

# Weberwoman's Wrevenge

Volume 6, Number 2 (Whole number 35)

June 1989



## Weberwoman's Wrevenge 35

(Volume 6, Number 2)

June 1989

ISSN 0728-3792

© 1989 Jean Weber

All rights revert to contributors upon publication.

Publication dates are irregular, probably 2 or 3 this year.

Editing, occasional proofreading, design, layout, printing and much of the writing by

Jean Weber,

P O Box 244

Potts Point, NSW 2011

Australia

phone (02) 357 3871

or (047) 51 2258

(overseas prefix: 61)

Produced with the assistance of *Arts & Letters* (a graphic design package), *Microsoft Word 4*, *dBXL* (database, for the labels), *Xerox Ventura Publisher*, an *IBM-AT* clone computer, a *DI-3000 hand scanner*, a *Gestetner LS800 laser printer*, and somebody's photocopier.

Help with hand collation, stapling, folding and mailing, in addition to suggestions and general kibbitzing, by *Eric Lindsay*.

This fanzine is available for contributions, letters of comment, artwork, interesting clippings, uncanceled postage stamps, arranged trades, editorial whim, or A\$2 or equivalent per issue (air mail extra).

I prefer some sort of personal response.

## The Rubbish Bin

Why this issue is early... I'm starting a 6-to-12 month full time technical writing contract on 5 June, and suspect I may be rather busy for fanac for awhile. Even worse, I'll probably have to give up custody of the laser printer, since I'll no longer be working for the people who loaned it to me. I'll have to work out a way for Eric to print files for me, and this will cause delays.

The job is with IBM Australia, and it's located in their new building in a Sydney suburb that's not convenient to reach by car or train from either Eric's house or my flat, so... I'll be moving soon, as soon as I find a suitable place. Eric will stay at the flat, and we'll meet as usual at his place on the weekends, but life will acquire that little extra level of confusion. If I thought it was a problem finding stuff (it's always at the other house!), I should go mad when there are two other houses!

Keep tuned for further developments. Mail should go to the PO Box as listed.

## Contents

Minneapolis: warm welcomes & cold feet .....	3
D.C. area: how things change, or don't .....	6
Cancer, Virgo and the scales of justice, by Lyn McConchie .....	9
Some feedback from the medical community, letters from Julia Bateman & Craig Hilton.....	14
Letter from Jessica Amanda Salmonson .....	15
Books, commentary by Carole Nomarhas.....	16

## Art Credits

Alexis Gilliland, 7

(4030 - 8th Street South, Arlington VA 22204, USA)

Craig Hilton, 13, 14, 15

(28 Success Crescent, Manning WA 6152, Australia)

Peggy Ranson, cover, 3, 4,,5,6,8

(1420 Valmont, New Orleans LA 70115, USA)

Lyn McConchie's address (COA) is: Te Karaka, R.D.  
Ormondville (near Dannevirke), New Zealand

# Minneapolis: warm welcomes & cold feet

The time-and-temperature sign read 13°. That's not so cold, I thought. Belatedly my brain remembered that Americans still use Fahrenheit; it was -10 C.

That was in mid-afternoon, 8 December 1988. About 6 pm, a couple hours after dark, the temperature was 1°F (-17 C). That's cold! I didn't look at the sign when we returned at midnight - I didn't want to know.

Minneapolis was the only really cold place I visited on this trip, with daytime highs well below freezing. Fortunately I'd brought my remaining few ski-weather clothes; unfortunately, they weren't enough. So I didn't go outside much, except in someone's car, despite some clear, sunny days - but then, I hadn't planned to.

Seattle almost conspired to prevent me from leaving on schedule, becoming heavily overcast and threatening dire weather, but it didn't delay me. The traffic nearly did us in, though. Janice Murray drove me to the airport, and we got caught in a major slowdown on the freeway. Fortunately we'd left lots of extra time (I'm paranoid about these things, even if Janice isn't), so we still had time to spare.

I'd forgotten about the little subway train one takes to the 'satellite' terminals in Seattle, so enjoyed riding that again. Fascinating the different solutions large airports have found to the problem of where to park so many planes.



After a pleasant smoke-free flight, I was met in Minneapolis by Joyce Scrivner. I was glad to see Joyce again, and catch up on her life. Joyce is one of these busy people who never seems to get around to writing letters or publishing a zine, but who is helpful to visitors, interesting to talk with, and attends cons. If I lived in North America, I probably wouldn't get nearly as out of touch with her (and other people with similar habits) as I do.

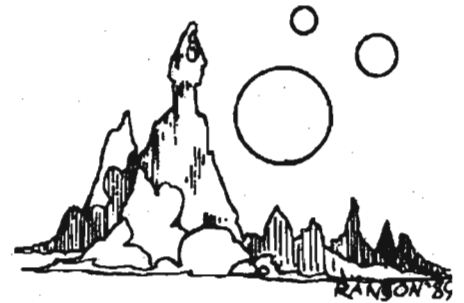
Visiting Joyce reminds me of the arguments I occasionally have with people I know who are insulted, or even offended, by the fact that other people don't answer their letters. I reckon that lots of people - including people who are professional writers and therefore demonstrably literate - just don't get around to answering

---

**If you get upset with people who don't answer your letters, it's your problem, not theirs.**

their mail. There's no reason to take it personally, and no reason to write the 'offending' person off one's list - unless it's awfully important to you to have your letters answered. In which case it's your problem, not the non-correspondent's problem.

Joyce's condo is one-third of a huge old house; the building's been thoroughly renovated (I think she said it had been badly damaged by fire before the renovation and sale as condos). I met the person who rents the top floor of her place: Nate Buckley, a fan and guitar teacher. We chatted for a couple of minutes, then left him to work on whatever apa contribution he was typing. I didn't see much of him, at least partly because he seemed to keep hours rather out of phase with mine.



I also met Joyce's cat, a neurotic, declawed black creature that hid under furniture (where it was hard to see, especially at night) and leapt out at you, hissing like a punctured tire. I never made even tentative friends with this cat, who refused to have anything to do with me. Its least charming feature was to sneak into my bedroom and hide under my bed, then attack me in the dark. I suppose as a watchcat for a partially deaf person like Joyce, it's good. It slept on her bed, and hissed at me when I went in to wake her in the morning.

One of my chores while in Mpls was to sort through several large boxes of computing and electronics magazines that Joyce had saved for Eric, then package them for mailing to him. This kept me occupied for several hours while Joyce was at work.

## Shopping time

I ventured out into a sunny but cold day to walk to a nearby Sears store to do some shopping. It was really a pleasant winter's day, much like many days during much of my childhood and young adulthood, spent in places like Maryland, Japan, Germany and Kansas. I didn't think it was so bad then, but after 14 years in Australia I'm a bit out of practice. (Despite my frequent smart-ass remarks to Australians, to the effect that as long as the daytime highs get above freezing, it isn't really winter.)

My shopping spree at Sears ran into a snag when it came time to pay. I have an American check account, but it's on a bank in Virginia, and the Sears store would only take local checks. I also have several international credit cards, but the Sears store will only take Sears credit cards (or something called Discovery). I finally remembered that I had some travellers checks, and even had them with me (instead of tucked away in my suitcase back at Joyce's). Would Sears take travellers checks? Yes! (After a close scrutiny to convince themselves that they were actually in American dollars, not some foreign currency.)

