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The Quack and the Hacks—Milan Brych and Modern Quackery’s Reliance on Facilitative Networks

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ABSTRACT: In 1977, self-proclaimed cancer doctor Milan Brych set up a clinic in the Cook Islands offering to cure 80 percent of terminal patients. Patients from Australia and New Zealand flew to Rarotonga to have the \$12,000 treatment. Most died within months and were buried in the Rarotonga cemetery, locally known as the “Brych Yard”: Brych had not discovered a cure for cancer but was a quack and con man. This article looks at this notable case of cancer quackery and examines the associations that facilitated Brych’s activities. It argues that, given the late twentieth-century context of an established, influential medical profession well-policed by government regulation, the web of interests that facilitated Brych’s activities was critical in enabling him to achieve the scope and influence that he did. Both modern quackery and its brethren misinformation can be considered as an activity of an interlinked network of diverse, but complementary, interests.

KEYWORDS: quackery, Milan Brych, cancer, misinformation, medical fraud

“Cancer victims saved” proclaimed the 72-point headline miracle.¹ “Hundreds” of cancer sufferers “doomed to die” and “given up for dead” by their doctors were “alive today [in 1977] and free of the disease” thanks to Dr. Milan Brych.² Purchasers of *The Truth* daily newspaper, published by Rupert Murdoch’s News Corp in Melbourne, Australia, could read all about Brych’s astonishingly successful treatment. For a fee, they too could go to his private clinic in the tropical paradise of Rarotonga, on the Cook Islands in the South Pacific. Thanks to *The Truth*’s coverage, between one hundred and two hundred Australians diagnosed with terminal cancer made the pilgrimage to Rarotonga. The local cemetery, the Nikao, earned the nickname of the “Brych Yard” as it filled with the graves of his patients.³ Brych could not, as he had claimed, cure 80 percent of terminal cancer patients: he was a quack and a con man.

This article investigates Milan Brych as a notable and egregious case of cancer quackery (medical fraud), adding a late twentieth-century Australian example to the existing historical scholarship on quackery. I am also interested in this article in connecting historians’ analysis of quackery with contemporary scholarship on medical misinformation. Medical misinformation—the spreading of false information regarding medical matters—has become a pressing topic of inquiry within medical and public health fields especially since the COVID pandemic, so it is timely to consider the links between these two concepts of medical dishonesty.⁴

¹ Jack Ayling and Gerald Lyons, “Cancer Victims Saved,” *The Truth*, April 2, 1977, 1.

² *Ibid.*, 1–2.

³ “A Row of Silent Graves Speak of Lost Hopes in the Cooks,” *Pacific Islands Monthly*, March 1978, 36–37.

⁴ Carina Albrecht et al., *The Propagation of Misinformation in Social Media: A Cross-Platform Analysis* (Amsterdam: University Press, 2023); Michela Del Vicario et al., “The Spreading of

Histories of quackery from the eighteenth century to the twentieth have depicted quacks as charismatic individuals, spreading their claims through paid communication and advertising channels available to them in their time period and place—the handbill, the public lecture, the newspaper advertisement, the newsreel.⁵ Quacks paid for what we might today refer to as “marketing services” to gather clients and burnish their reputations and claims. These publicity channels have been presented as a neutral instrument by which the quack was able to advertise and gather clients.

Contemporary literature on medical misinformation in the twenty-first century rarely, however, connects this phenomenon with historical practices of quackery. Misinformation is

Misinformation Online,” *PNAS* 113, no. 3 (2016): 554–59; John F. Kennedy School of Government and Politics Shorenstein Center on Media, *Harvard Kennedy School Misinformation Review* (Boston: Harvard Kennedy School, 2020); Anita Lavorgna and Anna Di Ronco, *Medical Misinformation and Social Harm in Non-Science Based Health Practices: A Multidisciplinary Perspective* (Milton: Taylor & Francis, 2019); Marr Nurse, “Who Shares COVID-19 Misinformation in Australia: A Science Communication Approach” (Canberra, Australian National University, 2023); Jon Roozenbeek et al., “Susceptibility to Misinformation about COVID-19 around the World,” *Roy. Soc. Open Sci.* 7, no. 10 (October 14, 2020): 201199; Alexandria R. Stone and Elizabeth J. Marsh, “Belief in COVID-19 Misinformation: Hopeful Claims Are Rated as Truer,” *Appl. Cognitive Psychol.* 37, no. 2 (2023): 399–408; Marcos Roberto Tovani-Palone, “Scientific Misinformation,” *Lancet* 401, no. 10392 (2023): 1925–26.

