

RANDOM HOUSE  BOOKS



Snake Oil And Other Preoccupations

John Diamond

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Table of Contents

- [About the Author](#)
- [Title Page](#)
- [Copyright Page](#)
- [INTRODUCTION: DOMINIC LAWSON](#)
- [FOREWORD: RICHARD DAWKINS](#)
- [SNAKE OIL](#)
 - [CHAPTER ONE](#)
 - [CHAPTER TWO](#)
 - [CHAPTER THREE](#)
 - [CHAPTER FOUR](#)
 - [CHAPTER FIVE](#)
 - [CHAPTER SIX](#)
- [OTHER PREOCCUPATIONS](#)
 - [15 MAY 1988 - THE BLAND LEADING THE BLIND](#)
 - [21 JANUARY 1989 - GENEVA – FROM ROLEX TO OMEGA](#)
 - [10 JUNE 1989 - WATER, WATER EVERY WAY](#)
 - [28 JULY 1990 - CUTTING A WOODEN DASH](#)
 - [1 DECEMBER 1990 - ABDICATION SPECIAL](#)
 - [22 DECEMBER 1990 - ANYONE CAN BE A WORDSMITH](#)
 - [MAY 1991 - HOW MEN SIZE UP THE OPPOSITION](#)
 - [6 FEBRUARY 1992 - THE FIRST DATE: MAKING IT WATERTIGHT](#)
 - [FEBRUARY 1992 - DOES MY BOTTOM LOOK TOO BIG?](#)
 - [26 APRIL 1992 - TRYING TIMES](#)
 - [8 OCTOBER 1992 - WHEN A FILM SCRIPT BECOMES REAL LIFE](#)
 - [12 MAY 1994 - CALL ME PICKY](#)
 - [18 JUNE 1994 - BABY BORE](#)
 - [24 SEPTEMBER 1994 - SOGGY BREAD EXISTS IN THREE DIMENSIONS](#)
 - [3 DECEMBER 1994 - ANIMISM](#)
 - [7 JANUARY 1995 - COLUMN GONE](#)
 - [18 MARCH 1995 - TWENTY WAYS TO TELL YOU'RE MIDDLE-AGED](#)
 - [15 APRIL 1995 - HE'S ME](#)
 - [19 AUGUST 1995 - THE UNIFIED THEORY OF HORTICULTURAL SCIENCE](#)
 - [25 NOVEMBER 1995 - THE ECONOMY](#)
 - [2 MARCH 1996 - ORDINARY PEOPLE](#)
 - [14 SEPTEMBER 1996 - I THOUGHT I HAD CANCER](#)
 - [25 JANUARY 1997 - MY HASSIDIC PROBLEM](#)
 - [1 FEBRUARY 1997 - THE SECRETS OF NOSTRADAMUS](#)
 - [8 MARCH 1997 - THINGS YOU DIDN'T KNOW ABOUT ARTHROPODS](#)
 - [5 APRIL 1997 - IT'S EVERYWHERE](#)
 - [12 APRIL 1997 - NOT THE REAL ME](#)
 - [19 APRIL 1997 - THINGS ARE SO-SO](#)
 - [14 JUNE 1997 - SELLING ROSES ON THE CROMWELL ROAD](#)
 - [12 JULY 1997 - NANNYDOM](#)
 - [30 AUGUST 1997 - IATROGENESIS](#)

