

7 July 2001

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RESPONSE BY MONTAGUE AND HOOPER TO CURRENTLY CIRCULATING CRITICISMS OF THEIR PAPER

The paper by Montague and Hooper is a combined effort by a number of people concerned about major issues surrounding CFS/ME and related disorders, including Gulf War Syndrome.

"Sally Montague" is a composite name encompassing six different people. These people include researchers, medical scientists and clinicians, some of whom have a life-time experience of ME. Several of them are close friends of Professor Hooper and some are themselves severely affected by ME.

For professional and personal reasons, none of them at present wishes to reveal their identity. It has, therefore, been agreed that correspondence be addressed to Professor Hooper.

All six people contributed to the Montague/Hooper paper which sets out their concerns about the forthcoming CMO's report on CFS/ME.

The science described in our paper and the supporting references stand on their own and need no justification.

The references cited provide ample support for the views expressed by the authors and directly challenge the, as yet, unpublished views emerging from the CMO's working group and its associated bodies.

We believe that it is imperative that **all the evidence** available about CFS/ME is considered and fully evaluated **before** the CMO's final report is published. Official reports emanating from such a body will have far-reaching consequences which we believe might seriously jeopardise the health care and well-being of ME sufferers and render their future prospects very bleak.

We strongly reject any attempt to label CFS/ME as a psychiatric disorder for which psychotherapy, notably cognitive behavioural therapy and graded exercise, is the only recommended treatment.

It is a matter of personal regret for all of us that it has been necessary to challenge in this way the work of the CMO's Working Group and its lack of transparency. However, the failure of the CMO's group to consider all the science and the inability for dissenting views to be accommodated in that forum leave us no option. It is this and not any personal animosity that has prompted the writing of our article.

We repeat that careful and appropriate investigation of ME sufferers is essential and will lead to better diagnosis and provision of treatment which will encompass nutritional, dietary and lifestyle factors and, where possible and justified, conventional drug therapy.

With regard to Healthwatch, we have not attributed membership to anyone other than Charles Shepherd and Simon Wessely; Tony Pinching's previous involvement with Healthwatch members is matter of public record. Given the nature of its known track record, our concern about Healthwatch remains.

We realise that a similar challenge could be made about other chronic disorders which have been belittled and dismissed on the basis of very inadequate reports, including GWS, organophosphate (OP) poisoning and multiple chemical sensitivity. Informed criticism of these reports after publication has not stopped such reports from being regarded by policy makers as a balanced consensus of the scientific evidence.

However, there is now an increasing public distrust of science and official advisory groups following the major reports on OPs, BSE, GM foods, and the foot and mouth crisis. The increasing domination of scientific research by large corporations has added to this distrust as exemplified by the recent conference 'Corruption of Scientific Integrity? - The Commercialisation of Academic Science' 2nd May 2001, British Academy, London.

Sally Montague
Malcolm Hooper

7th July 2001