

## UNORTHODOX MEDICINE, SCIENCE, QUACKERY

# The Milan Brych Affair

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From a lecture delivered to the Royal Society of New Zealand, Canterbury Branch and the Christchurch Medical Research Society.

Medicine is attacked by many forces; one of them is charlatanism. Unfortunately many of those with power in the community are more swayed by magic than by reason, and we face some powerful opponents. Much is to be learned from a detailed examination of the Milan Brych affair, and I urge you to read this important article and reflect upon what Professor Scott has to say.

It will be recalled that Milan Brych claimed to have a secret remedy for cancer which he would not divulge — an action which must be considered anathema by our profession. Nevertheless he acquired many powerful supporters and much notoriety until he was finally gaoled in California. Professor John Scott was prominent in the enquiries which brought about Brych's downfall, and we are fortunate in having him to explain what happened, how it came to happen and why it is so important that members of our profession have a full understanding of the central issues involved.

John Ellard  
Editor

### The early story from the Brych viewpoint

I shall begin by presenting a summary of the Brych story which I believe would be acceptable to his supporters who might have endeavoured to summarise the various accounts given by Brych himself including viewpoints expressed at the Los Angeles court hearing.

Brych, according to himself, graduated from what we would call a technical high school in Brno, the second city of Czechoslovakia, and allegedly proceeded to a six-year course at the Faculty of Medicine in that city. He claims to have undergone subsequent training in oncology, partly in Brno and partly at the Academy of Sciences in

Prague. He says that these studies led him to obtaining the MD degree from the University of Masaryk, now called the University of Purkyne, and also a Candidate of Science degree which he states, correctly, is the equivalent of a PhD in the British Commonwealth and North American Universities.

During the troubled events of 1968 he left Czechoslovakia and presented as a refugee in Northern Italy to the Trieste police and the United Nations authorities, stating that he did not have his diplomas with him but did have a copy of his CSc thesis. He handed over his identity card, was interviewed and made application to come to New Zealand. He arrived in November 1968 and was put to work initially in the Central Laboratory at Auckland Hospital. After working there for about a year he was given probationary medical licensing upon the basis of his claim to hold MD and CSc qualifications. He worked as a junior intern and subsequently took up a vacant position in the Department of Radiotherapy, thus resuming, he said, a career in oncology which had been interrupted by his leaving Czechoslovakia.

Brych proceeded to use a series of injections, which he claimed were based upon his own former research, to induce what he claimed to be outstanding remissions in various cases of disseminated cancer which



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The delay caused by an appeal to the Supreme Court made the 1974 deregistration by the Medical Council inoperative until it was able to be litigated in 1977.

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were being treated at Auckland Hospital. His work came to the attention of various medical authorities including the Director of the Division of Hospitals and the Director-General of Health at the time; he obtained newspaper and media publicity for the apparently startling advances he was making in cancer treatment. He did not give clear details concerning the nature of his treatment but stated that he would eventually publish the details and he also indicated that he had been in negotiation with various drug firms. He also stated that various organisations were keen to get his secrets but he was worried that information based on his successful methods might be misused by other groups within the medical profession and more particularly, by pharmaceutical companies.

### The New Zealand phases of the Brych controversy

By 1972 it was clear that Brych was practising what purported to be a secret remedy within the confines of Auckland Hospital. As a full time medical officer employed by the Auckland Hospital Board he was also treating patients in private. When challenged to provide details concerning his treatment methods and to produce accurate records of patients, Brych claimed that he was being persecuted by the orthodox medical establishment and refused to comply with both requests. He

presented a series of apparently dramatic cures at staff rounds at National Women's and Auckland Hospitals and received a number of laudatory written and verbal messages from distinguished members of the medical profession. Other members were critical, and Brych again stated publicly that he was becoming persecuted by a section of the medical profession, particularly in Auckland. A group of Auckland citizens had banded together to support Brych and a local-body political party was formed which successfully contested a number of seats on the Auckland Hospital Board. All these events took place between 1971 and late 1973.

By late 1972, patients were arriving in Auckland from overseas for treatment by Brych, who had received press and media coverage in Australia and North America. The Medical Association and the Division of Medicine at Auckland Hospital had formally protested about the manner of the publicity, which appeared to infringe upon medical protocol in terms of self-advertisement; Brych's burgeoning private practice was also causing concern.

Eventually the views of Brych's opponents within Auckland Hospital took effect, and pressure applied to the executive officers of the Auckland Hospital Board in combination with growing public controversy, led to the Auckland Hospital Board requesting the Minister of Health to conduct an enquiry into cancer services in Auckland. The Honorable Mr Tizard, who was then Minister of Health, appointed Professor (now Sir Douglas) Wright of Melbourne as Commissioner. The formal enquiry into cancer services in Auckland took place in April-May 1974. The Commission of Enquiry, which had massive newspaper and television coverage, was constituted legally and subpoenas were issued. Brych's basic qualifications were exempt from that enquiry, but he was named by the Commissioner as

a person who indulged in professionally convenient fibbing.<sup>1</sup>

Brych's contract with the Auckland Hospital Board was discontinued, but, because a number of patients had such faith in him, the people he had been treating at Auckland Hospital who elected to stay with him had their treatment subsidised at a private hospital for some months. Brych's contract at that Hospital was subsequently withdrawn and the remainder of his time in Auckland was spent in treating patients through other private hospitals.

Brych's behaviour at the Town Hall Enquiry, as documented in Newspapers and in Commissioner Wright's Report<sup>1</sup> had led a number of people, including myself, to question whether or not he had ever been medically qualified, and enquiries into his background proceeded along a number of lines. Brych was asked to appear before the Medical Council in Wellington in November 1974, and on the basis of that meeting the Medical Council gave instructions that Brych's name was to be erased from the medical register. Because of his livelihood being involved in that deregistration, Brych had the right of appeal to the Supreme Court and he did so. His name was reinstated almost immediately pending a review of the situation through the appeal procedure.

1975 and 1976 were occupied by a series of legal manoeuvres initiated by Brych and his lawyers; these moves were countered by the Medical Council and its legal advisers. A public appeal was launched for funds for Brych's legal expenses and Brych himself continued to practise in Auckland.