⁵ Jonathan Barry, “Publicity and the Public Good Presenting Medicine in Eighteenth-Century Bristol,” in *Medical Fringe and Medical Orthodoxy 1750–1850*, ed. W. F. Bynam and Theodore Porter (Oxford: Routledge, 1987), 29–39; W. F. Bynum and Roy Porter, *Medical Fringe and Medical Orthodoxy 1750–1850* (Oxford: Routledge, 1987); David Cantor, “Cancer, Quackery and the Vernacular Meanings of Hope in 1950s America,” *J. Hist. Med. Allied Sci.* 61, no. 3 (2006): 324–68; L. R. Croft, “Edmund Gosse and the ‘New and Fantastic Cure’ for Breast Cancer,” *Med. Hist.* 38 (1994): 143–59; Laura Dawes, “‘Just a Quack Who Can Cure Cancer’: John Braund and the Regulation of Cancer Treatment in Australia,” *Med. Hist.* 57, no. 2 (2013): 206–25; Morris Fishbein, “History of Cancer Quackery,” *Perspect. Biol. Med.* 8 (1965): 139–66; Eric S. Juhnke, *Quacks and Crusaders: The Fabulous Careers of John Brinkley, Norman Baker, and Harry Hoxsey* (Lawrence: University Press of Kansas, 2002); Irving J. Lerner, “The Whys of Cancer Quackery,” *Cancer* 53, no. 3 (1984): 815–19; James Harvey Young, *The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America* (Princeton, N.J.: Princeton University Press, 1992); James Harvey Young, *American Health Quackery* (Princeton, N.J.: Princeton University Press, 1992).

depicted as a creature recently spawned and fueled by the hyperlinked world of social media where “authors with purely venal motives . . . [including] celebrities, activists, and politicians . . . convey false information . . . through the internet, television, chat rooms, and social media.”⁶ The “venal motives” of authors and of controllers of the communication channels that convey these messages have been explored in public health, medical, and communication studies scholarship.⁷

Milan Brych, who operated in the 1970s, represents a transitional case between these two pictures of the individual medical huckster and the ultra-networked spreader of medical misinformation. He was an unusual case of quackery in that, first, he was not physically located within the Australian and New Zealand communities that he drew his clients from. And second, Brych was claiming to be a medical practitioner and followed, to a certain extent, ethical restrictions on advertising under the medical ethics codes of the time, such as that issued by the Australian Medical Association.⁸ What might have been the usual paid

⁶ Joseph A. Hill, Stefan Agewall, and Adrian Baranchuk, “Medical Misinformation,” *Circulation* 139 (2019): 571–72, quotation on 571. The literature on misinformation and specifically medical misinformation is substantial and multidisciplinary. See, for example, Del Vicario et al., “Spreading of Misinformation Online” (n. 4); Louisa Ha, Loarre Andreu Perez, and Rik Ray, “Mapping Recent Development in Scholarship on Fake News and Misinformation, 2008 to 2017: Disciplinary Contribution, Topics, and Impact.” *Amer. Behav. Sci.* 65, no. 2 (2021): 290–315; Lavorgna and Di Ronco, *Medical Misinformation and Social Harm* (n. 4); Tovani-Palone, “Scientific Misinformation” (n. 4).

⁷ For example, COVID misinformation has been a fertile source of scholarship. Scholars have examined who generates COVID misinformation, who shares it and how, and how it is believed or used. Kennedy School, *Harvard Kennedy School Misinformation Review* (n. 4); Nurse, “Who Shares COVID-19 Misinformation in Australia” (n. 4); Stone and Marsh, “Belief in COVID-19 Misinformation” (n. 4); Sooyoung Kim, Ariadna Capasso, Shahmir H. Ali, Tyler Headley, Ralph J. DiClemente, and Yesim Tozan, “What Predicts People’s Belief in COVID-19 Misinformation? A Retrospective Study Using a Nationwide Online Survey among Adults Residing in the United States,” *BMC Pub. Health* 22 (November 18, 2022): 2114.

⁸ Australian Medical Association, *Australian Medical Association Code of Ethics* (Glebe, Sydney: Australasian Medical Publishing, 1964).

advertising avenues for a quack to use were closed to him: Brych himself did not directly advertise his services.

Instead, Brych benefitted from a number of transnational alliances that provided him with financial support, legal protection, and—crucially, when it came to gathering clients—proxies to advertise his services. These alliances included politicians in Australia and the Cook Islands, two referring doctors in the Australian state capital cities of Melbourne and Brisbane, the Friends of Rarotonga patient support group, and, most prominently, the popular News Corp daily newspaper *The Truth*, published in Melbourne. These were not neutral channels for paid advertising: Brych’s allies had their own interests, their own agendas.