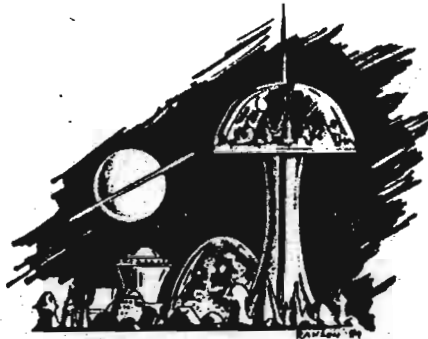
By this time, several levels of store management had been called into the act. Everyone was very courteous and helpful, and clearly wanted to help me find some way to spend money in their store. My passport (my only identification) delighted them, and we chatted for awhile about Australia, and what I was doing in Mpls, and stuff like that. Eventually I spent about \$200 and staggered back to Joyce's burdened with packages.

Having survived that outing, I didn't make it back out to the legendary Uncle Hugo's bookshop, which was a few blocks past Sears. I've been to Uncle Hugo's before, and knew that I'd need half a day, a large box, and my luggage wheels, to get my purchases home.

---

### **I am much impressed with a store that encourages the customers to play with the merchandise.**

Friday evening Joyce took me night-sightseeing around downtown Mpls, which was lit up with Christmas decorations. She wanted to check out a shopping centre in a new building. There I got my first introduction to *The Sharper Image* stores, and played with lots of nifty gadgets. I kept muttering how much Eric would like this



place, and was much impressed with a store that not only lets its customers play with the merchandise, but positively encourages it.

Another shop I loved had rocks and crystals, some 'raw', some carved into beautifully simple and elegant shapes. Their sizes ranged from tiny to large (a cubic foot or more), with prices similar. I was rapt. Good thing for my budget that I am sensible about saying 'but I have no place to put it' and thus resisting buying anything.

We ate dinner in the same building at a tex-mex restaurant called *Tejas*, then had a bit of fun finding how to get back into the parking garage in another building, where we'd left the car. The building had closed. Eventually we found the exit, asked the person collecting parking fees, and learned that we had to go to the main door and buzz for the security guard to let us in. All this, of course, meant rather more wandering around in the \*brisk\* night air than either of us had planned.

Saturday we mailed all my (and Eric's) parcels, visited computer stores, and test-drove a hand scanner which I later bought (and used to scan some of the illos in this issue of *Wrevenge*). We also visited Greg Ketter's bookshop, and I got a chance to meet Greg. He was one of the DUFF candidates at the time, but I'd never heard of him before. He seemed quite pleasant.

### **Parties**

In the evening we spent a few hours at a Minn-Stf meeting/party where I had the opportunity to chat with several people on my mailing list, in-

cluding a few I'd met before. Names elude me. Eventually we moved on to the next party, at Greg Ketter's new abode. This was a larger space (the upper level of a large house) and less crowded. Downstairs another party was in full swing. The contrast in music and volume was striking; our group clearly put more emphasis on conversation than theirs did.

I didn't know many people there, and was starting to run out of energy, so mostly listened to people chat. There wasn't nearly as much computer talk as in Seattle, which meant I didn't find it as easy to babble on. I do recall slouching on a couch or beanbag, with a couple other people, and enjoying some conversation very much, but I can't at all recall what we were talking about. Australia, maybe.

---

### **The high point of the party was finding Peter Toluzzi there.**

The high point of this party was when I wandered out towards the kitchen to get something to drink and found myself staring into the familiar face of Peter Toluzzi! Several people in Seattle had mentioned that Peter 'was moving' to Mpls, but until then I didn't know that in fact he'd been there for over two months. I shrieked, we hugged, and then caught up on two years' worth of each other's lives while he gave me a back massage. Peter was looking conspicuously happier and healthier (lost some weight and toned up the rest) than the last couple times I'd seen him, so clearly he's creating a more congenial reality for himself these days.

### **Testing software**

Sunday we slept late. In the afternoon local fan Geri Sullivan drove me to her place of work, where I got a chance to test-drive the graphics package *Arts & Letters*, which I later bought and have been using on this zine and others. My great thanks to Geri. It's

very difficult for me to decide what software to buy if I haven't tried it out and am convinced it can do what I want, and I can use it without great difficulty. Some of the big-package dealers provide 'demo' packages now, for a relatively small fee, that allow you to test drive the program but not save files, so one isn't always forced to steal a 'test and evaluation' copy, or rely on visiting friends.

Geri impressed me as a person who is not only friendly, helpful, and competent at desktop publishing, but is wise enough to shut up and leave me to my testing until/unless I asked questions. Some people babble incessantly and drive me nuts. Geri said later that she was fascinated at how quickly I picked up the rudiments of the program. She'd done the same, but wondered whether it was really that easy to use, or if it was just her. I don't know that a sample of two proves anything, especially since both of us had had quite a bit of experience with similar programs.

---

### **Terry Garey and Denny Lien encourage visiting Australians to stay with them – they have plenty of room.**

#### **More visiting**

Still high from that encounter, I stopped at Terry Garey's and Denny Lien's new house. I'd met Denny on several occasions, but have only corresponded with Terry. She was a delight, and a lot taller than I'd realised. Since Denny is also tall, they make an impressive couple. Their house was impressive too. It's three stories, plus basement. Before they bought it, the house had been divided into two apartments, so there was a kitchen and bath upstairs as well as downstairs. Many rooms, some clearly afterthoughts on the original building. Lots of space for workrooms, bookrooms, a wine cellar, etc. Terry and

Denny urged me to remind visiting Australians that they have plenty of space for people to stay when visiting Mpls, and encourage you to do so. (No smoking in the house, of course.)

Terry then drove me back to Joyce's, where a group of women were gathering (at my request). Linda Lounsbury, Jeanne Mealy, Mog Decarnin, and someone whose name I failed to write down joined Joyce, Terry and I for a potluck late-afternoon tea and chat. Linda informed me that this was a meeting of the 'Ladies Sewing Circle and Terrorist Society'. When I looked impressed, she mentioned that it wasn't an original idea, in fact people sold buttons at cons with that slogan on them. I liked it anyway, especially since Linda had, in fact, brought her sewing – a set of costumes for a doll for one of her young female relatives. The costumes depicted women she considered suitable as role

models – Marie Curie, for example.

I'd met Linda and Jeanne before (Linda had stayed with me in Canberra on her DUFF trip), but Mog was new. We'd been in an apa together for years, and I'd been wanting to meet her for most of that time. She was also a delight, and I wish we'd had a few days to talk.

Monday was leave-taking day. Terry drove me to the airport early, as snow had begun, and the wind was blowing it around. We stopped on the way to buy the hand scanner. Terry wisely didn't wait to see my plane off, considering the weather. The plane's departure was delayed a bit ('we're just waiting for the de-icing truck to get to us and do our wings, folks, please be patient'. You betcha! Take all afternoon to de-ice those wings, if you want, I'm thinking – just get us off safely), but otherwise there were no problems. On to Washington, D.C.





## D.C. area: how things change, or don't

I lived in various Maryland suburbs near College Park (once the only campus of the University of Maryland, other than the overseas ones) for about 8 years, from 1961 to 1970, with a break in the middle for a year in Europe. I went to the University, got my first few jobs, got laid for the first time, drank alcohol for the first time, got married (and later, separated), and performed numerous other rites of passage within a few kilometers of College Park. So it always fascinates me to go back and see what (or who) had changed, and what (or who) hasn't changed a bit.