By late 1976, Brych and his lawyers on the one hand and the Medical Council of New Zealand and its legal advisers on the other, had obtained the necessary evidence for the appeal action to proceed. A legal procedure called discovery was invoked in early 1977, whereby both sides tabled their affidavits and other

statements in the Supreme Court. At the same time the Medical Council made application to the Supreme Court for a definite date for hearing the Appeal Action. Shortly after that Brych's lawyer gave notice that Brych had withdrawn the appeal and his deregistration therefore became automatic.

The essential thrust of the Medical Council affidavits was that Brych had never qualified in medicine and had never, in fact, been to University. The counterclaim by Brych was that the Communist authorities had deliberately misled the Medical Council and its agents by destroying any documentary evidence, and fabricating other evidence, such that Brych's claim to have academic qualifications could in no way be supported.

#### Rarotonga and California

Brych proceeded to Rarotonga and an oncology clinic was established there. Also established was an Oncology Trust. The majority of patients who went to Rarotonga were Australians but a number of Americans and New Zealanders also went there for treatment. From Rarotonga Brych sought entry into Queensland and that move was unsuccessful. Once again, tremendous controversy erupted in the media and various claims and counterclaims were aired. Brych's chief sponsor in the Cook Islands was the late Sir Albert Henry and when his Government was dismissed on the basis of a legal judgment, Brych left Rarotonga and subsequently established himself in North America.

In 1980, he was arrested on charges of fraud and of practising as a doctor without a licence. Subsequent legal action based on those charges took place in the latter part of 1982 and the first half of 1983.

During those Los Angeles Court proceedings, the whole history was reviewed by both prosecution and defence; there are thirty-four volumes and 11,227 pages of officially recorded evidence.<sup>2</sup> Brych

was found guilty on all charges and sentenced to the maximum permitted under the particular statutes. He was released from prison in California in September 1986 and his Appeal Action has never been heard in Court.

#### The Brych affair in wider context

I have endeavoured in the preceding summary to present an objective account which would be acceptable to both supporters of Brych and his opponents. From this point onwards, I shall be endeavouring to place the Brych affair into a wider context, and I shall be presenting a perspective which can be challenged, but which I seek to justify by using material which can be documented and annotated in the manner of a scientific paper or a legal report.

In the Los Angeles Courtroom, Brych, through his lawyers, presented a mass of defence evidence including the testimony of his former patients and a variety of other witnesses.<sup>2</sup> He spoke at length in his own defence and was cross-examined, re-examined by his own lawyer and cross-examined yet again. It was clear that he still had a group of loyal supporters, and he still made essentially the same claims as he had done from 1971 onwards in New Zealand. The Judge sentenced Brych to the maximum possible sentence for the crimes for which he had been found guilty and refused to allow him continued freedom on bail during Appeal Actions. Brych was taken from Court, on the day of sentencing, to prison. On June 27 1983, Judge Aisenson said: 'The Court sat through the seven-month trial, heard the evidence and can see ample justification for the Jury's reaching the factual conclusions that they reached'.<sup>3</sup> How could this have come to pass at the end of an eleven-year saga? So far we have covered a preamble and a summary of the Brych saga.

I now propose to set out a general thesis to account for the course events took. I shall then ask whether or not there was a miracle cure and review some evidence on this question. If there was no miraculous cure, why has the Brych affair lasted so long? How did he finally come unstuck? Did it matter anyway? Finally, I shall outline what I perceive to be some lessons for future consideration.

The general thesis which I shall be developing states that deceptive 'cancer therapy' on the scale of the Brych affair can occur only when there is coincidence of a series of necessary factors. The operation of these factors depends upon the participation, not only of the prime mover who is often a skilful charlatan, with or without a conniving support group, but also of relatively large groups within society who are manipulated either with their knowledge or without it. The corollary to my thesis will be that the environment of the latter part of the 20th Century increasingly favours the perpetration of frauds on this scale, for reasons which I shall endeavour to put forward.

Essentially we are talking about the manipulation of people and the manipulation of money. The essential ingredient for a major episode of organised deception at international level is the presence at the centre of the activity of a person of very high intellectual ability which is usually combined with a particular type of personality. This person, who remains the chief manipulator of the proceedings, cannot succeed purely through his or her own efforts, but requires the support of a group who know what is going on and, more importantly, the support also of citizens who are deceived in such a way that they are unaware of the extent to which they are being manipulated by the prime mover or the immediate support group. To be successful on a large scale, the leader and/or the group must have undertaken an extremely

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careful study, or intuitively have acquired perception of key facts relating to the intimate workings of the legal profession, commerce, the media and of the people likely to be directly exploited.

The highly successful frauds in cancer therapy or any other field in the modern era have usually taken place upon the basis of intensive planning. Luck certainly plays a part, and another crucial element necessary for success is the ability to operate outside the normal constraints of professional ethics, or even the standard moral code applicable to a particular community. This type of operation confers major advantages upon the people organising the fraud because their activities eventually come to involve people whose ethical and moral standards remain within the main framework of that society. These people therefore become the victims of what amounts to moral blackmail when they realise that they have consciously or unconsciously supported amoral actions initiated by the prime movers. Although operating outside the general constraints of professional and community ethics, the perpetrators of a major act of 'professional' deception use the standard legal system to its absolute limits for their own protection.

Some of the following points apply to the prime mover or ring-leader of a group, and others to the group itself. Records and evidence of activities are kept to the absolute minimum. In the present instance, one of the problems facing those who investigated Brych at Auckland Hospital and which faced the Town Hall Commission in May 1974, was the virtually complete absence of proper medical records. As far as we can tell, the same applied at the private hospitals in Auckland, at the Remuera clinic, certainly in Rarotonga, and once again in Los Angeles. Professor Wright castigated both Brych and the Auckland Hospital Board for this absence of records, and in Los Angeles this

classical trait of an act of charlatanism worked to the disadvantage of Brych and his lawyers. Having been forced to admit that the active drug in Brych's famous monthly injections cost Brych and O'Connor approximately \$10, Mr Isaac and Brych sought to justify the charges of \$9,600 per injection, on the grounds of record-keeping, patient follow-up, etc. Patients called by the Prosecution testified to the fact that there were no follow-up visits and the Brych group were totally unable to produce records, for obvious reasons.

Unorthodox or bogus 'cancer therapists' frequently refer to alleged actions of people who have died. During the Los Angeles trial the defence made frequent reference to Brych's use of a computer in Melbourne operated by Dr Warren Hastings. Dr Hastings died in an unusual plane crash some time ago, and hence was not available to testify. Even more florid was the reference to Dr Morney and a cancer therapy trial series of 700 patients. The Dr Morney referred to had died before any analysis of this alleged trial could possibly have taken place. Dr Morney had never been a member of the Auckland Hospital Board Staff and there is absolutely no record, in any case, of such a trial of 700 patients at Auckland Hospital.