- [13 SEPTEMBER 1997 - NOT MYSELF](#)
 - [20 SEPTEMBER 1997 - I AM NOT ME ANYMORE](#)
 - [18 OCTOBER 1997 - THE ODDEST THING](#)
 - [25 OCTOBER 1997 - I'LL START WITH THE PEAR](#)
 - [8 NOVEMBER 1997 - SORRY, MRS W](#)
 - [22 NOVEMBER 1997 - YHJTIOHJOITE](#)
 - [14 MARCH 1998 - THE LAST COCKNEY](#)
 - [18 APRIL 1998 - IN THE NAME OF SCIENCE](#)
 - [25 APRIL 1998 - THE HARD SELL](#)
 - [20 MARCH 1998 - WINDSOR? NAH, WINEBERG](#)
 - [29 MAY 1998 - OY, IS THIS LANGUAGE COURSE A PAIN!](#)
 - [5 SEPTEMBER 1998 - THE PROBLEM WITH CANCER](#)
 - [12 SEPTEMBER 1998 - FIFTY-KILO SACK OF FLOUR](#)
 - [3 OCTOBER 1998 - THROUGH THE MIRROR](#)
 - [17 OCTOBER 1998 - MY FIRST OFFICIAL SWALLOW](#)
 - [7 NOVEMBER 1998 - HOW TO SLEEP](#)
 - [11 DECEMBER 1998 - THE FUNNIEST THING SINCE STEVE COOGAN](#)
 - [19 JUNE 1999 - THE MEAL THING](#)
 - [31 JULY 1999 - THE MOST UNLIKELY OF EXPERIENCES](#)
 - [27 NOVEMBER 1999 - ON DEATH ROW](#)
 - [5 FEBRUARY 2000 - IT'S THE ONE ABOUT ...](#)
 - [6 AUGUST 2000 - WHAT IT'S LIKE TO BE YOUNG IN GLASGOW](#)
 - [26 AUGUST 2000 - DUMB SUICIDAL BASTARD](#)
 - [23 SEPTEMBER 2000 - THE LITTLE THINGS](#)
 - [21 OCTOBER 2000 - THE ALTO SAX](#)
 - [8 DECEMBER 2000 - TWAS THE WEEK BEFORE YOU KNOW WHEN](#)
 - [31 DECEMBER 2000 - REASONS TO BE CHEERFUL](#)
 - [13 JANUARY 2001 - ANGER](#)
 - [27 JANUARY 2001 - DONOR CARDS](#)
 - [28 JANUARY 2001 - DOCTORS ARE MUCH SAFER THAN THEY SEEM](#)
 - [10 FEBRUARY 2001 - FROM YOUR WAR CORRESPONDENT](#)
 - [24 FEBRUARY 2001 - THE FINAL INSULT](#)
- [Footnotes](#)

John Diamond died on March 1st 2001. He was one of Britain's most prolific journalists, columnists and broadcasters, having worked for most of the national papers and presented numerous radio and television series. He was married to Nigella Lawson, with whom he had two children.

Dominic Lawson is Editor of the *Sunday Telegraph*. Previously he was Editor of the *Spectator*. He introduced John Diamond as a columnist at both titles. He was also John Diamond's brother-in-law.

SNAKE OIL
And Other Preoccupations

INTRODUCTION BY
Dominic Lawson

FOREWORD BY
Richard Dawkins


V
V I N T A G E

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INTRODUCTION

DOMINIC LAWSON

When one thinks of the pain John Diamond must have felt at leaving the world when his two children were so young, it seems almost tasteless to suggest that his departure before completing 'an uncomplimentary view of complementary medicine' – as he dubbed his book – was also a tragedy. But the editor in me, as opposed to the brother-in-law, certainly does see it as that. John's study on the day after his death presented an almost unbearably poignant sight: his computer screen still switched on, and there, flickering, as if with an extinguished intelligence, the last completed words of his book before he was rushed to hospital: 'Let me explain.' For once, he never did.

In that study, too, could be found almost every word that John had ever written, torn out of the myriad newspapers and magazines to which he had contributed, before cyberspace developed an easy means of retrieval. Six months before he died John wrote that he had rejected requests to set up a website devoted to his articles because 'I've always believed that journalism is an ephemeral thing and that if I want to write anything for posterity's sake, I'll start another unfinishable book.' But the sight of that pile of accumulated cuttings in the study suggested to Nigella and me that perhaps John would actually have relished seeing the best of it between covers: smarter than a mere website, in any event.