One obvious change was simply an increase in the number of buildings, but many of the ones I remember didn't look all that much older than I remember them. One day I took a walk through the U.Md. campus and discovered that my old dormitory was being gutted. Should have been done over 30 years ago, I thought; it was rundown and outdated when I lived there! Later I wondered whether it was being renovated as a modern dorm, or would be transformed into offices or classrooms.

But I get ahead of my story. Arriving safely at D.C.'s National Airport, I was met by **Dick Roepke** and **Chris Callahan**, the fans who originally got me into fandom by the simple expedient of coming to Aussiecon and encouraging me to meet them there (I had moved to Australia several years earlier). I'd first met Dick in Germany in 1960, so he qualifies as one of my longest-lasting friends; there are only two people I still keep in touch with whom I've known longer – other than my relatives, of course.

Dick's a home brewer, so he plied me with some of the results. I'm not much of a beer fan, but most of Dick's brews don't taste like 'beer'. This is a compliment, under the circumstances, and I did like several of them.

With great delight, Chris and Dick took me to their local 'Australian' restaurant, Kangaroo Katie's. I distinguished myself when we arrived by replying most enthusiastically 'NON!' to the waitress' question 'Smoking or non-smoking'. She laughed and said, 'Do I detect a bit of body language there?'

I quite enjoyed the restaurant, and the food was good, but I wasn't quite sure what was supposed to be so 'Australian' about the menu. It appeared to be mostly Cajun to me. (They did have garlic prawns and a few things like that, as well as a decent selection of Australian beer and wine.) The decor reminded me of a Queensland resort, and there was an amusing collection of kangaroo statues in a glass case in the entryway.



The next day the snow started. The wet, sticky kind that drifts slowly down and soon buries everything. Dick & Chris went to work, and I wandered across the highway to the shopping mall and determined that none of the movies at the half dozen or so cinemas there interested me. Alexis Gilliland phoned up but due to changes in my previously announced plans, we were unable to organise a get-together; I said I'd do so when I returned in January.

**Elaine Normandy** and her husband **Jack Heneghan** visited in the evening. I know Elaine from an apa, and both of them know Dick and Chris well. The four of them were conducting a champagne-tasting, I think to decide what to buy for the local fan group's New Year's party, or some similar excuse. They were quite entertaining, and talked a lot. I could hardly get a word in edgewise. Fortunately I was just as happy to listen, though it would have been nice to chat privately with Elaine a bit more. (These conversations either happen or they don't; if I try to force them, it rarely works.)

On Wednesday **Kat Yount** collected me from the house and drove me into D.C. somewhere to meet her sister **Rena** for lunch. Rena couldn't spare too many hours from her job, so my time with her was very limited – just enough to whet my appetite for more. I teased Kat a bit about her reality, which definitely didn't include a parking space near the bank branch where she rushed in to get some money. We were gone from the (illegally parked) car only a few minutes, but it collected a parking ticket. This followed her getting a speeding ticket on her way to pick me up. She seemed cheerful enough about the whole episode, but I kept thinking I should have taken a taxi – it would have been cheaper!

We ate at a vegetarian restaurant called the 'Food for Thought'. It looked just like the student hangouts where anti-Vietnam War marches were planned, and heavily socialist topics debated, and in fact (if I understood the story correctly) was around in those days and hasn't been changed much since. I liked it. The waiter didn't seem too fazed by the detailed questioning Kat and I indulged in concerning the ingredients of the various dishes, to avoid our respective food allergies. The resulting food was delicious, and the company even better.

I'd corresponded a bit with Kat regarding her interest in crystals for healing (one of those fringe-alternative medicine topics that I don't believe the explanations for, but do believe the effects I've personally experienced). When we returned to Dick and Chris' house, Kat showed me her collection of crystals and other stones. I was fascinated by several pieces of a green-and-blood-red stone (called bloodstone), and couldn't keep my hands off them, so Kat gave me one. We talked about a lot of personal stuff.

About this time an old friend, Linda, came to pick me up for the evening. My friendship with Linda goes back almost as far as that with Dick, and I've seen Linda go through some amazing changes in her life. She is 'exhibit A' on what a learn-to-love-yourself-and-take-responsibility-for-your-life course can do to transform a 'victim' into a winner. In her case, it was an EST course. Linda and I had met in chemistry lab at U.Md., shared an apartment one summer, and kept in touch after we'd each got married. Then when we left our respective husbands in 1969, we and her two pre-school children moved into a two-bedroom apartment together for awhile. I moved to California the next year, but visited whenever I was in the area. She's now married for the third time.

Husband David Benkin met us at their house (a lovely place) and we all went to a Japanese restaurant for dinner. He's a bit of a tease, so we had an amusing conversation. He's a judge, and Linda's a psychologist (public school counselling and general private practice). She was looking very happy, healthy and many years younger than her body age.

The next day I got a lift into D.C. with Chris and Dick, and had the chance to inspect the renovations to Union Station, the old central railway station in D.C. It had been fairly derelict 20 years ago, but is now being transformed into the usual collection of expensive shops. The passenger

railway, Amtrak, still operates out of the building, but only utilises a small part of it for a waiting room. There's also an entrance to the subway, the Metro. The big main rotunda part of the building has a few information kiosks but is otherwise a huge impressive space, now cleaned up. Perhaps something is planned for this space; I don't know.

In the late morning I caught the bus to go visit my parents. Those three weeks will make another story, so I'll continue with my return to D.C. on the 4th of January.

Dick and Chris again met me, this time at the bus station, and we whisked off to a dinner with Linda and David Benkin, Linda's children Michelle and David Casson, and Don Andberg, a former housemate of Dick's. I'm sure I'd met him in the 60's, but didn't remember him. We went, for old times' sake, to Ledo's, the pizza parlour where we oldies had all hung out frequently during our college days.

It was hilarious seeing Michelle and David again. They were complaining teenagers when I saw them last (mostly complaining about each other), and now were adults who could trade jokes with their mother's friends and not act out of place. I still find it weird to be hugged by tall men whose diapers I used to change, but it didn't seem to bother David Casson at all.

This night was the first of the food disasters for me. I didn't want pizza, so ordered something else. It failed to arrive when the pizza did ('be along in a few minutes'), and the staff required several questions and reminders before I got fed. Nor was it all that great when I did get it. But, as I said to the others, I wasn't there for the food, I was there for the company. Besides, there was leftover pizza, so I munched on that as well.

Thursday was a clear, sunny day, if cold. I took the bus into College Park and wandered around (that's when I discovered my old dorm being gutted). Bought some more books at the University bookstore. Found one of Eric's odder shopping requests in the

local store: a six-pack of Jolt Cola ('twice the caffeine'). Quiet dinner with Dick and Chris at a nice steak-and-salad place nearby (good food).

Friday brought more snow, turning into sleet. I deferred any plans to go sightseeing. The three of us did brave the weather to drive to the Gillilands' house in Virginia, for the usual first-Friday meeting. Many of the regulars weren't there, for various reasons. I failed to meet some of the people who were there, like Peggy Pavlat. Admired Alexis' collection of Hugos (four, for 79, 83, 84, 85 - I believe all for fan artist) and traded some techie talk about computers with him. He seemed much unimpressed with my plans to scan his drawings for my zines, so I'll be interested to learn what he thinks of the results. Chatted for awhile with Dolly. We again failed to make arrangements to get together during the next week.