Brych was central to an ecosystem of interlinking interests. His quackery was a “group effort,” achieved by several actors acting in their own interest, but whose interests happened to be complementary. Late twentieth-century quackery like Brych can, therefore, be seen to benefit from and leverage global interconnectivities between politics, media, and medicine that historians have noted in other contexts, and which is also central to medical misinformation.⁹ The Milan Brych affair suggests therefore that modern quackery and misinformation could be similarly considered as spread not merely by communication between nodes but as an activity of an interlinked network of complementary interests.

⁹ In regard to the range of contexts in which historians of medicine have explored networks, see, for example, Warwick Anderson, “Making Global Health History: The Postcolonial Worldliness of Biomedicine,” *Soc. Hist. Med.* 27, no. 2 (2014): 372–84; Mary L. Fennell and Richard B. Warnecke, *The Diffusion of Medical Innovations: An Applied Network Analysis* (Cham: Springer, 2013); Ilana Löwy, “The Social History of Medicine: Beyond the Local,” *Soc. Hist. Med.* 20, no. 3 (2007): 465–81; Deborah Neill, *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890–1930* (Stanford, Calif.: Stanford University Press, 2012).

In this article, first I describe and extract the persistent and common features of Brych's offerings, charisma, and persuasive strategies that have been identified by other historians considering quacks in other times and countries. Brych shares these features with quacks of the eighteenth and nineteenth centuries. Second, I examine the nature of the transnational network of alliances Brych leveraged, the different interests that his allies were serving, and how these relationships operated to create, sustain, and protect the pipeline of patients running from Australia to the Cook Islands, from 1977 to 1978. These networked connections link Brych with modern medical misinformation. Brych's allies, I suggest, had their own priorities that were skillfully leveraged by Brych to serve his own ends, but who were also themselves gaining in different ways from the connection and support they offered. In particular, I look at the conflicting interests that motivated *The Truth* newspaper at its editorial and journalistic levels and how its coverage of Brych facilitated his operations: the quack and the hacks. In sharing features of both quackery and medical misinformation, the Brych affair bridges these two bodies of scholarship and suggests that modern quackery, as misinformation, is not a solo activity but is sustained, protected, and fueled by broader networks with converging interests.

Background: Milan Brych

Vlastimil (Milan) Brych had arrived in Auckland, New Zealand, in 1968 as a refugee from Czechoslovakia, via a refugee camp in Italy. On his arrival, he claimed to have been a general practitioner with an extensive past research and clinical practice in cancer therapy but had not been able to bring documentation with him in his escape from Czechoslovakia. He

successfully gained probationary medical registration in 1969 and worked at the Auckland hospital under supervision before subsequently being granted full registration in 1971.¹⁰

At the Auckland hospital, Brych worked on the radiotherapy ward. Around 1971, freed from the oversight requirements of probationary registration, Brych began treating patients using a series of injections. He said this was a cancer cure derived from his research in Czechoslovakia.¹¹ In 1972, patients of his spoke on New Zealand television claiming he had indeed cured them.¹² This propelled Brych into the media spotlight and increased his fame.

The growing interest seems to have also concentrated the Auckland hospital faculty's doubts about Brych's veracity. "Surprising areas of ignorance [had been] excused upon the grounds that training in Eastern Europe must have been pretty awful, or that the poor chap didn't really understand English properly," suggested one increasingly skeptical colleague, John Scott.¹³ From 1973, the hospital board began to inquire more closely into what Brych was doing.

Brych was not keeping records of the treatments he was giving patients; he was taking blood samples but not sending them to the pathology department for analysis; and he was

¹⁰ P. J. Scott, "The Milan Brych Affair," *Mod. Med. Australia*, May 1987, 51–73; "Options Available to the Commonwealth in Relation to Milan Brych" (Cabinet Paper No. 287, Canberra, 1978), National Archives of Australia; Michael Guy, *Cancer and Milan Brych: Cure or Con?* (Waiura, Martinborough: Alister Taylor, 1978).

¹¹ "Time Will Tell on Cancer Work," *Auckland Star*, January 5, 1974.

¹² "Interview with Dr Milan Brych and Patients by Ian Watkins," *This Day* (Auckland: Television New Zealand, 1972).

