebody who, in my view, is either knowingly or probably knowingly actually taking money and using people’s time with something which is so transparently bogus but dressed up scientifically? What should one do about it?

Dr May: I wish I had an easy answer to this. We had a similar case in Southampton where someone
was importing and promoting the Vega test, and this is a black box that shows changes in electrical current across the skin with a probe on the foot. Well, it is in my judgment sheer nonsense. I argued with the doctor concerned and he produced no evidence that it works. It has taken about 15 years before eventually he set up a proper trial, which was published in the BMJ. It showed the thing was useless.

**The President:** I think, too, that one forgets that there are one or two (and the lawyers here will know better than I) statutes on the book. I believe that the Cancer Act 1933 is still in force and has things to say about advertising cures for cancer. So that if you think the evidence is there, you could report someone who is purporting to advertise cures for cancer under the Cancer Act, and hopefully a prosecution might be brought, and I think something comparable applies for cures for venereal disease.

**Dr Josse:** But I think they are non-medical practitioners.

**The President:** Well, I forget the terms of the statute, but there is some statutory provision, but the lawyers will know better than I. Mrs Lynch.

**Mrs Lynch:** Selina Lynch, lawyer. I wonder whether in some situations the local CID might be persuaded to interview the person under an investigation for obtaining money by deception, or obtaining a pecuniary advantage by deception.

**Dr May:** Presumably, if there is no evidence either way as to whether this machine works and he is emphatic that it does, but there is no documentation, there is little that can be done. With the Vega test, now we have got a decent study done which shows it doesn't work, I would like to think that the ball game has moved on, but it is still widely in use.

**Professor Garrow:** John Garrow, doctor. Isn't the Trade Descriptions Act useful, because it is an offence, I think, to apply a false or misleading description to goods or services you are selling, and there are Trading Standards Officers, who vary in their enthusiasm, but some are very willing to bring cases, which should at least send a shot across the bows, even if it doesn't actually lead to a conviction.

**Dr May:** I tried the Advertising Standards with Morris Cerullo's advertisements, and it took a long time to get nowhere. I find as a GP there just aren't enough hours in the day. You get bored with it after a while. You think "Oh, another useless reply". But possibly the Trading Standards is a better way in. I probably went through the wrong door.

**Mr Greenby:** Basil Greenby, lawyer. I am interested in the question of people who claim to have stigmata, whether you have some sort of claim of a miracle. Has any investigation been done on these people?

**Dr May:** No very good investigation. There have been cases looked at and my understanding of it is that it is a condition called "dermatitis artefacta", which is induced by the person. It is jolly difficult to prove. You need to be a fly on the wall to see what they are doing when the door is closed. But I think that they are, by and large, superficial wounds, rather than any evidence of a nail through the hand, and they just keep the wound going, so it goes on and on and on...

**Professor Treasure:** Just on that topic, there is a very interesting history of the starving girls, girls who lived on nothing but the body of Christ, and so on, which was a manifestation of anorexia nervosa years ago...

It is a continuity of the illness over the generations, of anorexia nervosa, and now it fits into the fashion of being a trim model, and then it fitted into a fashion of being sustained by a divine cause. The psychopathology is probably the same, the rationalisation has moved on through various generations. I mean, it is a bit like stigmata; you know, it externalises and gives a religious interpretation to a problem.

**Dr May:** Thank you. I have a feeling there are several conditions like that which could be interestingly followed over 150 years and see the different names that they acquire...

**Professor Treasure:** The delusion is attributed to various things which are culturally acceptable nowadays.

**Dr May:** Okay, sure.

**Mr Barker:** John Barker, medical protection. (Laughter.)

**Dr May:** Very nice to have you with us.

**Mr Barker:** We have a slightly different approach to the assistance of members who have been libelled. Roy Palmer and I, who worked together for many years, will know that it is not the charlatans who are not medical practitioners who worry us most but the charlatans and evil people out there who are medical practitioners, and they are around in this world and almost every day we see examples of what they do,
for money and for no other reason. They don’t believe it, we don’t believe it, and I suppose in a way at least in the medical profession we have a remedy – we can get them struck off. But, at the end of the day, they could say “Well, we don’t mind being struck off. We can still sell our charlatanism by being lay healers”, because there ain’t no law against it, and if people (us) are gullible enough not to realise that we are being taken for a ride, then I suppose on our own heads be it.

Dr May: Thank you.

Mrs Brahams: I am going to come back to you a little on the libel issue. I am no expert on libel, but I have written for many years and I have steered a careful path, by and large, myself. There are various devices, of course, whereby you avoid libelling people, but you can get your message across very well by simply saying for example, “This seems a very surprising fact”, without calling someone directly a liar and a deceiver, and so forth, or “Notwithstanding…” such-and-such, and, and you have presented a case and it is going to be very, very difficult for them to challenge it. Maybe you need to look at your text again and think how you can present what you have to say more safely.

Dr May: I am a GP and I have got lots else to do so I haven’t been able to pick it up again, but it was just my rotten luck that the lawyer that they approached for his opinion on the book had previously represented a well-known healer, who is extremely litigious, so he knew the game well. I think it needed another publisher. Frankly, I think the book may have to be re-written.

Mr Faber: James Faber. I am not medical, legal, nor am I a vicar. (Laughter.) It did seem to me at the very beginning of your remarks you dismissed homeopathy with hardly a word. Is it generally accepted then by the medical profession that there is no medical basis to homeopathy?

Dr May: It is generally accepted by me. (Laughter.) I can quote you numerous studies, including recent ones, which have shown that and homeopaths would find it very difficult to produce any decent paper to support their case. The best case that homeopaths repeatedly quote is the work of David Riley from Glasgow, and they have run on the back of this for years, and his work was recently repeated in a trial done in Southampton, not least with my encouragement in the background. I said “Why don’t you try and repeat Riley’s work?”, and eventually they have done it, ten times the size of his trial and with much sharper end points, and they drew a complete blank on it. You know, it is a nonsense intellectually. As every whisky drinker knows, the more you dilute it, the weaker it gets – it is hardly going to make it any stronger, and if you haven’t got a theory that is cogent and you haven’t got a drop of evidence… Of course, they would say the weaker the evidence the more persuasive it is. (Laughter.)

The President: Which perhaps is a convenient point to draw the evening’s proceedings to a close. Dr May, you have fascinated us, entertained us, informed us and, I think, given us all plenty more pause for thought as a result of what you have told us tonight. Thank you so very much for your presentation. (Applause.) I hope this little book token will help to acquire something entertaining for you to read.

Dr May: Thank you very much indeed. (Applause.)

References
2. “Health and Healing”.
3. BBC TV, Heart of the Matter, first shown 16 August 1992.