On Saturday I went with Chris & Dick to the hucksters' portion of the American Library Association's annual meeting. This was interesting, as a large proportion of the displays was taken up with CD-ROMs, the hot new thing in information retrieval systems. One major reason we went to this show (aside from Dick and Chris being librarians) is that it was being held at the Sheraton, the intended site for the 1992 WorldCon bid. They wanted to check out how the facilities and staff of the hotel coped with such a large, multi-strand program. (I was

impressed with the layout of the function room areas.) I asked some publishers' reps about books explaining computing concepts for the very non-technical, such as my parents. I'd seen one very well done, but now rather out of date, book (*Through the Micro-maze*), and wondered if anyone had something similar, but more recent. One man knew the book I meant, said he hadn't seen anything more recent, agreed that it was badly needed, and encouraged me to write one and send the manuscript to his publisher.



Saturday evening was fans-invasion-restaurant night. It had been organised for a Chinese/Indonesian place, where I could eat very few of the dishes (too many had peanuts, satay sauce, etc). I suggested that everyone else order for the group, as intended, and I'd get something I thought was safe for myself. The others seemed distressed by this, feeling perhaps that I was being cheated, but I insisted that, once again, I wasn't there for the food but rather for the company: Elaine, Jack, Dick, Chris, Susan Applegate and Bob Wyler. It was just as well, because while I could eat what I got, I didn't like it very much. Then I broke a tooth, which was a bit distracting! (Didn't hurt, but left quite a hole.) But the company, and the conversation, more than made up for that. I was introduced to the Church of Pan-Ethnic Cuisine (I hope I got that right; the card is at the other house), the members of which 'worship' new and different food experiences. Sounds like a great idea to me.

Sunday I visited another old college friend (Marcia Sloger) and her husband Charlie. He was just back from a scientific meeting in India, and was suffering from delayed culture shock. Apparently he'd never travelled or visited in a third world country before, and had found the poverty emotionally overwhelming. Marcia has recently gone back to graduate school to work on her PhD, and is doing it in genetic engineering. As I'm very interested in this topic, and have several times seriously considered returning to do my PhD in the area, we had quite a chat. One of the things that puts me off a bit is having to catch up on the last twenty years' worth of discoveries; most of the routine procedures today hadn't even been invented when I was doing my Masters's. Marcia, of course, has the same problem, but it doesn't seem to be a problem. She sounded really enthusiastic about her work.

In the evening it was back to fans. I'd explained the significance of the Jolt Cola cans to Dick and Chris, and mentioned that I wasn't going to try to mail them back to Eric full of cola, but I didn't want to just empty the cola down the drain if they knew someone who'd like to drink it. They suggested Eric Pavlat, Peggy's 19-year-old son, who is also into computing and would probably appreciate not only the cola, but the circumstances. Eric was out of town, but they called Peggy and she agreed to come by and collect the cola. We then poured it off into empty Pepsi bottles for her. Peggy is the chair of the 1992 WorldCon big committee, so she wanted to talk with Chris and Dick about their adventures at the Librarians' con as well.

Monday I saw a local dentist about my broken tooth, who filed the rough edge off and said I'd probably be okay till I got back to Australia and could have it done on my health insurance cover. (This was true; I had no pain or other problems with the tooth.)

Tuesday Dick drove me to Baltimore to visit the Aquarium (mentioned last issue) and the Maryland Science Centre, where we saw an

IMAX film *The Dream is Alive*, about the space shuttle program. I thought there were too many launch scenes and not enough footage actually on the shuttle or from space, but I suppose that reflects the available film.

My parents are from Baltimore, and I used to visit relatives there occasionally, so I had some vague idea of how derelict Baltimore Harbor had become by the 1960's. Many people have been telling me about its amazing transformation into a pleasant tourist area, so I was pleased to have the chance to see for myself. It's true. Most impressive. Similar in concept to redevelopments of Sydney's Darling Harbour, Townsville's harbour area, parts of old San Francisco (though that's not new), Monterey... I guess when an idea's good, sometimes people do use it.

We ate lunch at a place called the American Cafe. Dick's meal was excellent, but once again I didn't like mine. The crab cakes were okay, but the sesame noodles tasted terrible. To compensate, I indulged in a pot of hot tea with milk and a huge slice of yummy chocolate mousse cake.

### Jolt Cola: 'twice the caffeine'

Wednesday was to be my last day in the D.C. area. Dick and Chris drove me to the airport on their way in to work, and I deposited my suitcase in a luggage locker. Then I visited their work areas and saw a computer with a multiple-language keyboard and display, used for cataloguing books in Asian languages. Fascinating.

Leaving them to their work, I wandered off for my usual pilgrimage to the National Air and Space Museum and a look around the Mall before catching the Metro back to the airport. Air & Space wasn't very crowded, so I got to see some exhibits I had missed before, as well as visiting the few new items. The day was, for a change, beautiful if cold, so I walked around outside a bit. A very pleasant note on which to end the visit.



# Cancer, Virgo and the scales of justice

by Lyn McConchie

November 1988. For eighteen months the New Zealand medical profession and the female population of the country have been echoing with outrage over the revelations of two women journalists.

The outrage has been diametrically opposed though. The doctors are furious that the journalists dared to breach medical silence and expose certain research carried out without the knowledge or consent of the subjects, research which ended in death for 27 women (so far).

The 'subjects' plus their friends, families, and concerned women all over the country are outraged that this ever took place, and that having taken place, it was so well covered up for so many years.

Nor is this the end after eighteen months. More revelations of unethical research are now coming to light, ferreted out by journalists who have been alerted by the original furor.

The medical profession is still desperately trying to hide from the public some of what has gone on over the last 25 years. It is now trying to deny that these things ever took place/that they are still taking place/that there was anything wrong with what took place/is still taking place. To which the question is: if all that is so, then why the outcry over the various articles? If nothing is wrong, then there is nothing to hide!

The truth is that these things *did* take place, that some are *still* taking place, and that too many doctors, particularly those in positions of authority, are liars!

Extract from the *Report of the Cervical Cancer Enquiry*:

The Nuremberg Code requires that the person who is to be involved in research 'should have sufficient knowledge and comprehension of the elements of the

subject matter involved as to enable him to make an understanding and enlightened decision'. Most writers acknowledge a difference in the degree of information to be provided, which depends on whether or not the procedure is therapeutic or non-therapeutic; but all are agreed that adequate information is an essential part of the process of obtaining consent.

**What is adequate information? It must not only be accurate but the patient must also understand it. Without understanding, the patient cannot be said to have consented to a procedure.**

What is adequate information? I believe that the information must not only be accurate but that the patient must also understand it. Without understanding, the patient cannot be said to have consented to a procedure. One patient (Code 10L) said:

*'Apart from having smear tests when I went to the hospital, I would sometimes give Professor Green tissue. He would ask me to come to the Hospital for this, and I would go down to the theatre and have an anaesthetic and he would take just a very little piece of tissue from the mouth of the womb for comparison with other patients.'*

'My condition was fixed by the hysterectomy and Professor Green said he could not do anything more for me, but he would ask me to come in and give him a

piece of tissue from time to time because he said my body could be helpful by way of providing comparison with other patients' bodies who weren't so healthy.'