We are both grateful to Zöe Wales and Sally Duncan for their help in collating all of John's journalism: he was the archetypal freelance, prepared to write about anything for anyone, so theirs was not an easy task. Actually, this was never mere hackery on his part. John had absorbed more information, both useful and useless, about a wider range of subjects, than any other journalist I came across. The Internet, fashion, cars, restaurants, television: on all these topics he at one time or another (and frequently simultaneously) had regular columns. John had an almost unerring sense of what the latest 'thing' would be in all these fields, and had a fierce desire to share his discoveries with as many people as possible. He was, for example, the first television critic to spot the peculiar talent of Sacha Baron-Cohen, languishing on the Paramount Comedy Channel, so that the readers of the *Sunday Telegraph* became the perhaps unlikely avant-garde fan club of the man who subsequently gained greater fame as Ali G.

I joined John Diamond's fan club in January 1989 when, showing a courage bordering on the reckless, he agreed to write a travel piece for the *Spectator* on Geneva, one of the most boring of the world's great cities. He turned this unfortunate fact into a piece of irresistible wit: 'Whole streets in the centre of town go bank, Rolex, bank, bank, Patek Philippe, bank, bank, Japanese electronics store bank, bank, bank, Longines, greengrocer, Omega, bank, bank, bank.'

I remember ringing Nigella up, knowing that she was then a colleague of John's at the *Sunday Times* to read out loud and share with her the only funny piece (so far as I know) ever to have been written about Geneva. I couldn't have been happier when, three months or so later, Nigella's office friendship with John turned into something much more precious.

John's gift of humour was certainly what I treasured most as one of his many editors – he was writing five columns a week at the time of his death. He was, as his obituarists wrote, an incredibly

witty man in private conversation (even when deprived of speech, and forced to scribble his repartee). But we all know writers who are outrageously witty in private, yet who struggle to realise that comic timing in their writing. Conversely, there are many very funny writers who in their real lives are models only of misanthropy. With John the wit was seamless, without force or contrivance. This remained true, right to the very end, even when he was in constant physical pain: you don't have to be Jewish, although, as they say, it helps, to be reduced to helpless laughter by his *Jewish Chronicle* swansong, a mock-Yiddisher version of 'Twas the week before Christmas'.

John's Jewishness was not just the wellspring of much of his sense of humour (if the Jews are a race then irony is definitely its common language); it was also the object of his wit. His column in *The Times* contained some wonderful examples, none better than his account (included here) of a profoundly embarrassing trip to a Hasidim-run computer repair shop.

John's column in *The Times* became, I suppose, his public memorial, with its frequently (and deliberately) poignant account of the havoc wrought by a smoking-induced tumour. It was the intensely personal tone of these columns which clearly captured the attention of so many readers. But their strength, it seems to me (and to many doctors as well, to judge from the letters sent in at the time of John's death), rests in large part with his absolute determination to understand the true nature of his disease, and to communicate that, rather than mere emotion, to his readers. John's family background – his father had been a bio-chemist – obviously helped, but this was also characteristic of him as a writer: unlike so many prolific and gifted columnists he never allowed himself to run on a tank full only of treasured prejudices. He certainly had those, too, but above all he was an empirical writer, obsessed, as all seekers of truth are, with facts, facts, facts. Readers rather enjoy that, by the way: on the whole, that's why people buy newspapers.

One of John's readers wrote to *The Times* in the week of his death, arguing that while his columns on his illness were being much praised, his gifts as a humorous writer were in danger of being forgotten. I think that was a shrewd judgement, and it explains why I have tried to make this selection on the basis of his humour rather than his tumour.

As for the latter (damn it to hell) it is important not to fall for the idea that John's 'Diary of Courage' – as it was sometimes headlined, much to his irritation – was a complete opening of his soul to his readers. His skill lay in convincing his readers that this was a true confessional across which they had stumbled: in fact, his public never knew just how black his moods could become, how great his physical pain, how deep his mental torment. The John Diamond in those columns was in part an idealised version of himself, designed to help him cope with his illness, but which also must have hugely lifted the spirits of readers who were in the grip of this foul disease, or who had relatives in that predicament.

This is not, by the way, a criticism of John, either as a columnist or as a person: writing is an art, more than a science, and to have been in reality as insouciant as the columnar Diamond was about his predicament – well, that would have been less than fully human. And as humans go, they don't come much fuller than John Diamond.