### The manipulative process

People like Brych skilfully perceive the weaknesses in key members of the community and of professional groups whom they are seeking to manipulate and exploit. They use these weak points in people as well as institutions, concentrating particularly upon the desire within many of us for ego-boosting of one sort or another. People who are keen to gain material wealth are usually fairly easy to identify. Individuals and groups are skilfully turned against one another, thus causing much publicity, but equally much distraction from the main deceptive

exercise. Considerable use can be made of existing confrontations, some of which are deliberately maintained through the activities of a well-organised industry which, in the case of health and disease, exists to exploit what I shall call loosely the fringe medicine area.

Throughout history, the confidence tricksters or hustlers who have survived for a long time on a grand scale, have tended to develop one particular grand strategy which they apply in a particular territory; then, with superb sense of timing, move elsewhere when things get too hot. In the new area they tend to repeat the previous strategy, duly modified to meet the new environment. They realise that legal processes operate extremely slowly and, provided they are well ahead of the game with a well-planned con strategy, they have many years or even a decade or two in which to plunder the gullible. They also rely upon the unwillingness of people or groups to pursue them through the legal channels, partly because of the time which will be involved and partly because other people may lack the resources or the resilience to see the battle through to the end. For example, the Hoxsey case in North America occupied various State, Federal and professional authorities for two decades and more before his activities and that of his group finally ceased.

Whereas in one sense the master charlatans themselves may win every battle except the last one, the major support groups may merely shrug their shoulders as they lose one battle knowing that they have prepared the ground for the next one in any case. In the Brych affair, great skill was demonstrated in exploiting the potential suspicion of the public, and of scientists generally, directed against the medical profession. Superstitious beliefs in many of us are not far below the surface and it is easy to produce belief in semi-magical solutions for such a frightening thing as cancer. Scientists who should know better forget their

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normal training and discipline when manipulated skilfully by people such as Brych and his associates. Admiration for the underdog can be exploited skilfully, whereas the potential opposition is consistently but skilfully rubbished. Opponents are identified and denigrated at the same time as the con man or the group prepare for the martyrdom which the orthodoxy will ultimately organise. They announce this persecution in advance and make use of spurious historical references. In the case of Brych, the common pattern was followed. Fleming, of penicillin fame, and Semmelweiss were quoted as previous historical models to portray both the persecution and martyrdom but, equally importantly, the ultimate honourable place in history which Brych would occupy. This technique is a powerful weapon because most of us do not wish to go down in future history as the persecutors of a genius. It is noticeable that many who have written about Brych, and a number of people who have spoken about him on the media or prepared television programmes concerning him, cover their tracks in this regard and have an escape clause, such that, although they may have described some nefarious activities of Brych, they may be seen by history to have regarded him as a potential benefactor to mankind or as a person whose potential has yet to be realised, despite the present unseemly episode.

The truth of the matter is that Brych has no parallel with a man like Semmelweiss. Semmelweiss was martyred because he had something new, but what he had was demonstrable and he proclaimed it loudly in detail, stating exactly what he was doing and why. He was not martyred because he *refused* to describe his method for reducing the ravages of childbed fever. Fleming was not persecuted. His discovery, which had also been made independently

in Europe, could not be exploited until certain technology advanced. These developments took place during wartime, and even then quite slowly. Whereas most of us would be terrified at the potential consequences of telling a major lie in public, a confidence man and or charlatan consistently lies, using the same lie until it ceases to work and then switches to another one. It is important to realise that the successful operator of these techniques is usually perfectly well aware of what he or she is doing. They do not operate in Walter Mitty worlds themselves. Conversely, some people who become involved

who subsequently realise the enormity of the fabrication in which they have become enmeshed, then become terrified of the potential consequences of their involvement whereby they may be made to look stupid, or worse. This leads to a form of moral blackmail and to silence on the part of people who might have otherwise spoken out against one with whom they have become involved. It takes a great deal of courage for individuals to admit that they have been fooled and it is usually easier for a large organisation to indulge in some form of cover-up than to admit the truth.

At this point, however, I wish to make one statement concerning the position of refugees, in relation to the Brych affair. Brych's inconsistencies regarding his qualifications and tall-story telling were seen through almost immediately by the Czechoslovakian emigre community in Auckland, from the time he arrived in late 1968. They did not speak out in public, and I do not blame them for this. Refugees who have survived the escape from one country for political or other reasons are extremely reluctant to become involved in police or legal proceedings in the country of their adoption, and I have considerable sympathy for them in that regard. I would

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The general thesis is that there is a recognisable pattern to the major international acts of deception.

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point out that it was not the Czech emigre community who made the fundamental mistakes regarding Brych. The problem was not of their creation. However, an extension of this process of induced silence also applies to some of the patients, and certainly to many of the relatives, who realised that they were deceived by Brych and his supporters. Well organised con jobs, such as that portrayed in the film 'The Sting', ensure that there will be strong motives for the victims to remain silent. In various ways they may have been compromised, or will look foolish, if they confess their involvement subsequently. This wall of silence provides a further protection, particularly in terms of delaying legal actions against the charlatans and their supporters. It also tends to isolate further the people who are endeavouring to expose the fraud. Because they are likely to be relatively few in number, they can be portrayed as being dubious and thus as a twisted minority.

The general thesis I have been attempting to outline so far suggests that there is a recognisable pattern in the major, international scale acts of professional deception which take place these days. The people who recognise the frauds and the victims they manipulate react according to recognisable patterns. It should therefore be possible to detect these

patterns of development at a relatively early stage, and possibly prevent what seems to be an inevitable repetition of the cycle of charlatanism. However, history tells us that this does not happen and a further element of my thesis is that sophistication of method combined with access to modern communication systems, in the setting of societal organisations such as the legal framework in most countries, are all operating to increase the chance and duration of success of a successful fraud. The press in New Zealand, in my opinion, missed a glorious opportunity for some brilliant exposé reporting between 1971 and 1976.