Not only did this woman not realise that the smear tests and biopsies were taken from the vagina not the mouth of the womb, but she obviously gained the impression that the biopsies were more for the benefit of other patients than for her. This information was clearly inaccurate, and even if the patient had misunderstood the information given to her, her misapprehensions ought to have been corrected.

The physician has a duty to ensure that the patient has an objective or subjective understanding of the information. A subjective understanding has been described as:

'The most demanding and difficult criterion, but it alone fully maintains the concept that consent involves understanding.'

There is here the clear demonstration that the patient was never adequately informed of her health problem, and that the misconceptions she held, although clearly incorrect, were not explained to her. As was shown in the enquiry time and time again, Dr Green preferred his patients not to know too much, to the point that he was prepared, if not to lie outright, then to at least lie by false suggestion.

There seems to have been confusion among doctors as to the difference between ethics and etiquette. Medical schools have been careful to teach the correct procedure of transferring patients between doctors, which doctor in a medical difference may do what, and so on. But it has rarely or never taught that the doctor should consult the *patient* over the

transferring, or that in a medical difference of opinion it might be only only of benefit to consult the patient, but also the patient's right to hear and be heard.

The Auckland Hospital Board apparently relied on the doctors themselves to police their own work. From evidence in the enquiry comes this statement:

The Auckland Hospital Board has also been reluctant to become involved in clinical matters. As Dr Moody, a former Medical Superintendent-in-Chief, said:

*'The Board upheld the widely accepted principle of professional freedom, by permitting members of its medical staff, including members of the University of Auckland medical staff who became honorary members of the Auckland Hospital Board medical staff upon taking up their University appointment, to practise medicine the way they wished to, according to their professional beliefs, training and experience and to currently accepted methods and standards.'*

The problem with the medical profession is similar to that of the police force. Both bodies are their own judges. A layman with a question over his/her treatment can only complain to the N.Z. Medical Council (which is composed of doctors) over what they may see as incorrect or unethical behaviour/treatment.

### **There is no obligation on the Medical Council to reply to the complainant.**

There is *no obligation on the Medical Council to reply to the complainant*. Even if they *do* discipline the doctor in question, e.g. impose fines or other sanctions, unless it becomes a matter for the open court, the council need never tell the complainant that the doctor was found guilty or punished in

any way.

This presumably retains the confidence of the public. However in June 1987, the public's confidence was severely damaged. An article appeared in the N.Z. *Metro Magazine*. Titled 'An Unfortunate Experiment at National Women's', it claimed that:

### **Women had been used as part of an experiment in this lack of treatment without their knowledge and/or consent.**

- there had existed for many years at this hospital a failure to treat *carcinoma in situ* (cervical cancer) adequately
- women had been used as part of an experiment in this lack of treatment without their knowledge and/or consent
- as a result there had been needless suffering and deaths.

Within a matter of weeks the article had sent shock waves around New Zealand. The authors, Philida Bunkle and Sandra Coney, were inundated with letters from other women, detailing similar experiences at the same hospital. The public outcry grew and on June 10th a Committee of Enquiry was announced.

To clarify: women should have a regular 'Pap' smear, in which a swab is taken from the cervix, to be checked for atypical cells. If they are found, then smears are taken regularly at more frequent intervals until either carcinoma in situ (CIS) shows up or the cells become normal again. If CIS does appear, then a cone biopsy is done; this removes a cone shaped portion of the cervix and, hopefully, the CIS. Should the piece on examination show that the CIS was not cleanly removed, then a hysterectomy may be the next step.

The problem at National Women's Hospital was simple (and deadly). Dr Herbert Green, Associate Professor in the Hospital's Obstetrics and Gyn-

aeology Department, had a theory that the atypical cells meant nothing, that CIS was not the precursor to invasive cancer and that neither condition required treatment. This theory he not only held to, despite a massive weight of evidence to the contrary, but enforced over the protests of other doctors, patients, and medical staff at the Hospital.

The beginning of many years of pain and misery for scores of women began with a meeting at the Hospital on the 20th of June 1966. Dr Green requested that all females suffering from CIS be turned over to him for treatment as '... it is considered that the time has come to diagnose and treat by *lesser procedures than hitherto* a selected group of patients with positive (A3-A5) smears... Professor Green said his aim was to attempt to prove that CIS *was not a pre-malignant disease...*'

Note that *for ten years prior to Dr Green's statements*, there had been mounting evidence from cancer experts that his theory was so much garbage. Papers from Norway, America, and England had been published by eminent researchers demonstrating that a high percentage of CIS cases became invasive cancer if left untreated.

Dr Green himself published various papers dealing with his 'treatment' of CIS. Of these the enquiry concluded that, '... an analysis of Dr Green's papers points to misinterpretation or misunderstanding of some data on his part, and on occasions, *manipulation of his own data...*' The enquiry also stated that the inference drawn from Dr Green's papers and 1966 proposal - that CIS will progress to invasive cancer almost never or never - 'The inference is *incorrect*, and reliance on it *has been dangerous for patients*' (emphasis mine).

Throughout the enquiry Dr Green attempted to convince participants that there had been no objections to his study or actions until the *Metro* article. However, evidence was given

that Dr McIndoe had consistently protested right from the June 1966 meeting. Memoranda from Dr McIndoe (a pathologist at the hospital) dated 1966, 1969, 1972 and 1973 tell of his criticism of Dr Green's handling of CIS cases. During the enquiry Green claimed to remember nothing of these, despite the production of the written memos.

By 1973 other doctors were joining Dr McIndoe in his protests. All of this seems to me from the evidence given to have been subject to a nice bit of buck passing until 1975, when a working party looked at the objections and finally buried them.

In 1984 a paper was published by several doctors, totally refuting Dr Green's conclusions. Overseas concern was rising: doctors who had visited our country over the last 10 years and observed Green's theory and non-treatments had expressed their concern to him personally and in writing, to no avail.

Then came the *Metro* article.

The enquiry, under Judge Silvia Rose Cartwright, convened on the 25th June 1987. It ended seven months later, having heard 74 witnesses in public and over 80 more in private. Numerous files were studied which had the names removed. Doctors came from several countries to give evidence.

### **Responsibility extends to all those who knew of its consequences and allowed it to continue.**

The enquiry concluded:

- There was a major research trial at National Women's Hospital, beginning in 1966 (despite the Hospital's denials).
- The research trial was unethical and led to some deaths (despite claims that it was ethical and approved).
- Responsibility extends to all those who, having approved the trial,

knew or ought to have known of its mounting consequences and allowed it to continue (despite the tremendous buck-passing that embellished the entire enquiry).

- Patients were not informed and did not give their consent (despite Dr Green and others claiming that patients had known, Judge Cartwright obviously believed the many women who testified that they had been told nothing).

In addition to her findings, Judge Cartwright demanded that women who had dropped out of the trial, most without ever knowing they actually had CIS, must be traced and offered treatment as a priority.

