

Wheat and chaff in alternative medicine

SM—Kahn (March 15, p 812)¹ regards the fact that I wrote the foreword for a book on the scientific basis of homeopathy to be evidence of bias. If the director of research of the largest public-sector hospital in Europe devoted to any other specialty wrote the foreword to a book on research in that specialty, would he construe it as a bias? I think not. Kahn goes on to make an unreferenced attack on a clinical trial in which I was principal investigator² and characterises homeopathy as quackery and himself as a fearless crusader against it.

The evidence does not support Kahn. Two overviews, including one by an expert group supported by the European Commission, found that the clinical evidence is positive. The expert group identified 184 clinical trials of homeopathy, and concluded that the results of its meta-analysis were unlikely to be due to publication bias.^{3,4} Meanwhile, the public is voting with its feet: sales of homeopathic medicine are growing at 15% every year in the UK and even more rapidly in the USA.⁵ If Kahn expects to be taken seriously as a commentator in this area of rapidly growing scientific and public interest, he will need to show more respect for science and less for conspiracy theories.

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- 1 Kahn MF. Wheat and chaff in alternative medicine. *Lancet* 1997; **349**: 812.
- 2 Fisher P, Greenwood A, Huskisson EC, Turner P, Belon P. Effect of homeopathic treatment on fibrositis (primary fibromyalgia). *BMJ* 1989; **299**: 355-56.
- 3 Kleijnen J, Knipschild P, ter Riet G. Clinical trials of homeopathy. *BMJ* 1991; **303**: 310-23.
- 4 Boissel JP, Ernst E, Fisher P, Fulgraff G, Garattini S, de Lange de Kleck E. Overview of data from homeopathic medicine trials: report on the efficacy of homeopathic interventions over no treatment of placebo. In: Report of Homeopathic Medicine Research Group. Brussels: European Commission, 1996.
- 5 Fasili A. Complementary medicine, volume 1. London: Financial Times Pharmaceuticals and Healthcare Publishing, 1995.

STR—On reading Kahn's¹ review of my book *Homeopathy, a frontier in medical science*, I was surprised both by the title, *Wheat and chaff in alternative medicine* (where the reviewed book would be the chaff), and by the general tone of the criticism. Kahn complains of "a bias of the authors" and accuses me of belonging to a "semi-official group" of people who "support the validity of homeopathic concepts . . . under the combined pressure of manufacturers

and alternative-medicine apologists". I am described as one of the "obvious advocates of homeopathy" and my theories are dismissed as "mixed up with philosophical considerations not quite different from what Hahnemann wrote 200 years ago".

These assertions are untrue. I am a research scientist with a background in haematology and cell biology. My coauthor is a medical doctor, whose specialty is clinical biology and who is an expert on homeopathic drugs. Our book is explicitly a first and tentative synthesis of knowledge originating from apparently different and opposing fields. The only "philosophical" section of the book refers to the widely accepted theories of Thomas Kuhn and Karl Popper, and the old vitalism of Hahnemann is explained in scientific terms.

Kahn is wrong to assume that researchers working in this field are supporters of homeopathy and sponsored by drug companies. We, and many other scientists, do not support homeopathy, but investigate it, and this makes a great difference. Of course we need financial support for our research and have to work with manufacturers, but this pressure is no different from that exerted by any drug manufacturer over medical scientists working in other, more conventional, specialties.

Kahn says we do not reference "all" refutations. Our book is not intended as a complete reference, nor is it a meta-analysis of clinical trials. On the contrary, the book contains a detailed (even if not complete) account of research conducted in this field to date. Our book does, in fact, contain a list of 500 bibliographical citations and we explain in much detail that the research is still provisional and preliminary: "To be able to draw firm conclusions as to the efficacy of a specific treatment in a specific disease, the main clinical trials published to date would need to be repeated by independent groups" (p 55).

Finally, Kahn's declaration that he is a "dedicated opponent of quackery in all its forms" shows the "author bias" in the review of our book. Your readers could easily be misled into believing that my book belongs to quackery, but since I am a dedicated opponent of prejudice and censorship in science, I would recommend the book as a stimulus for one's critical judgment.

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- 1 Kahn MF. Wheat and chaff in alternative medicine. *Lancet* 1997; **349**: 812.

Elderly pilots

SAT—A person who applies for an aeronautical pilot's licence, or its renewal, must undergo a medical examination by a physician to assess his or her physical and mental aptitude. In France, the medical-aptitude norms are defined by the decree of Oct 2, 1992, which was an amendment to the decree of Dec 2, 1988.¹ But these norms will soon be replaced by stricter European norms:² the Joint Aviation Requirements and Flight Crew Licensing, developed by the Joint Aviation Authorities. In view of these changes, the aptitude of pilots older than 65 years should be reassessed.

In the Nord region of France, 19 voluntary non-professional pilots (aged 66-75 years) gave their consent to undergo a medical examination in accordance with the present decree. The examination was systematically completed by a paraclinical examination that will be made compulsory from July 1, 1998, if the European standardisation projects are adopted. These examinations are: an electrocardiogram, an audiogram, and basic haematological tests. Such rigorous examination ensures that many previously undetected offences to the legislation are brought to the fore.

Of the 19 French pilots, only one met the criteria for physical and mental aptitude. Among the other 18 pilots, some showed one or more grounds for total or temporary inaptitude. Three pilots were declared totally inapt because of ophthalmological (one case), cardiovascular (one case), and cardiological and neurological (one case) problems. 15 pilots proved temporarily inapt—ie, inapt until the problem was stabilised by surgical or medical treatment and their aptitude was confirmed by the specialist. The 15 patients had cardiovascular, digestive, endocrinological, ophthalmological, otorhinolaryngological, or genitourinary disorders.^{3,4}

These findings underline the importance of a thorough medical examination of pilots by authorised doctors.⁵ If the European standardisation revisions of the statutory decree on the physical and mental aptitude of non-professional technical pilots are adopted and implemented, the safety of pilots who wish to continue flying over the age of 65 and their passengers will be improved. At present, we can only advise especial vigilance during the medical examination of pilots aged over 65.

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