¹³ "Lecture by Dr PJ Scott, Department of Medicine, Auckland. Delivered in Auckland, Melbourne and Adelaide," in *Copies of Documents Tabled in the Queensland Parliament by the Hon LR Edwards MLA on Tuesday 4 April 1978* (Brisbane: Government Printing Office, 1978), 185–225, 192–93.

refusing to disclose details of the allegedly miraculous cure.¹⁴ This, in retrospect, seems to have been an astonishing degree of independent operation being allowed by the hospital. John Scott, at the request of the chairman of the hospital board, took it upon himself to investigate Brych's claims and background. Scott was subsequently subject to a campaign of harassment, targeting him and his family.¹⁵ His office at the hospital was ransacked; a fake bomb was put in the family home's letter box; the house was broken into at night and the Scott children threatened by a masked intruder, among numerous incidents.

As doubts grew, the hospital board moved to suspend Brych and the Medical Council of New Zealand instigated their own inquiry. This was held publicly in the Auckland Town Hall, from April to May 1974, and chaired by the medical director of the Cancer Institute (today the Peter McCallum Clinic) in Melbourne, Australia, Professor Roy Douglas (R. D.) Wright. Devoted patients spoke in support of Brych, medical colleagues both for and against. Brych made two written submissions, but refused to answer questions and was repeatedly held to be in contempt of the inquiry.¹⁶ Chairman Wright found Brych not to be credible—indeed, he described him as a “fibber”—and recommended suspension of Brych's medical license.¹⁷ The Medical Council did so, but Brych contested the suspension and was able to continue to offer his cancer treatment at his private clinic pending litigation.

¹⁴ “Cancerman: The Milan Brych Affair” (New Zealand: Project Melting Pot, 2012); Scott, “Milan Brych Affair” (n. 10); *Copies of Documents Tabled in the Queensland Parliament* (n. 13).

Unfortunately, John Scott's papers, which are held at the Archives of New Zealand and include his records of his investigation into Milan Brych, are restricted for one hundred years.

¹⁵ “Cancerman” (n. 14).

¹⁶ “Doctor in Contempt of Inquiry,” *Canberra Times*, May 7, 1974; “Secret Remedy Claims Heard at Cancer Inquiry,” *New Zealand Herald*, April 24, 1974; “Brych Continues His Refusal to Answer Questions,” *Auckland Star*, May 4, 1974.

¹⁷ “Cancer Findings,” *Auckland Star*, June 24, 1974, 1.

John Scott and the Medical Council continued to investigate, with Scott traveling to Czechoslovakia to check Brych's claims. Scott was given access to university and hospital records, but was unable to find evidence of the claimed medical qualifications or research practice or, indeed, anyone who recalled Brych being anything other than a lab technician. In fact, it appeared that Brych had been in jail for fraud, assault, and forgery at the time of his claimed medical training.¹⁸ The Medical Council provided details of its findings to Brych and his lawyer in early 1977, prior to the scheduled Supreme Court hearing of Brych's appeal against his impending deregistration.

Brych, however, was offered a lifeline. The premier of the Cook Islands in the South Pacific, Sir Albert Henry, invited Brych to come to the islands to set up a cancer clinic and to investigate traditional medical practices.¹⁹ While the latter part of the invitation never eventuated (Brych claimed he could not deny dying patients his full attention by splitting his time), he did take up the offer to set up a cancer clinic, arriving on the islands in March 1977. Henry railroaded through amendments to the Dental and Medical Practice Act to permit Brych to practice medicine without holding qualifications, provoking two members of the Cook Islands Medical Board to resign in protest.²⁰ Dr. Joe Williams, the Minister for Health, provided Brych with a house to stay in. "We have accepted Dr Brych's version of his life—without reservation or qualification," said Dr. Williams.²¹ Henry and Williams provided valuable support and practical assistance to Brych—a safe haven away from the twenty-three

¹⁸ Scott, "Milan Brych Affair" (n. 10).

¹⁹ The Cook Islands is an island grouping in the Pacific, northeast of New Zealand. Formerly a British colony, it became a dependent territory of New Zealand in 1949 and self-governing in 1965. Albert Henry (1906–1981) was the first premier.

²⁰ Guy, *Cancer and Milan Brych* (n. 10).

²¹ Gerald Lyons, "All Nonsense Says Brych," *The Truth*, April 9, 1977, 7.

pending charges brought by the New Zealand Medical Council. Brych could continue to use the title “Doctor,” which he did in his correspondence and billings and on the shingle outside his clinic.²² The first of the patients from Australia arrived in April 1977.