Evidence showed that:

- The women used in this were not informed that they were research subjects, nor were they asked if they wished to take part. Few or none had their medical problem explained to them; many did not know they had developed cancer; some never found out until the *Metro* article although they had been 'treated' for years. They were given no option as to the form of treatment, and in many cases Green gave incorrect information.
- Green had had 2244 female babies of less than 5 days old subjected to vaginal swabbing without parental consent.
- Green was also in possession of the uteri of stillborn female infants against the provisions of the 1964 Human Tissue Act and almost certainly also without the knowledge (again) of the parents.
- The hospital had been illegally photographing (as part of clinical lectures) the vaginas of patients under anaesthetic for operations having no connection with this study.
- Female patients had been used without their knowledge or consent to teach trainee doctors to insert and remove IUDs, while the patients were under anaesthetic for other reasons.

The official portions of the enquiry

were published in July 1988. If anyone would like to study *The Report of the Cervical Cancer Enquiry*, a copy costs NZ\$25; I will obtain a copy and send it to any reader who would like one.

### **Other revelations**

Since then other journalists have been discovering just how badly damaged the public confidence has been.

Other people who have wondered about treatment they or their family have received are speaking out. Doctors who have been quietly objecting to colleagues' treatments are no longer keeping their voices down.

And what's most obvious is that doctors have not learned a lesson from the enquiry.

A recent *Frontline* television investigation program highlighted this with a list of recent research of some dubiousness. Those who would like to believe that the cervical cancer research scandal was a 'one off' affair, like ostriches have their heads in the sand. Recent revelations have included:

- Certain questionnaires belonging to research on cot deaths (aka Sudden Infant Death Syndrome), which nurses have been taking to new mothers since April of 1988. The study is being run by Auckland Medical School researchers trying to find out causes of these deaths. This is one of the largest research projects ever undertaken in N.Z., but the nurses were given little information about the questionnaires or told what to tell the women intended to take part in the study.

One of the women involved was furious over the extremely personal nature of some of the questions and refused to take part. She then discovered that she was taking part anyway, as her nurse had been required to fill out a separate questionnaire judging her maternal abilities. She felt deliberately deceived.

The nurses' Union was flooded with complaints by nurses who felt

they were being used as spies in an unethical study. Owing to this outcry, the researcher has not admitted fault and the questionnaires have been withdrawn to be altered and improved. The question remains, however: would he have done this if the mothers and nurses hadn't complained? And why didn't he see how unethical the whole thing was in the first place?

Note the timing – this is April 1988, during the cervical cancer enquiry, while revelations were surfacing left and right about using patients without informed consent or knowledge. The researcher in this cot death study still felt free to have other medical staff fill out secret forms on patients, a process he agreed was unethical (*after* it had been exposed).

- The on-going study (since 1980) on various contraceptives, including the dangerous drug Depo Provera. The funds for this study come from the firm which manufactures Depo Provera. Over the (so far) eight years of this study, certain doctors have objected to the fact that women taking part (7,500 to date) are not informed of the funding source – something which might change their minds about taking part.

This study have never been submitted to an ethics committee. Why? Because it is *privately funded*. In N.Z. privately funded research does not have to be ethically scrutinised, and there is no obligation to give the 'subjects' all the facts.

Noristerat, one of the latest injectable contraceptives, was trialed here in 1977. The research was abandoned, and the researcher will not account for the results (good or bad) nor say why the study was abruptly broken off. (Under present law, there is no requirement to notify anyone when research is abandoned, nor to say why.)

This gives rise to serious ques-

tions and some nasty inferences. A research project can be privately funded to do a study on many thousand people. This study could show that the drug being tested is very dangerous. The researcher can then break off the study and does not have to tell the patients of the danger or to report to anyone else that the drug tested is unsafe for human usage. Interesting thought, isn't it?

**In New Zealand,  
privately funded  
research does not have  
to be ethically  
scrutinised, there is no  
legal obligation to give  
the subjects all the  
facts, and the  
researcher does not  
have to report to anyone  
why a study is  
abandoned.**

- In the '70s a Hawkes Bay doctor developed the idea that Maori babies should have large injections of iron, as many showed traces of anaemia. It has recently been disclosed that, as a result, 16 babies died needlessly. The injected amounts were too large and caused infections which killed the babies.
- In 1986 a study was done on aborted fetuses from an Auckland Hospital Board clinic. When the ethics committee approved this, they cautioned that the study was a very sensitive one. The researchers' interpretation of this was apparently to keep the study not only from the media and the general public, but also from the women involved. Organs were taken from the fetuses at the clinic, yet women at the clinic were never *informed*, let alone *asked*. When asked why, the chief researcher said that he 'was not really sure consent is relevant in this case'. And added that the

women had enough problems at the time without asking them this sort of thing.

All these revelations have come about because two outraged women journalists blew the whistle after talking to a woman about her cervical cancer.

The enquiry has in some ways been a landmark in New Zealand. For the first time, doctors have been publically held accountable for treatment or non-treatment of their patients. Women have taken the stand and described the years of pain and bewilderment, the many operations (incomplete and therefore useless), and the damage to their married life. In some cases the witness has been describing not her own case but that of a loved parent who cannot testify since she died from the lack of adequate treatment.

The truly terrible thing is – nothing has changed! Doctors in New Zealand are denying that they would ever behave like this. It was six other people. The women who wrote the original article have been vilified by doctors from one end of the country to the other. And the *Frontline* program which has demonstrated that this is not a 'one off' thing nor something which is pre-1980s will come in for its share of the flak from outraged doctors who will claim that the media is un-necessarily alarming the public.

Most doctors in N.Z. are male. Almost all doctors who are researchers or specialists are male. (When I tried recently to find a female orthopedic surgeon for a second opinion, I could find none in the entire Wellington region.)

The problem seems to be one of perception. Any person who questions the doctor is making a personal attack. Any personal attack will be met with a savage response. It is not until N.Z. doctors begin to understand that it is possible to question their work, without suggesting that they are themselves wicked, that patients may be able to get honest answers.

So how do you prevent yourself get-

ting caught up in one of these research/studies? Well, you rely on the doctors practising 'peer review'. This is supposed to prevent unethical goings-on and protect the patient. It is believed that another doctor, not involved in the research, will object if he perceives it as wrong.

In fact, if any doctor sees the research as wrong, he will almost certainly keep his mouth shut! Those that don't – the cancer enquiry showed very clearly just what happens to them. Dr McIndoe tried for 15 years to get Dr Green's cancer studies looked at. He failed, and had contempt heaped on him by other doctors for trying.

By the time a doctor is at the level of medical research he is often an eminent, influential man. What young doctor is going to say that this person is not acting ethically and his results are incorrect, or altered?

### Source material:

**Television.** Documentary on the Cervical Cancer Enquiry. *Frontline* program on other medical researches.

**Books.** *The Report of the Cervical Cancer Enquiry 1988.*

*An Unfortunate Experiment*, by Sandra Coney, Penguin Books, 1988.

**Articles.** Original of *Metro* article by Coney and Phillida Bunkle. Followup by Coney in *Listener*. Multiplicity of letters over last 18 months by just about everyone in various magazines, particularly the *Listener*. Other articles in *Broadsheet* etc by women detailing their own personal problems with the medical profession.

**Oral.** My own experiences with the Auckland Hospital System in 1975. Other women's experiences as related to me over the last year or so in connection with discussion on the enquiry. Personal experience with Depo Provera and cervical cancer, including the cone biopsy I had in 1979, and the hysterectomy I received the same year.