#### Further analysis of Brych's claims

I am now moving into another phase of this discussion. It is all very well for me to have written what I have so far but one of my tasks is to support the proposition that Brych never was a miracle healer. If, as I have said, Brych has left behind him little or no evidence concerning what went on, how can I be so certain that Brych had no miracle cure, as patients, their relatives, newspapers and the media, would have had us believe? It is in fact possible to tackle this question but it is a painful and slow process. Brych himself, and some articles concerning him, make two major claims. The first is that upon the basis of his research, he had discovered a revolutionary and universal remedy for disseminated cancer. The second claim involves the degree and effectiveness of the psychological support he provided to patients with terminal cancer.

I shall first address myself to Brych's psychotherapy. One has only to read the accounts of some patients, to talk to their relatives, and read some of the things Brych himself has said, to realise that there was nothing unique about Brych's bedside manner. We have never denied that he gave hope, but we do criticise the manner in which he

advertised his use of standard techniques. The image which Brych and his support group very successfully created, particularly at the time of the Town Hall enquiry and to some extent since, of a transformation of cancer services at Auckland Hospital, is less than a half truth. Brych's arrival did coincide with very definite improvements in a number of the patient-oriented activities of the oncology group headed by Dr Ross Burton. However, those changes had been initiated before Brych arrived, and that point is very clearly incorporated in Professor Wright's Report of 1974.<sup>1</sup> Moreover, the group working in haematology built around Associate Professor Buchanan and his staff, had already established high standards, not only of chemotherapy but also of total patient management. Once again, attention was drawn to this at the time of the Town Hall enquiry but the activities of the Brych faction successfully ensured that these facts were obscured from the picture which the public gained concerning cancer services at Auckland Hospital at that time. There was nothing unique about Brych's technique for handling patients. He did use a form of hypnotism on more suggestible patients and particularly women. There is nothing unique in that. After all Mesmer, who had a personality very like that of Brych, and an intelligence of equally high rating, set back the scientific study of hypnotism by about a century through his charlatanism and prostitution of the technique.

The second claim of the Brych protagonists is that there was a secret and miraculous cure. As I have indicated, the investigation of this claim, in terms of a scientific study, was a slow painful process involving the application of standard epidemiological science to what information we could obtain, combined with what was quite simply detective work. Brych himself is wildly inconsistent in terms of his own statements on the matter. Since

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Careful scientific detective work proved that Brych's generally used anti-cancer infusion was Vitamin B complex diluted in saline.

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there is no written record or publication in any scientific journal, Brych, for instance testifying in his own defence at Los Angeles, has grossly misrepresented what facts do exist e.g. in the Gifford/Carter<sup>4</sup> and Wright Reports<sup>1</sup> and in the Los Angeles Court Reports.<sup>5</sup> Judge Aisenon put it this way on page 11,215 of the Los Angeles Court report: 'Here we have his (Brych) resuming these representations when he talks to the probation officer. Page 15, line 8 of the report says: "The defendant states that he feels he is the victim of a professional controversy, based upon the fact that he became disillusioned with the original treatment of cancer, such as surgery and chemotherapy, and therefore while he was employed by the Government Hospital in Auckland, New Zealand, he developed a system for the treatment of cancer and was successful." When he (Brych) took the stand on oath and was asked about the validity of treatment, he indicated that all he did was use standard chemotherapy and denied that he made these representations with regard to immunotherapy'.

At various times in New Zealand, the Cook Islands, Australia and California, Brych has claimed to have isolated specific antigens, and/or specific antibodies for individual patient's individual cancers, something no one else in the world has achieved, even in

larger cancer institutes or institutes of biochemistry. At times he claims to have used the 'missing link of immunoglobulin' and I could list a further half-dozen modifications of these descriptions. Any scientist in his own discipline confronted with a person who gave descriptions of methods which were so variable from time to time and so discrepant would, I am sure, immediately feel he was dealing with a bogus scientist. Even although Brych continually destroyed his credibility through the inconsistency of his own statements and through the pseudo-scientific nonsense he continually propounded, particularly to people with a mere smattering of scientific knowledge, we knew *we* had to produce hard evidence to support our thesis that there was no miracle and no miraculous cure. Although I am very critical of the legal process for its slowness in handling Brych, I think I can defend our slowness in obtaining this evidence.

We went about it in several ways. While he was in full flight, and immediately after he left Auckland Hospital, I acquired a bottle and contents from an incomplete infusion given to a patient in St Margaret Hospital, of his famous yellow solution to which many patients have referred. I examined the fluid in various ways in our own laboratory, and using our old Beckman DK 2A recording spectrophotometer, obtained what I expected - namely a spectrum similar to that produced by diluting a standard Vitamin B complex ampoule in saline to make a solution of the same colour. The extinction curve indicated no material at the 280 band, which means that there was no protein material present. I confirmed that by various types of electrophoresis.

Some time after Brych left for the Cook Islands we obtained one of the syringes which Brych had used for one of his so-called specific serum injections. We handled this along approved forensic lines via the police and the DSIR laboratory in Auck-

land, in a manner which would have permitted its use as evidence in a Court of Law. I had predicted that this syringe would contain a potent corticosteroid. In fact, there were traces of such an agent, but the main content was procaine. It has long been known that intravenous procaine causes euphoriant effects upon injection, and a similar euphoriant effect can be achieved in patients with cancer by using intravenous steroids.

Other lines of evidence were given to us by patients and former supporters and one of these, a former supporter of Brych, gave evidence on this matter at the trial in Los Angeles. Careful questioning of Brych's exact technique showed that the syringes containing the so-called specific materials were not labelled or marked in any way but were usually placed on a trolley. In the Cook Islands, in the particular instance quoted to us in Los Angeles, Brych was described as reaching behind his back and not even looking at the trolley when he picked up the next syringe, although he stated to the patient: 'This is your injection'.