It appears that for Premier Henry the interest was not in having someone investigate traditional medical practice, which Brych never did, but in the income that the clinic would bring to the island. “I don’t give a damn if he doesn’t have a certificate in other countries—I’ve given him a certificate to save people and he is legal in my country,” Henry told a press conference. “We are getting money for the centre from Australians and Americans. . . . After all, our government cannot afford to pay for this centre—we haven’t got that kind of money, only plenty of coconuts.”²³

Henry, Williams, and Brych formed the board of what was called the Cook Islands Medical Trust that was established to run Brych’s clinic. The trust leased flats and motel rooms from tourism operators at a rate of \$16 per day and charged patients \$35 per day. (In comparison, the smartest hotel on the island charged \$30 per day.) Hospital stays cost \$50 per day, additional medical services including nurses visiting at \$35 per day, plus further individual charges for tests. The treatments were charged at \$880 each, in a series of six.²⁴ Food and hire cars could be a further \$50 per week. A local news report said that the only coffin supplier on the island had made additional orders, and grave diggers and funeral services were charging \$400 per burial.²⁵ Reports by patients, the Australian government, and

²² “Island of Hope,” in *Four Corners* (Rarotonga, Cook Islands: ABC, March 1978).

²³ Quoted in John Brook and Brian Blackwell, *Cancer: The Impossible Miracles* (Melbourne: Gazelle Books, 1978), 30–31.

²⁴ Guy, *Cancer and Milan Brych* (n. 10), 44; similar figures in “Row of Silent Graves” (n. 3). All dollar amounts throughout are in Australian dollars.

²⁵ “Row of Silent Graves” (n. 3).

visiting journalists put the total cost of attending the clinic at \$12,000 to \$15,000;²⁶ an investigation by the Australian Broadcasting Commission's (ABC) *Four Corners* program estimated the Medical Trust had earned half a million dollars.²⁷ Brych's clinic therefore formed a new element to the local economy, providing services to patients and their families with the Medical Trust ostensibly handling the money. Brych and Henry, however, claimed the trust was operating at a loss and could not disperse any funds.

Henry would later be ousted from office and found guilty in July 1978 in the Cook Islands Supreme court for bribery and corruption.²⁸ The case revealed extensive misappropriation of public funds by Henry and his government. Although the Brych matter was not explored in court, the financial arrangements of the Medical Trust very likely formed another element in Henry's corrupt activities.

The Cook Islands' premier was not Brych's only political supporter: Joh Bjelke-Petersen, the premier of the Australian state of Queensland, was also keen securing Brych's services for his state. "I have been receiving almost daily calls from cancer victims and their families," he told the press, and had a number of phone calls with Brych himself, seeking to get Brych to set up a clinic in Brisbane, Queensland's capital city.²⁹ Bjelke-Petersen's leadership style was that if someone asked him for help and he could give it, he would do so without much regard for process (or even legality).³⁰ It was part of the premier's bluff, down-to-earth political

²⁶ This amounts to \$80,000 to \$100,000 in 2023 dollars. Reserve Bank of Australia, "Inflation Calculator" (n.d.), <https://www.rba.gov.au/calculator/annualDecimal.html>.

²⁷ "Island of Hope" (n. 22).

²⁸ Kathleen Hancock, *Sir Albert Henry, His Life and Times* (Auckland: Methuen, 1979).

²⁹ "Clinical Aid for Brych," *Canberra Times*, March 6, 1978, 3.

³⁰ Rae Wear, *Johannes Bjelke-Petersen: The Lord's Premier* (Brisbane: University of Queensland Press, 2002); Hugh Lunn, *Johannes Bjelke-Petersen: A Political Biography*, 2nd ed. (St. Lucia: University of Queensland Press, 1984).

style, an attitude that made him beloved to the electorate for his lack of interest in red tape politicking but also eventually led to his government's downfall under a cloud of corruption.

Brych's claimed immunotherapy treatment may also have personally appealed to the premier. Bjelke-Petersen supported various alternative approaches to healing, such as advocating natural, unprocessed foods—a position that was unusual for the 1950s when he first took it up. It is possible that the premier's interest in Brych lay with his own experience of a bout of polio in childhood, which was successfully treated with Sister Elizabeth Kenny's alternative approach of physiotherapy, massage, and heat. Kenny's approach was at first considered highly suspect by the medical profession and only later gained acceptance.³¹ Kenny, too, was also not trained through orthodox nursing training. Premier Bjelke-Petersen was not overly troubled by Brych's lack of medical qualifications and, as an inventor himself, didn't see much of a problem with Brych's refusal to disclose the nature of his discovery.