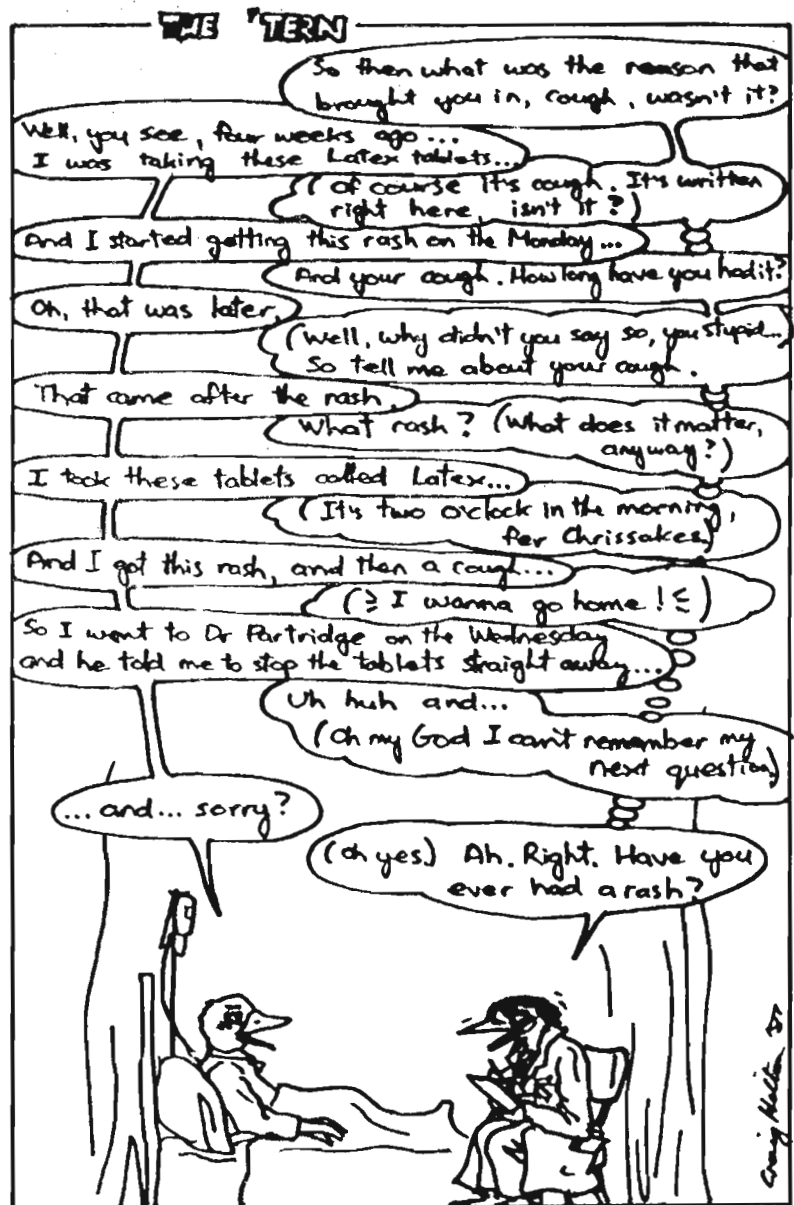
{Editor's note: Lest readers assume that because all this took place in New Zealand, then it doesn't apply to them, I note (a) recent similar scandals in Australia; for example, New South

Wales is still in the midst of an enquiry into practices at a psychiatric hospital, Chelmsford, where 26 patients died from (mis)treatment by Dr William McBride; and (b) a letter later in this zine from Jessica Amanda Salmonson, regarding her perspective gained when working as a medical secretary.

Obviously not all researchers are like those cited in these cases. Most are probably quite ethical people, and many others no doubt genuinely believe they are doing the right thing, but have a very paternalistic attitude towards their patients. Others speak up but are ignored or, even worse, find their careers stunted by those in positions of power.

Certainly junior doctors and, in particular, nursing staff, are often in disagreement with prevailing practices, but can do nothing about those practices.

I think Lyn's last point, that doctors need to learn that attacks on certain practices are not necessarily attacks on the people involved (community attitudes on what's ethical do, after all, evolve, just like community attitudes on just about any topic), and that to attack some doctors is not to attack all doctors. More efforts to enforce professional ethics seem to me to be in order on the part of the majority of 'good people' in the medical professions. – JHW}





# Some feedback from the medical community

{Editor's note: these letters were written before Lyn McConchie submitted her article. - JHW}

**Julia Bateman**  
28 Success Crescent  
Manning, W.A. 6152  
20 July 1988

Having read most of the ongoing discussion upon doctors, medicine and hospitals that has run its course to Vol. 5, No. 9, I'd like to offer some comment from the 'Front Line' (perhaps Craig and I are beginning to feel it's the 'firing line'). We were, of course, horrified to hear about the traumatic times that some of us have been through with their families and the medical professions.

Speaking as a health professional myself (nursing), may I offer some comments on standards of health care.

1. *Health care* in Australia is probably one of the highest standard setters in the world. I don't mean the highbrow technocratic stuff. Just honest to goodness health professionals taking care of the public.
2. *Health care* primarily rests in the hands of each individual, and it will be as pertinent to yourself as you make it. This means if you are not happy with the care you are getting at one place, you are free to find another, and you are a fool if you don't.
3. *Patient inform yourself.* If you don't know something about a problem you have, ask. Doctors and nurses are the world's worst showoffs; they love to tell you what they know about given conditions. Use your G.P. as a preventative source, not just someone to see when you feel ill. It may not have occurred to some, but if a nurse or doctor knows what you are like when you are well, they are more likely to pick up problems earlier.
4. *Nurses on wards.* When you are a

patient in hospital, remember the nurse probably has six or more patients to look after and sets her priorities of care upon the seriousness of each case, so if you've come in for a big toenail removal, don't expect her to spend every working hour with you, when she is helping a stroke victim get back to normal life in the next bed.

## Use your G.P. as a preventative source, not just someone to see when you feel ill.

5. *Seeing doctors.* Doctors aren't mind readers (no really!) - if you want something clarified, ask. If you are relatives wanting advice and consultation on someone, ring up and make an appointment so the doctor can make a space for uninterrupted discussion (yes, they will do it!). Speak out if you don't understand or disagree. How is the doctor to know if you sit mum; they just think they are saying the right thing.
6. *Death and dying.* For all concerned this is a most delicate time. Being human, doctors and nurses are often as afraid of death as you are. After all we are taught that life is sacred and tend that sacred flame. Nursing staff will always try to adjust care to suit the situation. It has been my experience that most people who are dying

know that they are, and want to have it recognised by staff and relatives alike. There has never been an occasion in the time I have been nursing that a patient has not been told, unless the family refuse the staff permission to talk to their relative about their condition. To allow a person to meet their end not knowing what is happening is the saddest indictment of our society. No doctor or nurse has the right to prevent any member of the family discussing the situation with their relative and vice versa.

**Craig Hilton**  
28 Success Crescent  
Manning, W.A. 6152  
29 July 1988

It's easy when reading your correspondents' stories of their unsatisfactory dealings with the health profession for us health care givers immediately to take the defensive stance. For every 'bad doctor' story I can swap you an equivalent 'bad patient' story. It's a natural human





reflex but it's neither rational nor responsible. So please don't take Julia's and my comments as evidence of our 'going all defensive', but rather as a *cri de coeur* from two human beings who are going about their jobs with responsibility and dedication and who can't help feeling, to some extent, tarred with the same broad brush which appears in its rage to be acting to blacken the system in general.