The other line we followed to get hard evidence was somewhat morbid, but scientific. By using a process which was already under way, namely, the Cancer Registry, we were able, by combining that information with death certificate data available through the National Health Statistics Centre in Wellington, to follow the fate of people whom we knew Brych had treated for specific diseases, such as breast cancer. This provided us with figures for outcome which we could compare with those for women who had not been treated by Brych. Over several years we built up sufficient numbers to produce significant results. As I have indicated, this took time but the overall result was the revelation that the women with breast cancer treated by Brych had, in general, fared no better than those treated by other doctors in the Auckland area at that time. The

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same conclusion was reached when we followed other diagnoses, including lymphoma. However, Professor Wright had already reached that conclusion during the enquiry in May 1974, and he had stated quite categorically then that Brych had not produced any miracle nor did he seem to have anything unique.<sup>1</sup>

I could go on quite a bit longer concerning the mass of evidence we gradually built up for use in potential Court cases. We chased up Brych's accounts of meetings he had attended in Europe, such as a famous Symposium on Neuraminidase at Marburg, in West Germany. Some of you may recall Brych's comments before he headed off to that symposium with his secretary, and his comments upon his participation in it and other meetings during that trip. I interviewed Professor Schwick, the organiser and Chairman of the Conference, and he provided me with an affidavit. In the affidavit Schwick states that 'Brych was invited to the Symposium: (on the understanding that he would be able to contribute to the Symposium). During the two-days of the Symposium, Vlastimil Brych neither gave a paper nor joined in any discussion whatsoever . . . I questioned Vlastimil Brych at considerable length concerning his use of enzymes such as neuraminidase, but was unable to reach any understanding whatsoever as to what research he had undertaken. I offered Vlastimil Brych the opportunity of participating actively in the Symposium for the presentation of a paper in which I hoped he would discuss and review his use of neuraminidase in relation to cancer projects. Vlastimil Brych declined this opportunity and gave as his reason that he was under pressure from gangsters organised from America who wished to steal his secret. He told me that he was concerned at the possible presence of electronic listening devices hidden in the Symposium hall or elsewhere in Marburg. Such claims of course

were complete nonsense . . .'

An interesting sidelight to that Conference was that Brych brought back with him what he claimed to be the Von Behring Prize and Medal. He showed his medal to a number of people at Auckland Hospital including the then Medical Superintendent, Dr Warren. Like Brych, I obtained this 'medal' by being invited into the carefully preserved office of Von Behring which is maintained as his memorial at Marburg. Entry is not freely available and those who are invited to inspect the bureau of the great man, as were the Conference participants, are given this memento of the occasion.

### The handling of Brych: some fundamental errors

If there was no miracle, how has it come about that the whole affair has so far lasted fourteen to fifteen years? If I am right about Brych and his group, why has it been necessary for me to be involved for fifteen years?

I have already covered much of this ground in the outline of the standard techniques of charlatans and their support-groups. The initial mistakes were not made by doctors but by those who had accepted him for New Zealand in the first place. They hadn't done their homework properly, or had ignored simple common sense rules in terms of studying Brych's interview material in Italy. It would have been appropriate for Brych to have been employed in a laboratory in Auckland Hospital, as he was in the first instance, because he had indeed been a laboratory technician in Czechoslovakia. However, certain fundamental rules were again broken at the time Brych made application for probationary registration via the Medical Council.

The next major mistake was made by the Medical Council itself, which accepted a document stating that Brych had a 'Doctor in Biological Sciences' as evidence of a medical qualification. As soon as that step

was taken a lengthy legal process was inevitable because the Medical Council had placed itself in the position of having to prove the negative in law, once it decided it had made a mistake. Instead of Brych having to prove he was a doctor, the Medical Council had to prove he was not. Proving the negative in law is extremely difficult. Various consultants for whom Brych worked as an intern in the Auckland Hospital noted gross gaps in knowledge of even the basic fundamentals of how to function as a doctor, but made the mistake of assuming without checking that the relevant authorities had checked Brych out correctly. Once a potentially bogus therapist is ahead of the game, he has a tremendous advantage. Brych exploited this to the full, upon the basis of a very skilful analysis of medical organisation at Auckland Hospital. Recently, in an article which was syndicated to a number of New Zealand newspapers, Mr Myrek Cvigr, who first met Brych in New Zealand in 1968 and acted as an interpreter for him, pointed out that Brych first claimed to be a psychiatrist, not an expert in the field of cancer. That point is obvious to anyone who studies early documentation of Brych's statements about himself. A large number of errors were made by people in the medical profession and those responsible for various aspects of medical professional organisation in New Zealand.

However, in my opinion, once the Medical Council had made its original error, the escalation of the Brych affair was based upon a combination of actions by people within various professional groups within New Zealand society. A number of people in New Zealand forgot the rules of assessment for therapeutic advances and failed to demand production of the simple basic information which any scientist would demand before reaching his or her own judgement concerning a new development. These people, I believe, allowed



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The media, with a few exceptions, were much happier to be given prepared material than to undertake any serious investigation.

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their better judgement and training to be overcome by the emotional climate which Brych and company had carefully constructed. The uncritical stance adopted particularly by a number of medical professional people rubbed off on administrators at various levels of the hospital service, who in turn allowed themselves to be skilfully manipulated as once again they forgot the normal rules, checks and procedures.

It is not true that Brych fooled the medical profession in its entirety. Before I became involved towards the end of 1972, certain staff at National Women's Hospital, together with Associate Professor Buchanan and members of his staff, were already asking the correct questions. Where were the records? What were the diagnoses on the patients, the state of the patient before treatment, and what was the evidence upon which so-called cures were based? Brych lied to me the first time I met him, hence my only referring two initial patients to him. It wasn't all that difficult to see through him and his nonsense, but it was extremely difficult to reverse the tide which was flowing as the result of accumulated errors made by our colleagues and supported by skilfully manipulated press and media. Those of us who initially spoke out against Brych were very much in the minority and it became clear that stemming the tide, let

alone reversing it, was not going to be easy.

### **Brych and the media**

For one thing, as I have said, the public like a hero and the medical profession en masse is always regarded with suspicion in terms of historical arrogance, but more importantly, in terms of its vested prestige and apparent power. All this was skilfully used by Brych and we found that we were making no headway whatsoever in terms of trying to put an opposite viewpoint to the newspapers and the media. We did talk to various people but they were not interested in our viewpoint. Blatant, unsupported lies of a charismatic and flamboyant charlatan, will always take precedence for copy or television time over the relatively slower attempt to present objective evidence. I am critical of a number of people in the newsmaking business and I believe they have just as much to answer for in this affair as the doctors and diplomats who made the earlier errors.

One thing that was very obvious to us was that members of the press and the media were much happier to be given prepared material than to follow suggestions for doing their own homework. We respected their right to be sceptical of our viewpoint, but we did not admire what seemed at first to be a uniform reluctance to validate the basis for particular pro-Brych stories when we suggested that this or that point could be checked by simple questioning or a very minor piece of homework possibly involving a telephone call or two. For instance, when an Auckland newspaper said Brych was desperately tired from devoting his constant attention to patients, we knew, because we needed to find him to get details about a patient who had become ill over a particular week-end, that he had been spending much of the relevant period at one of the well known Government tourist hotels.

