

## The Flying Saucer Syndrome And the Need for Miracles

*To the Editor:*—Science, unable to prove that certain phenomena do not exist, can describe the sources of subjective interpretation and the failures in objectivity that hamper verification of the phenomena. In dealing with the magical needs of their patients some physicians have accepted the illusions of these patients as verifiable truths.<sup>1</sup>

In this connection I offer a brief analysis of possible errors in observation. Air Force research efforts have not been able to discover an incontrovertible token or verifiable piece of hardware left behind by the presumed flying saucers.

Possible sources of error may help us to judge the saucer reports:

1. *Memory distortions.* Man's reservoir of memories continually projects old fantasies and fictions into new experiences. They are a source of continual observational error.

2. *The personal search for magic.* Especially now when there is deep anxiety concerning the future of the world, man resorts to magical interpretations of his observations. The illusion of flying saucers interfering with man's mundane destructivity plays a part in many stories, betraying the desperate need to be saved.

3. *Optical illusions.* Man's eye as an imperfect camera is a source of manifold illusions. Increased intra-ocular pressure, muscle strain, staring, blind spots, entoptic illusions, glaucoma, cataract, retinal afterimages, and vitamin deficiency—all may influence and distort visual perception. These visual distortions may lead to mystical interpretation.

4. *Psychological perceptual distortion.* The illusion of movement may be the result of implementation by various repressed memories and fantasies, projected onto the new perceptions. Psychogenic field shrinking and symbolic distortions result from anxious anticipation. The psychology of all witnessing is based on the personal perceptual bias of the individual.

5. *Physical distortion of images.* Many distortions of reflection or diffraction, mirages, reflections of car lamps on distant clouds, scintillation of stars, air prism polarization, noctilucent clouds, blazing bits of meteorites, ghost lights caused by marsh gas, brush burn-

ing, or ball lightning during thunderstorms, test the veracity of observation, with frequent misinterpretation.

6. *Anxiety.* Those who believe that mysterious disasters threaten the earth produce various defensive fantasies in which the illusion of extraterrestrial intervention plays a key role. We find this in the dreams of overanxious patients. When there is an epidemic of anxious expectations, the zeitgeist delivers a host of mass delusional escape, the saucer delusion being one of them.

7. *The flying saucer cult.* This is a symptom of mass paranoia. It is well-organized with a host of books and magazines keeping alive the mysterious expectation and is filled with accusations against the Air Force for conspiring against the flying saucer "truth."

8. *Rumor and propaganda.* These betray the hidden feelings of tension in a group. The saucer cult covers over feelings of alienation and panic about a world headed for atomic suicide.

Thus the battle between credulity and occult bigotry continues, between evidence and illusion, between reality and the urge for soothing mystery. The best that science can offer is the most probable explanation, which in the end can neutralize the anxiety that fortifies the myths of extraterrestrial invasion.

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1. Meerloo, J.A.M.: *Le Syndrome des Soucoupes Volantes, Méd Hyg* 25:992, 1967.

## An Antidote for Propoxyphene HCl

*To the Editor:*—The oral administration of activated charcoal may be an effective means for treating acute ingestions of propoxyphene hydrochloride (Darvon). While investigating the adsorption by activated charcoal of drugs and household poisons, we found that 5 gm of activated charcoal (Norit A) will adsorb in vitro a significant amount of propoxyphene hydrochloride, 99% of a 10 capsule dose (320 mg) and 70% of a 30 capsule dose (960 mg). Since there is no known specific treatment for propoxyphene poisoning and many fatalities have resulted from the accidental or purposeful ingestion of this drug, we feel that this mode of therapy may prove useful and possibly lifesaving. We suggest that physicians treating suspected propoxyphene

ingestion administer a slurry of 10 gm of activated charcoal by mouth when the patient is first seen, before induction of emesis or gastric lavage. Following stomach emptying, another 10 gm dose should be given to prevent the systemic adsorption of propoxyphene remaining in the gastrointestinal tract.

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## Laboratory Data

*To the Editor:*—During 1967 information with respect to medical laboratories was repeatedly presented to Congress by the Department of Health, Education, and Welfare which was a confused and sometimes inappropriate application of data from very limited surveys, mostly from Public Health Laboratories, including Indian Bureau and Federal Prison hospitals. The results of such surveys were assumed to apply to all hospitals in the United States.

The conclusions drawn for the congressmen and senators were that 20 million tests per year are erroneous and that \$470 million is being wasted yearly.

These conclusions and the data (or lack of it) upon which they were based have been carefully reviewed and a detailed report has been published in the Congressional Record for Dec 14, 1967, (H.16075-78). Included in this report are facts which show, for example, that clinical chemistry tests are being judged by surveys conducted in the United States 15 and 20 years ago. A survey conducted in Canada was used to judge US performance.

A statement that 250,000 mismatched transfusions occur per year is shown to be a result of a mathematical miscalculation error based on results of a study made between 1938 and 1945 before any of the current blood bank advances were discovered. These are only a few of the inaccurate quotations identified.

Every branch of medical practice is open to the same sort of inaccuracy of statement. Professional societies and we as individuals should be alert to require that only current, relevant, and objective data be used when planning and reporting the progress of our nation's medical care effort.

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