Dallington, April 2000

FOREWORD

RICHARD DAWKINS

John Diamond gave short shrift to those among his many admirers who praised his courage. But there are distinct kinds of courage, and we mustn't confuse them. There's physical fortitude in the face of truly outrageous fortune, the stoical courage to endure pain and indignity while wrestling heroically with a peculiarly nasty form of cancer. Diamond disclaimed this kind of courage for himself (I think too modestly, and in any case nobody could deny the equivalent in his wonderful wife). He even used the subtitle *Because Cowards Get Cancer Too* for his moving and I still think brave memoir of his own affliction.

But there's another kind of courage, and here John Diamond is unequivocally up there with the best of them. This is intellectual courage: the courage to stick by your intellectual principles, even when *in extremis* and sorely tempted by the easy solace that a betrayal might seem to offer. From Socrates through David Hume to today, those led by reason to eschew the security blanket of irrational superstition have always been challenged: 'It's fine for you to talk like that now. Just wait till you are on your deathbed. You'll soon change your tune.' The solace politely refused by Hume (as we know from Boswell's morbidly curious deathbed visit) was one appropriate to his time. In John Diamond's time, and ours, it is 'alternative' miracle cures, offered when orthodox medicine seems to be failing and may even have given up on us.

When the pathologist has read the runes; when the oracles of X-ray, CT scan and biopsy have spoken and hope is guttering low; when the surgeon enters the room accompanied by 'a tallish man . . . looking embarrassed . . . in hood and gown with a scythe over his shoulder', it is then that the 'alternative' or 'complementary' vultures start circling. This is their moment. This is where they come into their own, for there's money in hope: the more desperate the hope, the richer the pickings. And, to be fair, many pushers of dishonest remedies are motivated by an honest desire to help. Their persistent importunings of the gravely ill, their intrusively urgent offers of pills and potions, have a sincerity that rises above the financial greed of the quacks they promote.

Have you tried squid's cartilage? Establishment doctors scorn it, of course, but my aunt is still alive on squid's cartilage two years after her oncologist gave her only six months (well, yes, since you ask, she is having radiotherapy as *well*). Or there's this wonderful healer who practises the laying on of feet, with astonishing results. Apparently it's all a question of tuning your holistic (or is it holographic?) energies to the natural frequencies of organic (or is it orgonic?) cosmic vibrations. You've nothing to lose, you might as well try it. It's £500 for a course of treatment, which may sound a lot but what's money when your life is at stake?

As a public figure who wrote, movingly and personally, about the horrible progress of his cancer, John Diamond was more than usually exposed to such siren songs: actively inundated with well-intentioned advice and offers of miracles. He examined the claims, looked for evidence in their favour, found none, saw further that the false hopes they aroused could actually be damaging – and he retained this honesty and clarity of vision to the end. When my time comes, I do not expect to show a quarter of

John Diamond's physical fortitude, disavow it though he might. But I very much hope to use him as my model when it comes to intellectual courage.

The obvious and immediate counter charge is one of arrogance. Far from being rational, wasn't John Diamond's 'intellectual courage' really an unreasoning overconfidence in science, a blind and bigoted refusal to contemplate alternative views of the world, and of human health? No, no and no. The accusation would stick if he had bet on orthodox medicine simply because it is orthodox, and shunned alternative medicine simply because it is alternative. But of course he did no such thing. For his purposes (and mine), scientific medicine is *defined* as the set of practices which submit themselves to the ordeal of being *tested*. Alternative medicine is defined as that set of practices which cannot be tested, refuse to be tested, or consistently fail tests. If a healing technique is demonstrated to have curative properties in properly controlled double-blind trials, it ceases to be alternative. It simply, as Diamond explains, becomes medicine. Conversely, if a technique devised by the President of the Royal College of Physicians consistently fails in double-blind trials, it will cease to be a part of 'orthodox' medicine. Whether it will then become 'alternative' will depend upon whether it is adopted by a sufficiently ambitious quack (there are always sufficiently gullible patients).