He had made no arrangement for medical cover for his patients. If the newspaper concerned did respond to our challenge to check up on the facts, they certainly never published the results of their enquiries. Again the press could have checked, as did Professor Brod, himself a refugee from Prague, for the evidence of the publication record of Vlastimil Brych in Czechoslovakia.

It is true that some people came to realise the ridiculous nature of many of the press and television reports and, in particular, an article in the New Zealand Listener rebounded upon Brych and his supporters. That article contained so much obvious nonsense that a number of people who had previously held back, came forward and offered us some assistance. About the same time, however, Dr Gordon Nicholson, Chairman of the Division of Medicine at Auckland Hospital, got nowhere when he complained concerning the allocation of time on television to the pro-Brych versus the counter viewpoint. As far as the press is concerned, analysis of material provided by any newspaper clipping service over this time provides massive support for the belief of Dr Nicholson, Dr Buchanan and myself that the press simply was not interested in our viewpoint, i.e. that of the Division of Medicine at Auckland Hospital.

Statements were made frequently that Brych had sat an examination in New Zealand and this fable has been perpetuated over the years. There were various other references to him having qualified in New Zealand and such vague unsupported statements led to the belief within a section of the New Zealand public that whether or not Brych was qualified when he left Czechoslovakia, he had obtained training and suitable qualifications in New Zealand. Other statements prominently displayed in newspaper reports, supported the image that Brych was building up for himself as a brilliant, persecuted, anti-

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Because the media behaved uncritically a mythology about Brych and his alleged accomplishments survived for too long.

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Communist refugee whose credentials could not be checked because of his refugee status. Once again, our attempt, backed by statements from Foreign Affairs in New Zealand and officers of the United Nations High Commission for Refugees, presenting the exact opposite viewpoint as set out in Brych's statements, received little publicity. Obviously, we may have been inept in our method of approaching the press and the media, but we didn't change our methods when the tide began to turn in our favour, and we didn't seem to have any communication difficulties with the media and press after that.

All this *was* important in maintaining the mythology around Brych because he gathered this material into a standard package which he took with him on his trips around the world. By use of this material he skilfully manoeuvred a doctor in New South Wales into believing that this doctor had known Brych as a medical student. He tried the same trick on another Czechoslovakian refugee doctor in England who saw through the ruse. I have interviewed both these doctors. The doctor in New South Wales freely admits that he was conned. If anyone needs convincing concerning the relative newsworthiness of Brych in the ascendancy and Brych the brilliant martyr, versus Brych the defendant facing criminal charges, I would challenge them to compare the newspaper space devoted to

aspects of the Los Angeles trial to the space given to the news of his conviction and sentencing. A con man is of interest when he is challenging the Establishment and when his flamboyant personality is in full cry. When he loses the last round, the press loses interest in him. Maybe this is the way it should be.

#### **The Brych affair and the legal process**

My personal opinion is that the legal tactics employed by the Auckland Hospital Board at the time of the Town Hall enquiry were a factor which forestalled the ultimate day of reckoning for Brych. The strategy of the Auckland Hospital Board seemed at the time to me, as it has since then, to be aimed at preventing possible action by patients and relatives against the Board for allowing some of the things that might have been going on in the Radiotherapy Department. From the point of view of the Hospital Board as a public body, those tactics may have been justified, and in the event only a single action took place which was settled out of Court. However, I would regard this as an illustration of how institutions eventually end up being manipulated by the master of a carefully planned and executed deception.

Finally, in this brief resumé of factors which prolonged the Brych affair, I must refer to another legal matter. Once an unqualified or bogus cancer therapist has gotten so far ahead of the pursuit team, as Brych had done, the only place to sort out the truth, particularly for the reasons I have just quoted in relation to the press, must be in the Courts. However, once an unqualified person is so far ahead of the game the legal costs involved in bringing the ringleader of a grand fraud to trial are enormous. Brych demonstrated this to the full through his use of the entire appeal system right through to the Privy Council. He didn't win a single round, but

it all took two and a half years. This process was presented to the New Zealand public as a demonstration of our system of fair play. In fact, it was an example of cynical manipulation of the system by a master of deception. The immediate corollary of importance is that the various statutory organisations which have to finance the prosecution side of such a lengthy legal business, may balk at the cost. I can assure you there was a great sigh of relief in Medical Council legal circles when Brych headed to Rarotonga. The entire tactics of the Federal authorities in Australia and of Dr Edwards and the group in Queensland who blocked Brych's entry there, were aimed at excluding Brych from entering Australia in the first place. They fully realised the costs they would incur in defeating Brych, whom they recognised upon the basis of evidence provided by New Zealand as a master manipulator of the media and of the legal system, if they let him get ahead of the game by mere entry into Australia.

At this point I must stress, with as much emphasis as I can, the debt which the South Pacific countries and possibly other countries in the world owe to the legal authorities in the State of California and the County of Los Angeles. It would have been extremely simple for them to have deported Brych who was also facing legal action for allegedly entering the United States illegally. I participated in some exchanges involving the United States Immigration Service which culminated in Brych being issued with a warrant on the charge that he was an illegal immigrant. Action on that warrant was stayed because the United States authorities recognised that Brych should be stopped once and for all by the necessary process of bringing him to trial, airing all the evidence from both sides, and attempting to secure a conviction. In so doing, Mr Lee Harris and the Officers who assisted him recognised the enormity of the task they were undertaking and its difficulty. They

## The Milan Brych affair

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The State of California deserves our praise and gratitude for the way in which Brych was systematically examined and exposed.

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were confronted by one of the best lawyers in the United States, Mr Godfrey Isaac. Mr Harris and his assistants recognised that they were up against enormous resources. We all knew that Brych had access to considerable financial support via a number of connections including the Friends of Rarotonga in Australia. The Californians did not balk at this challenge; the whole thing was aired in the proper place and a conviction secured. Having met Mr Harris initially in September 1982, and been intimately involved with the trial for two periods, in March/April and in May of 1983, I was left in no doubt that taking on Brych and his supporters was a marathon task. The United States people could have ducked the issue and saved themselves enormous expense merely by deporting an

illegal alien, namely New Zealand citizen Brych. They chose the hard path. The Brych controversy was tested in a Court of Law where the dice were heavily loaded in Brych's favour.