Unlike Henry, however, Bjelke-Petersen did not enjoy the agreement of his health minister, Dr. Llew Edwards, who was very much against his premier's intentions to invite Brych to Queensland.³² The Australian federal government, too, was jittery about Bjelke-Petersen's public approval of Brych.³³ Brych and his clinic became a source of great tension between the Queensland premier and the health minister: Edwards later recalled the vigorous

³¹ Pauline McCabe, ed., *Complementary Therapies in Nursing and Midwifery* (Melbourne: Ausumed Publications, 2001); Naomi Rogers, *Polio Wars: Sister Kenny and the Golden Age of American Medicine* (Oxford: Oxford University Press, 2014); Philippa Martyr, "'A Small Price to Pay for Peace': The Elizabeth Kenny Controversy Re-examined," *Australian Hist. Stud.* 27, no. 108 (1997): 47–65.

³² Murray Broad, "Making an Ass of the Law," *Tribune*, May 10, 1978; Ralph Hunt, "Press Release—Challenge to Milan Brych," March 8, 1978; Ralph Hunt, "Press Release: Letter to Milan Brych," April 2, 1978.

³³ "Milan Brych—Establishment of a Cancer Clinic in Australia," 1979 1978, A10756, National Archives of Australia.

and forcible Bjelke-Petersen “firing him several times” over the matter.³⁴ Edwards, highly diplomatic, instead steered the premier into first, assuring the federal health minister that “we [Queensland], as a State, have no intention of allowing [Brych] to practice unless he does meet the criteria demanded by the State” (namely, the Medical Act 1939 [QLD], which required demonstrated medical qualifications for registration) and, second, agreeing that Brych should meet with senior figures in medical practice to reveal his cure.³⁵ Brych went to Brisbane in May 1978, believing the premier was going to offer him money to start a clinic, but took offense at the questioning and refused to disclose the nature of his treatment.

Brych leveraged the premier’s support in other ways as well—he claimed that he had secretly treated Bjelke-Petersen for cancer.³⁶ This was an excellent advertisement since Joh—a large and solidly built man—looked to be in bullish good health. The premier’s office clarified that this had not been the case (and which looked to have cooled the premier’s support), but Brych’s proxies continued to claim Joh as a famous patient, in company with a son of Edward Kennedy, Betty Ford, Christian Barnard, and Happy Rockefeller.³⁷

Jonathan Barry, in his study of eighteenth-century quacks in Bristol, observed that quacks frequently claimed to have cured prominent local figures.³⁸ Because the person was

³⁴ Interview with Llew Edwards, “Llew Edwards | Queensland Speaks” (Roger Scott and Ann Scott, September 22, 2009) <https://www.queenslandspeaks.com.au/llew-edwards>. See also “An Upset in the Queensland Liberal Party—Nearly,” *Canberra Times*, October 2, 1978.

³⁵ “Cabinet Minute Decision No 4825” (Canberra, March 12, 1978), A13075, National Archives of Australia.

³⁶ “Milan Brych: Genius or Fake Special” (Brisbane: BTQ [Channel 7] Brisbane, ca. 1978), BTQB01-023+024, National Film and Sound Archive; “Milan Brych,” *Day by Day* (Melbourne: Channel 7, July 28, 1978), HSVXF-2130003, National Film and Sound Archive; “Brych ‘Treated Bjelke-Petersen,’” *Canberra Times*, March 31, 1983.

³⁷ *Day by Day* (n. 36); Peter Coster, “Brych Guilty,” *The Herald*, September 6, 1981.

³⁸ Barry, “Publicity and the Public Good” (n. 5).

known in the community, people could see for themselves the truth of the cure. Brych's strategy can be seen as a modern evolution of this technique—he claimed to have cured figures brought into people's ambit not via personal encounter but through a parasocial relationship, formed through magazines and newspapers. The person's fame both acted to make them familiar but also excused the need for the person to confirm or deny the claim—*of course a famous person wouldn't publicly say Brych had cured them of cancer*. Their remoteness was, perhaps counterintuitively, an implied proof of the claim.

Brych was not without supporters in medicine as well. Senior figures at the Auckland Hospital had spoken in favor of him at the 1974 inquiry, and within Australia Brych was receiving referrals from two doctors, Warren Hastings in Melbourne and Anne Glew in Brisbane. Hastings, in particular, was closely involved with Brych, visited the Rarotonga clinic, and met with Albert Henry and Joe Williams. He also acted as an Australian-based ambassador for Brych in dealing with Joh Bjelke-Petersen and arranging Brych's visit to Queensland.³⁹

Brych, being (ostensibly) a GP and not a specialist, did not legally require doctors to refer patients to him for patients to claim a portion of their treatment costs under the Australian government's Medibank universal medical insurance scheme. At the time, the Health Insurance Act 1973 allowed for Australian citizens to claim 85 percent of scheduled fees, including for medical services provided outside of Australia.⁴⁰ The services had to be provided by a person "authorized to practice as a medical practitioner under the law of the

³⁹ Guy, *Cancer and Milan Brych* (n. 10), 47–49.