But isn't it still an arrogance to demand that our method of testing should be the scientific method? By all means use scientific tests for scientific medicine, it may be said. But isn't it only fair that 'alternative' medicine should be tested by 'alternative' tests? No. There is no such thing as an alternative test. Here Diamond takes his stand, and he is right to do so. Either it is true that a medicine works or it isn't. It cannot be false in the ordinary sense but true in some 'alternative' sense. If a therapy or treatment is anything more than a placebo, properly conducted double-blind trials, statistically analysed, will eventually bring it through with flying colours. Many candidates for recognition as 'orthodox' medicines fail the test and are summarily dropped. The 'alternative' label should not (though, alas, it does) provide immunity from the same fate.

Prince Charles has recently called for ten million pounds of government money to be spent researching the claims of 'alternative' or 'complementary' medicine. An admirable suggestion, although it is not immediately clear why government, which has to juggle competing priorities, is the appropriate source of money, given that the leading 'alternative' techniques have already been tested and have failed – again and again and again. John Diamond tells us that the alternative medicine business in Britain has a turnover measured in billions of pounds. Perhaps some small fraction of the profits generated by these medicines could be diverted into testing whether they actually work. This, after all, is what 'orthodox' pharmaceutical companies are expected to do. Could it be that purveyors of alternative medicine know all too well what the upshot of properly conducted trials would be? If so their reluctance to fund their own nemesis is all too understandable. Nevertheless, I hope this research money will come from somewhere, perhaps from Prince Charles's own charitable resources, and I would be happy to serve on an advisory committee to disburse it, if invited to do so. Actually, I suspect that ten million pounds' worth of research is more than would be necessary to see off most of the more popular and lucrative 'alternative' practices.

How might the money be spent? Let's take homeopathy as an example, and let us suppose that we have a large enough fraction of the grant to plan the experiment on a moderately large scale. Having given their consent, 1,000 patients will be separated into 500 experimentals (who will receive the homeopathic dose) and 500 controls (who will not). Bending over backwards to respect the 'holistic'

principle that every individual must be treated as an individual, we shall not insist on giving all experimental subjects the same dose. ~~Nothing so crude.~~ Instead, every patient in the trial shall be examined by a certified homeopath, and an individually tailored therapy prescribed. The different patients need not even receive the same homeopathic substance.

But now comes the all-important double-blind randomisation. After every patient's prescription has been written, half of the patients, at random, will be designated controls. The controls will not in fact receive their prescribed dose. Instead, they will be given a dose which is identical in all respects to the prescribed dose but with one crucial difference. The supposed active ingredient is omitted from its preparation.

The randomising will be done by computer, in such a way that nobody will know which patients are experimentals and which controls. The patients themselves won't know; the therapists won't know; the pharmacists preparing the doses won't know, and the doctors judging the results won't know. The bottles of medicine will be identified only by impenetrable code numbers. This is vitally important because nobody denies the placebo effect: patients who think they are getting an effective cure feel better than patients who think the opposite.

Each patient will be examined by a team of doctors and homeopaths, both before and after the treatment. This team will write down their judgement for each patient: has this patient got better, stayed the same, or got worse? Only when these verdicts have all been written down and sealed will the randomising codes in the computer be broken. Only then will we know which patients had received the homeopathic dose and which the control placebo. The results will be analysed statistically to see whether the homeopathic doses had any effect, one way or the other. I know which result my shirt is on, but – this is the beauty of good science – I cannot bias the outcome. Nor can the homeopaths who are betting on the opposite. The double-blind experimental design disempowers all such biases. The experiment can be performed by advocates or sceptics, or both working together, and it won't change the result.

There are all sorts of details by which this experimental design could be made more sensitive. The patients could be sorted into 'matched pairs', matched for age, weight, sex, diagnosis, prognosis and preferred homeopathic prescription. The only consistent difference is that one member of each pair is randomly and secretly designated a control, and given a placebo. The statistics then specifically compare each experimental individual with his matched control.

The ultimate matched-pairs design is to use each patient as his own control, receiving the experimental and the control dose successively, and never knowing when the change occurs. The order of administering the two treatments to a given patient would be determined at random, a different random schedule for different patients.