Okay, there are plenty of good doctors around whom we hear about infrequently, I'm sure we agree. From my experience, in Australia at least, there are a fair few mediocre ones, many excellent ones, but very few who are incompetent. Medically incompetent, that is. Plenty of doctors sadly are threadbare on the extra, less easily defined skills such as empathy, perception and communication. And therein the problem lies. So many of the disasters we've heard about lately stem from, or are greatly compounded by, the inept application of such skills.

It's my belief that the need for these skills is most pertinent to the General Practitioner. Again, sad but true, there are a lot of mediocre GPs about. This is partly because General Practice is often seen as a dumping ground for failed would-be specialists. You have to pass some very tough exams for the right legally to practice, say, as

a Specialist Physician or a Surgeon. There are similar exams in General Practice but no legal obligations. Thus the baseline standard may be lower but the peaks of excellence are at least as high. You can have confidence that the title Fellow of the Royal Australian College of General Practitioners assumes a high degree of competence in all the above skills.

Why am I telling you all this? Because in all the misadventures to which our bodies can fall prey, a good, appropriate GP can smoothen over 'most anything' - to be approachable when uncertainties or misunderstandings 'log jam' the therapeutic process, to help you come to terms with the entire picture of your 'dis-ease', even to act as your advocate when you're in hospital under another doctor. He or she is your point of first contact and continuing contact, your primary resource.

I said 'appropriate' because as diverse a field as General Practice is,

there's a doctor out there to suit each person's particular preference or style. So as Julia says, look around. Take note of your friends' recommendations and of safeguards such as the FRACGP. Of course I realise this option is more available to us in Australia than to users of the National Health System of Great Britain. But then we here also suffer from the debit side of our freedom to go 'doctor shopping'. (Wanna hear some more 'bad patient' stories?)

Finally though, I'll admit that the reasons that you, the individual, end up with a particular doctor can be subtle and intractable, and as none of these suggestions will work very well with a 'bad doctor' then sometimes you're rather stuck. Life's not perfect, but at least it helps to know the direction it's worthwhile trying to head.

Thus, in this imperfect, real world, Julia and I stand by our recommendations - take them not as a panacea but as our vision for potential excellence of health care, to be obtained by moving within the existing system, and not by smashing it.

## Letter

**Jessica Amanda Salmonson**  
**P O Box 20610**  
**Seattle, WA 98102, USA**  
**17 April 1988**

Having been a medical secretary before retiring to write and edit books, my perspective on doctors in somewhat a 'behind the scenes' one, secretaries getting to see all the dirt.

Once when an incompetent surgeon had killed about a dozen people, the surgeon I worked for began a campaign to get him out of the hospital. I typed up many letters to important folks within the hospital system without ever learning which doctor it was - because incoming and outgoing written discussions carefully avoided committing to text a name everyone already took for granted. They were not trying to get this surgeon to stop

killing people, but only to stop killing them in *their* hospital. Indeed, according to the letters I typed, the fellow had a very good history of work in four previous prestigious hospitals. Clearly he'd been squeezed out of each, but his official records made him look like a typical surgeon, i.e. a god. If they managed to squeeze him from the hospital I worked in, they'd pack him off with clear references and he'd just be killing people in hospital #6. Eventually he could end up working on an Indian reservation rather than a prestige hospital, but he would never be stopped.

Death is taken very for granted by doctors, obviously, but it affects their humanity. I once listened to three young doctors viciously complaining about a dying woman who refused to

permit them to take photographs of a rare tumor in her mouth – never mind that the photographic process would be painful, time consuming, and useless to her health, all so that three young doctors could publish a paper that would be read by nobody but a board of people deciding on their next raise.

And all modern medicine is predicated on a type of experimentation that *could* be viewed as something akin to what nazis did to extend medical knowledge. The key word is ‘control group’. If you have a hideous disease and know you’re going to die, there may be an experimental cure being tested in a University hospital near you. You try to get in; they accept you; you believe you’re being treated by a method that is your only hope. But in the double-blind process, you do not know, and many of the health care practitioners don’t know, if what you’re receiving is the treatment or not. You have a 50% chance of being part of the control group. That is, the doctors as a matter of course *treat* half their patients, and watch the progress of the disease in the other half, and by comparisons learn whether or not the treatment is of use. From the doctors’ point of view, and to legally market new medicines and promote procedures, statistical significance cannot be proven without the control group for comparison. What is the moral center of a profession that takes for granted that it *must* from time to time pretend to help people only to watch them die?

It leads to hatred for the control patient whose tumors are the most photogenic.

You may love your doctors if you like, and feel they’ve treated you well, but after working for them for years, I’m a bit phobic about them myself. I’d have to know I was dying anyway before I’d take my chances in their care. Some of them may have a better bedside manner than others, but they’re all trained by the same system, and none buck it.

---

## Books

Commentary by Carole Nomarhas

---

### John Saul, *The Unloved*, Bantam/Horror

Yet another bestseller says the blurb, and it probably will be – if it’s not already. I have read other John Saul novels, and if you like horror they are a quite reasonable way to spend your time. Reasonable, not brilliant, not wonderful, just reasonable, at least to my mind.

For me *The Unloved* moved wearily and rather too obviously. It only raised the gooseflesh a little, and only when I was two thirds through the book. This flesh raising was done by what I consider manipulative means: putting young children in danger. That’s always good for an instinctive freeze in the guts. At least for me. Other people may regard children as more ‘horrible’ than anything in horror fiction, and deserving all they get. Shrug.

However, *The Unloved* has two children stranded on an island, in the middle of a raging storm, in a spooky mansion, with a homicidal maniac!

John Saul is of course a competent writer and smooth enough, but perhaps becoming a little too slick; perhaps the formula is down just a little too pat. The characters have a flat feeling, rather as if they came straight from Central Casting, and in the back of their minds were wondering whether

Stephen King was going to be holding auditions soon.

The setting was another unfortunate piece of Hollywood ticktack: a gloomy mansion in the Deep South of America, complete with family crypts and deep dark secrets – who was locked in the little room in the cellar!?!

This doesn’t mean to say that *The Unloved* is a terrible book. It is actually quite readable, and it runs along its rather obvious tracks quite neatly. However, the ‘surprise’ twist on the last page did nothing for me.

---

### Mary Stanton, *The Heavenly Horse from the Outermost West*, Baen/Fantasy

I thoroughly enjoyed this book. It may help that I happen to be a horse owner, but it was a good read. I may be biased, but I certainly felt that it was streets ahead of the cat tale *Tail-chaser’s Song*. I wouldn’t quite give *The Heavenly Horse* the status of *Watership Down*, but it was well written, well paced and thoroughly enjoyable.

I’d especially recommend it to anyone who has a horsemad teenager about the place (even if they don’t usually read fantasy). It would make a good Christmas or birthday gift.

And I can *almost* forgive Ms Stanton for leaving the Australian Stockhorse and the Timor Pony off her list of 105 breeds.

---

### Join ANZAPA, the Australia – New Zealand Amateur Publishing Association.

No waiting list – members welcome from anywhere in the world. For details on costs, minimum activity requirements, mailing dates, etc, contact:

LynC & Clive

P O Box 4024, University of Melbourne VIC 3052, Australia