⁴⁰ Health Insurance Act 1973 (Cth), ss10, 21.

place where the medical service was rendered.”⁴¹ Because Henry had amended the Dental and Medical Practice Act, Brych *was* authorized to practice in the Cook Islands, despite not having medical qualifications. Patients were free to go to Brych in Rarotonga directly (and some did) and still be able to claim the Medibank rebate.

It appears, then, that Brych’s association with Glew and Hastings was not because of Medibank requirements, but instead served to increase the sense of his medical legitimacy, provided useful Australian-based contacts for patients, and built the pipeline of patients going to Rarotonga. Both doctors attracted censure from their respective states’ medical boards for their association with Brych.⁴²

Brych’s Treatment and Claims

Despite repeatedly promising from 1972 onward that he would shortly be publishing details of his treatment or revealing them at an international oncology meeting, Brych did not do so. To reconstruct what he claimed to be doing, I am therefore reliant on his public statements, such as at the 1974 inquiry in New Zealand, in the media, from the transcript of March 1978 meeting in Brisbane, and from reports by visitors to the Rarotonga clinic.⁴³

Brych claimed that he could diagnose the type of cancer someone had by looking at their blood. He would—dramatically and theatrically, in the manner of an eighteenth- or nineteenth-century mountebank—take a blood sample from the patient, view it under a

⁴¹ Ibid., s21(2)(a).

⁴² “Options Available to the Commonwealth in Relation to Milan Brych” (n. 10).

⁴³ For example, *Copies of Documents Tabled in the Queensland Parliament* (n. 13); Guy, *Cancer and Milan Brych* (n. 10); Brook and Blackwell, *Cancer* (n. 23); Ayling and Lyons, “Cancer Victims Saved” (n. 1).

microscope or hold it up to the light, and pronounce the diagnosis.⁴⁴ Blood was also where the cure was found: Brych claimed to have identified and isolated over six hundred tumor-specific antigens in blood, and these were the basis of his “immunotherapy” treatment. Within experimental medicine, immunotherapy was an exciting field of endeavor at the time, seemingly offering hopeful new lines of potential cancer therapies. The idea that tumors might be specifically targetable by virtue of their antigens—and hence the possibility of a “magic bullet” for cancer without the associated toxicity of chemotherapy—had received renewed interest following the discovery of killer T cells in 1967.⁴⁵ Brych was therefore leveraging optimism and enthusiasm about the potential for the body’s own immune responses to be harnessed in cancer therapy. This more “natural” approach may have appealed to patients skeptical of chemotherapy—indeed some of Brych’s patients had declined chemotherapy and radiotherapy in favor of alternative therapies.⁴⁶

On the Cook Islands, Brych’s patients were admitted to a special ward at the Rarotonga Hospital for a week’s worth of daily injections or a drip of the “antigen” (a yellowish liquid) specific to their tumor. They would then return to a hotel for a three-week break. Patients would receive up to six cycles of the treatment at a time. After the first week of injections, patients often reported an initial boost in how they were feeling and would lose their hair.

⁴⁴ Roy Porter, “Before the Fringe: ‘Quackery’ and the Eighteenth-Century Medical Market,” in *Studies in the History of Alternative Medicine*, ed. Roger Cooter (London: Palgrave Macmillan, 1988), 1–27; Barry, “Publicity and the Public Good” (n. 5).

⁴⁵ J. F. Miller, “Events That Led to the Discovery of T-Cell Development and Function—A Personal Recollection,” *Tissue Antigens* 63, no. 6 (June 2004): 509–10. See additionally Paula Dobosz and Tomasz Dzieciatkowski, “The Intriguing History of Cancer Immunotherapy,” *Frontiers in Immunology* 10, no. 2965 (2019): 1–10; Arthur M. Silverstein, *A History of Immunology* (New York: Academic Press, 2009).

⁴⁶ “Interview with Dr Milan Brych” (n. 12); “Island of Hope” (n. 22).