### Some bouquets amidst the brick-bats

Without in any way detracting from the Californian effort, I must mention some important antecedents. The late Professor Valdislav Kruta deserves much of the credit for unmasking Brych. He was the Professor of Physiology in the University at Brno, a former officer of the RAF, and a vigorous defender of academic freedom. He was a ringleader in the attempted liberalisation of Czechoslovakia by the intelligentsia which led to the events of 1968. Instead of becoming a refugee, he stayed behind and he maintained his integrity until his death. He was too big a man to be crushed by any ideological mechanism. Kruta was a Czech patriot and he was incensed at what he perceived to be Brych's fabric of lies, which he believed cast potential discredit upon the University at Brno and the Academy of Sciences.

Although generally the media played a part in building up the Brych myth, some individuals were properly critical. The biggest bouquet must go to Mr Peter Game of the Melbourne Herald. Mr Game

took the trouble to chase up the inconsistencies evident in the reporting of the Brych affair by its proponents and by Brych himself, and conducted his own investigation in Australia and in the Cook Islands.

He followed up what happened to patients and he listened to the accounts of not only those who enthused about Brych, but also those who were disillusioned and abandoned. When he had done all this he came to see us and we have now worked together for over ten years. I find it sad that no New Zealand newspaper or New Zealand syndicate has availed itself of his excellent articles, dispassionately reviewing the whole Brych saga at the conclusion of the trial in Los Angeles.

I think the Medical Council also deserves a bouquet for having the courage to admit publicly that it had made a mistake. The potential pronouncement of that decision was undercut skilfully by Brych, again aided (I believe unwittingly) by the media. For instance, Brych and his associates were able to make tremendous play of a so-called crimes record sent from Czechoslovakia which they claimed was a major factor in causing the Medical Council to decide that Brych had never been to medical school and thus had lied about his qualifications. The Medical Council deregistered Brych after questioning him about the nature of his training

## The Milan Brych affair

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and finding that he didn't have the faintest clue as to how anatomy training, for instance, took place in the medical school in Brno. He didn't know much about pathology training either, and those two basic sciences are and were the core of the medical course in Central European Universities. Moreover, the particular crimes record referred to by Brych was sent from Prague in December 1974 whereas the Medical Council reached its decision and deregistered Brych in November 1974.

### Dénouement — the importance of Court action

As far as the Californian case was concerned, the person who acted as spokesman for the jury told us afterwards that it was the testimony of the Californian patients and Brych's own inconsistency which did him the most damage. It is also clear that the testimony of Milada Tuma, Brych's first wife, herself a refugee living in California, and that of her present husband Dr Tuma, helped to put paid to the skilful scenario erected by Brych and lawyer, Mr Godfrey Isaac. It is clearly established in the Court record,<sup>2</sup> that Brych never obtained a medical qualification. Material presented from the South Pacific, and from Czechoslovakia, enabled Mr Lee Harris with his skill and determination, to build up the

picture of recurring deception which commenced in Czechoslovakia, spread to New Zealand, then to the South Pacific and thence to California.<sup>2</sup>

A major reason why the confidence man loses when brought to Court is that the inconsistent pattern of lying which has been such a successful expedient up to that point, now operates against him. The statement by the Defendant which can be documented in Court, can be checked against the facts. In Los Angeles, Brych stated that, during his private practice in Auckland, patients were charged \$13.50. Bills were produced showing this to be untrue. In Court the skilful use of innuendo by Brych, his lawyers and supporters, can be exposed. Brych and his lawyer, Mr Isaac, repeated in Court the assertion that the Czechoslovakian authorities had stated that he was in prison in Czechoslovakia in 1969 when in fact he was in New Zealand, thus bolstering the viewpoint that the Czech records were fabrications. In Court it was pointed out that Brych was indeed sentenced to prison in Czechoslovakia in 1969, but he was sentenced in absentia and that is made clear on the document, which states that he had left the country illegally and that was why he was being sentenced in the first place.

Brych made it worse for himself in the interval between delivery of

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'... the defendant is a very devious person and very cunning, and quite callous to the well-being of society, particularly where a great deal of money is involved.'

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the jury verdict and sentencing, by making further inconsistent statements to the probation officer who interviewed him, and this compounding of dishonesty is referred to by Judge Aisenson at the time of sentencing.<sup>2</sup> Judge Aisenson pointed out that when Brych was on the witness stand he indicated that he had served time in prison in Czechoslovakia because of religious persecution. However, to his probation officer after the jury verdict, he stated that he had never served time in prison. It is this sort of thing which led Judge Aisenson to say: 'I think that there is no question but the defendant is a very devious person and very cunning, and quite callous to the well-being of society, particularly where a great deal of money is involved'.

deception is torn apart through the simple procedure of matching assertion with demonstrable fact.

### Conclusions — lessons for the future

My concluding remarks are concerned with the question, does the whole thing matter anyway, and are there lessons for the future?

I believe it does matter whether or not a bogus doctor of Brych's dimensions is exposed rather than allowing the situation to escalate progressively from one country to another. Some thoughtful, articulate and well-intentioned patients and supporters of Brych, such as the late Pamela McKenzie, asked us to leave Brych alone. Their argument, which I can understand and respect, is based upon the viewpoint that, if Brych had provided hope and comfort to them, then that was enough. If he was a liar, so what. If he had no miraculous cure, so what. This is a difficult challenge for us to face and to handle with compassion. I probably don't need to remind you that I myself am a physician, rather than a lawyer or policeman. I would not wish you to believe that we did not look over our shoulders sometimes and question our own motivation and justification. Initially, we sought merely to get at the truth, to find out whether or not there was a secret remedy and whether or not an uncontrolled human experimentation was taking place. Rapidly, however, while trying to avoid assuming a mantle of pious righteousness, we did feel we had a moral obligation to carry on to the point where the Brych affair was fully debated in open Court. One answer, with respect to the patients who were critical of us, is that patients are part of a wider community, and while some of that community receive support from a charlatan such as Brych, others suffer.