'Matched pairs' and 'own control' experimental designs have the advantage of increasing the sensitivity of the test. Increasing, in other words, the chance of yielding a statistically significant success for homeopathy. Notice that a statistically significant success is not a very demanding criterion. It is not necessary that every patient should feel better on the homeopathic dose than on the control. All we are looking for is a slight advantage to homeopathy over the blind control, an advantage which, however slight, is too great to be attributable to luck, according to the standard methods of statistics. This is what is routinely demanded of orthodox medicines before they are

allowed to be advertised and sold as curative. It is rather less than is demanded by a prudent pharmaceutical company before it will invest a lot of money in mass production.

Now we come to an awkward fact about homeopathy in particular, dealt with in the book itself, but worth stressing here. It is a fundamental tenet of homeopathic theory that the active ingredient – arnica, bee venom, or whatever it is – must be successively diluted some large number of times, until – all calculations agree – there is not a single molecule of that ingredient remaining. Indeed, homeopaths make the daringly paradoxical claim that the *more* dilute the solution the *more* potent its action. The investigative conjuror James Randi has calculated that, after a typical sequence of homeopathic 'suc-cussive' dilutions, there would be one molecule of active ingredient in a vat the size of the solar system! (Actually, in practice, there will be more stray molecules than the desired homeopathic dose knocking around even in water of the highest attainable purity.)

Now, think what this does. The whole rationale of the experiment is to compare experimental doses (which include the active ingredient) with control doses (which include all the same ingredients except the active one). The two doses must look the same, taste the same, feel the same in the mouth. The only respect in which they differ must be the presence or absence of the putatively curative ingredient. But in the case of homeopathic medicine, the dilution is such that there is no difference between the experimental dose and the control! Both contain the same number of molecules of the active ingredient – zero, or whatever is the minimum attainable in practice. This seems to suggest that a double-blind trial of homeopathy cannot, in principle, succeed. You could even say that a successful result would be diagnostic of a failure to dilute sufficiently!

There is a conceivable loophole, much slithered through by homeopaths ever since this embarrassing difficulty was brought to their attention. The mode of action of their remedies, they say, is not chemical but physical. They agree that not a single molecule of the active ingredient remains in the bottle that you buy, but this only matters if you insist on thinking chemically. They believe that, by some physical mechanism unknown to physicists, a kind of 'trace' or 'memory' of the active molecule is imprinted on the water molecules used to dilute them. It is the physically imprinted template on the water that cures the patient, not the chemical nature of the original ingredient.

This is a respectable scientific hypothesis in the sense that it is testable. Easy to test, indeed, and although I wouldn't bother to test it myself, this is only because I think our finite supply of time and money would be better spent testing something more plausible. But any homeopath who really believes his theory should be beavering away from dawn to dusk. After all, if the double-blind trials of patient treatments came out reliably and repeatably positive, he would win a Nobel Prize not only in Medicine but in Physics as well. He would have discovered a brand-new principle of physics, perhaps a new fundamental force in the universe. With such a prospect in view, homeopaths must surely be falling over each other in their eagerness to be first into the lab, racing like alternative Watsons and Cricks to claim this glittering scientific crown. Er, actually no they aren't. Can it be that they don't really believe their theory after all?

At this point we scrape the barrel of excuses. 'Some things are true on a human level, but they don't lend themselves to scientific testing. The sceptical atmosphere of the science lab is not conducive to the sensitive forces involved.' Such excuses are commonly trotted out by practitioners of alternative therapies, including those that don't have homeopathy's peculiar difficulties of principle but which nevertheless consistently fail to pass double-blind tests in practice. John Diamond is a pungently witty

writer, and one of the funniest passages of this book is his description of an experimental test of 'kinesiology' by Ray Hyman, my colleague on CSICOP (the Committee for the Scientific Investigation of Claims of the Paranormal).