Science, by definition, is committed to truth. Likewise medicine

strives to be an honest profession. Progress in medicine, like progress in science, does not occur through systems based on unsupported suppositions, uncontrolled experiments, or frank falsehoods. Leaving Brych alone to attend to the patients with infinite faith in him, meant that cruel deception and abandonment of other patients would continue. In this instance it meant that patients were being treated in the absence of diagnosis with potentially life-threatening drugs, and in the absence of any systematic checking of the effects of those drugs on the patients. Had Brych proceeded with his appeal action in New Zealand, we would have produced as a witness a patient whose relatives had persuaded him to go to Brych. He had previously been investigated within the Auckland Hospital system and shown not to have cancer. His relatives believed he probably did have cancer. Brych took a blood specimen from him, placed the blood on a slide, held it up to the light and said he could see the cancer cells in the blood.

Brych treated the man with cytotoxic drugs and rendered his bone marrow virtually acellular. The man's life was saved by strenuous resuscitative measures undertaken by the orthodox services of the Auckland Hospital Board.

I think it does matter that Statutory bodies such as the Medical Council of New Zealand were prepared to state publicly that a mistake had been made. The Medical Council is appointed to ensure that New Zealand patients and their relatives are managed according to acceptable standards of training and of medical practice. Those who suggest that Brych should have been left alone are suggesting that the Medical Council of New Zealand, having admitted it made a mistake, should have ignored the activities of a person who was shown to have lied on an increasingly expansive scale from adolescence onwards. This man would have been retained in a

Again, in Court an opportunity is presented to redress the imbalance present in the press reports. In addition to the catalogue of testimonials from the few surviving patients whom he could muster, the Court heard testimony of a type which we had previously suggested various reporters should investigate and publish. Here is the extract of a letter submitted by the wife of one of the United States patients: 'all of these adjustments however, were minor to the mental and physical anguish Joe suffered as a result of Mr Brych's treatments. Joe suffered additional unnecessary pain, both from the treatments themselves and through Mr Brych's insistence that Joe's pain medication be decreased and then eliminated while his physical activity be increased. I do know that Joe's last few months were needlessly painful, sleepless, stressful and emotionally draining, because of Mr Brych's treatment and the false hopes he raised'.

Brych was a name dropper from the time he arrived in New Zealand. For example he had claimed to have treated Zatopek, the famous Czechoslovakian athlete. The name dropping habit caught up with Brych during the Los Angeles proceedings. It was documented that Brych had claimed to have treated such notable personalities as Betty Ford, Happy Rockefeller, Christian Barnard, Jacqueline Bissett, a well-known television star, Sir Albert Henry and Sir Joh Bjelke-Petersen.<sup>6</sup>

There are numerous examples recorded in the Los Angeles proceedings demonstrating that when finally in the controlled environment of a Court, an alleged charlatan is confronted with his past, the feet of clay are revealed as the fabric of

position of trust such that he could use dangerous drugs, sign death certificates, and have people cremated or buried without any attempt to check the effect of his treatment, as happened in New Zealand and Rarotonga. Doctors have a duty, in my opinion, to monitor continually the effects of their treatment. Brych flaunted the very basis for such monitoring through his total failure to keep records, let alone to establish diagnoses in the first place.

Those who have criticised us seem to expect us to subscribe publicly to double standards in terms of morals, ethics and academic integrity. On the one hand, as potential patients or relatives of patients, they expect us to be scrupulously honest in our dealings with them and in the maintenance of our own standards of self-education, self-criticism and application of scientific truth to all aspects of our professional work. On the other hand, those who criticise us and the Medical Council are virtually saying to us that, even if we are convinced that a man without training has access to the full potential of modern medical treatment with all its hazards and benefits, we should leave him alone because he is so nice to patients. Had Brych been a dispenser of colour therapy or an iridologist, he would have been left alone. Ironically, even his lawyer, Mr Godfrey Isaac, supported that viewpoint and in his summing-up said: 'but I've often wondered, instead of \$9,600 if they had charged \$96, whether we would even be here.'<sup>7</sup> The reference is to the fact that the Prosecution had demonstrated that \$9,600 was charged for injecting material which cost \$10. The name of the game throughout has been money.

Had we stood silently by and let all this go on whilst we were convinced that Brych was evil and dangerous, we would have been betraying not only the New Zealand public, but the patients who had started coming from overseas. In the event, I think we failed, as did the

Australians; but fortunately the Americans were better organised, admittedly to some extent upon the basis of information received in advance, but they were tougher and, as I have indicated, I believe their legal system was more honest in its dealings with Brych. In an address to the Auckland Medico-Legal Society in 1976, I posed the question as to whether, if a lawyer involved either in conveyancing or in Court work in Auckland, had been suspected of charlatanism, perhaps of being a law clerk who had jumped the barrier, the matter would surely have been dealt with in less than five years. The New Zealand legal profession has yet to provide me with an enlightened answer to that question.

I think it does matter that the effects of media participation in something such as the Brych affair are now being subjected to some scrutiny. I believe that, like the legal profession, the press and media in general, if unchallenged, would remain quite happy to justify their actions and to run away from a dispassionate analysis of their part in this sorry affair. Finally it must be pointed out that Brych got as far as he did because the medical, nursing and allied professions involved with cancer care had not been handling patients uniformly with the understanding they required and deserved. The organisation of cancer services in Auckland at the time Brych infiltrated the Division was far from perfect. His influence was such that there was a significant delay in installing a linear accelerator because it seemed that his miraculous treatment would render such equipment unnecessary. The cancer services to Auckland patients have improved but we cannot pretend that they are yet approaching the ideal. The Brych affair set us back.

Just as it is an illusion that the Brych affair will ultimately be seen to have served the better interests of cancer patients in Auckland, so it is an illusion to continue, as a number

of writers and media people have done, to suggest that, despite the present debacle, Brych will ultimately be shown to have been a man before his time. The people who try to protect their potential place in posterity by covering the situation in this way forget that history may rebound on them and categorise them as even more foolish than those who initially believed in Brych, but later accepted the truth. There is already a clearly discernible pattern whereby a new mythology of Brych is being created. Mr Isaac put it this way: '... the ultimate answer to cancer being (in) the immune system, I think fifteen, twenty years from now, with reference to some of the statements attributed to Brych, people are going to say, "My God, he was right"'.<sup>8</sup> There is no more validity to that statement than attributing the status of genius and the title of prophet to someone who said in 1960 that one day a man would step on the moon. The blunt truth of the Brych affair is that the central figure belongs to a long lineage of bogus cancer therapists described by Morris Fishbein in 1965 as follows: 'Of all the ghouls who feed upon the bodies of the dead and the dying, the cancer quacks are the most vicious and the most heartless'.<sup>9</sup> ■

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