As it happens, I have personal experience of kinesiology. It was used by the one quack practitioner I have – to my shame – consulted. I had ricked my neck. A therapist specialising in manipulation had been strongly recommended. Manipulation can undoubtedly be very effective, and this woman was available at the weekend, when I didn't like to trouble my normal doctor. Pain and an open mind drove me to give her a try. Before she began the manipulation itself, her diagnostic technique was kinesiology. I had to lie down and stretch out my arm, and she pushed against it, testing my strength. The key to the diagnosis was the effect of vitamin C on my arm-wrestling performance. But I wasn't asked to imbibe the vitamin. Instead (I am not exaggerating, this is the literal truth), a sealed bottle containing vitamin C was placed on my chest. This appeared to cause an immediate and dramatic increase in the strength of my arm, pushing against hers. When I expressed my natural scepticism, she said happily, 'Yes, C is a *marvellous* vitamin, isn't it!' Human politeness stopped me walking out there and then, and I even (to avoid hassle) ended up paying her lousy fee.

What was needed (I doubt if that woman would even have understood the point) was a series of double blind trials, in which neither she nor I was allowed to know whether the bottle contained the alleged active ingredient or something else. This was what Professor Hyman, in John Diamond's hilarious description of a similar case, undertook. I won't spoil the story by repeating it here, but let me just call attention to the ludicrous response of the kinesiologist when, as one would expect, his method ignominiously flunked the double blind test (page 68).

A large part of the history of science, especially medical science, has been a progressive weaning away from the superficial seductiveness of individual stories which seem – but only seem – to show a pattern. The human mind is a wanton storyteller and, even more, a profligate seeker after pattern. We see faces in clouds and tortillas, fortunes in tea leaves and planetary movements. It is quite difficult to prove a real pattern, as distinct from a superficial illusion. The human mind has to learn to mistrust its native tendency to run away with itself and see pattern where there is only randomness. That is what statistics are for, and that is why no drug or therapeutic technique should be adopted until it has been proved by a statistically analysed experiment, in which the fallible pattern-seeking proclivities of the human mind have been systematically taken out of the picture. Personal stories are never good evidence for any general trend.

In spite of this, doctors have been heard to begin a judgement with something like, 'The trials all say otherwise, but in *my* clinical experience . . .' This might constitute better grounds for changing your doctor than a suave malpractice! That, at least, would seem to follow from all that I have been saying. But it is an exaggeration. Certainly, before a medicine is certified for wide use, it must be properly tested and given the imprimatur of statistical significance. But a mature doctor's clinical experience is at least an excellent guide to which hypotheses might be worth going to the trouble and expense of testing. And there's more that can be said. Rightly or wrongly (often rightly) we actually do take the personal judgement of a respected human individual seriously. This is obviously so with aesthetic judgements, which is why a famous critic can make or break a play on Broadway or Shaftesbury Avenue. Whether we like it or not, people are swayed by anecdote, by the particular, by the personal.

And this, almost paradoxically, helps to make John Diamond such a powerful advocate. He is a ma

whom we like and admire for his personal story, and whose opinions we want to read because he expresses them so well. ~~People who might not listen to a set of nameless statistics, intoned by a faceless scientist or doctor,~~ will listen to John Diamond, not just because he writes engagingly, but because he was dying while he wrote and he knew it: dying in spite of the best efforts of the very medical practices he was defending against opponents whose only weapon is anecdote. But there is really no paradox. He may gain our ear because of his singular qualities and his human story. But what we hear when we listen to him is not anecdotal. It stands up to rigorous examination. It would be sensible and compelling in its own right even if its author had not previously earned our admiration and our affection.

John Diamond was never going to go gentle into that good night. When he did go it was with guns blazing, for the splendidly polemical chapters now before you occupied him right up to the end, working against . . . not so much the clock as time's winged chariot itself. He does not rage against the dying of the light, nor against his wicked cancer, nor against cruel fate. What would be the point, for what would they care? His targets are capable of wincing when hit. They are targets that deserve to be hit hard, targets whose neutralisation would leave the world a better place: cynical charlatans (or honestly foolish dreamers) who prey on gullible unfortunates. And the best part is that although this gallant man is dead, his guns are not silenced. He left a strong emplacement. This posthumous book launches his broadside, and it is about to be published. Open fire, and don't stop.

Oxford, April 2000

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