Even for patients, this was the extent of the detail Brych provided about the treatment. For example, one patient, Mary Duncan, told reporters from Australia's national broadcaster, the ABC, "We don't know what his treatment is, we just know we have the drip and injections. But we have the greatest confidence in Dr Brych."⁴⁷ Although patients did not know what they were being given, the impressive physical effects of the drugs would have helped create a sense that treatment was doing something and build confidence in Brych. Historians of medicine have noted that while past therapeutics did not target biological disease processes in the way that modern evidence-based practices seek to do, the theatricality of, say, bleeding or emetics and doctors' confidence in their skills could have powerfully stoked a sense of the treatment's efficacy.⁴⁸

Blood, in particular, featured prominently in Brych's offerings: In his scheme, blood was the basis for diagnosis and cure. Blood was also a way of raising money from visitors—relatives and journalists like Michael Guy who visited the Rarotonga clinic were offered a \$34.25 blood test and invited to donate blood (also for a fee). Guy took the test, but was not given any results.⁴⁹ Blood was also how Brych was first brought to the attention of Australian authorities. He requested blood products be exported from Australia to his Rarotonga clinic. The federal health minister, Ralph Hunt, blocked the export permit. This was the first action

⁴⁷ "Island of Hope" (n. 22). Similarly, see also Brook and Blackwell, *Cancer* (n. 23); "Parliamentary Debates (Hansard) Legislative Assembly" (Queensland, April 4, 1978).

⁴⁸ Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," in *Explaining Epidemics*, ed. Charles E. Rosenberg (Cambridge: Cambridge University Press, 1992), 9–31; John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Mass.: Harvard University Press, 1986).

⁴⁹ Guy, *Cancer and Milan Brych* (n. 10), 36.

taken against Brych by Australian authorities. Television reports on Brych also often showed him taking blood from patients—the deep red fluid spooling into a syringe.

Blood is, of course, culturally deeply significant, persuasive, and symbolic. Blood is seen as the substance of life, with powerful life-affirming and life-giving properties, bled by women during their menstrual cycle, and creating deep connections between people as “blood relatives” or “blood brothers.” Handling blood and the paraphernalia of syringes is also a powerful sign of medical authority, of having power and control over this life-giving substance. It plays a prominent role in Christian belief; the ceremony of communion involves partaking of the body and blood of Christ, either metaphorically or literally. In 1976, the Australian census recorded 78.6 percent of the population reporting an affiliation with Christianity.⁵⁰

It is likely no accident that some patients referred to Brych as godlike in his healing abilities, a Christ figure who was persecuted for his faith—a connection that the use of blood subtly suggested. Brych restored to life those “given up for dead”;⁵¹ patients under his care “have thrown away wheelchairs and crutches” and walked again.⁵² “He is looked upon as a kind of God by his patients,” reported journalists John Brook and Brian Blackwell who wrote an extremely positive account of the Rarotongan operations.⁵³ The prominence of blood in Brych’s scheme and public profile burnished Brych’s claims of being a medical messiah, outcast by orthodoxy. Like the biblical parable of Jesus and the leper, he went among those

⁵⁰ Australian Bureau of Statistics, “Religious Affiliation in Australia” (April 7, 2022), <https://www.abs.gov.au/articles/religious-affiliation-australia>.

⁵¹ Frank Quill, “Hunt’s Bill Hits Patients,” *The Truth*, June 10, 1977, 5.

⁵² “Joh Backs Brych Against Ban,” *Sunday Sun*, February 26, 1978, 10.

⁵³ Brook and Blackwell, *Cancer* (n. 23), 16.

“riddled with cancer,” which doctors had “washed their hands of,” and would (he said) cleanse them of their disease.⁵⁴

It seems unlikely that Brych was in fact using blood in the way he claimed he did in his treatment. Visitors described the Rarotonga clinic, occupying a low weatherboard shop front, as “sparsely equipped”—“nestled in a building behind the town’s [Avarua’s] only service station, and was no more than a tiny room wedged between a dress shop and another business.”⁵⁵ The fact that Brych’s facilities were not sufficiently sophisticated enough to undertake the testing and refinement he claimed to do was later an element in the Australian government’s decision to use legal means against Brych. The blood business also tripped him up in other ways. While Brych on some occasions said he personally had discovered and refined the antigens from blood, at the Brisbane meeting with Premier Joh Bjelke-Petersen, he said he received these from a German collaborator but would not reveal who that was.⁵⁶

Brych’s offerings were not just medical, however. Equally as critical was his rapport and attention to his patients. Journalists and patients alike reported that Brych was attentive, kind, and thoughtful. The mother of an eight-year-old patient said, “The way he treats the kids is marvellous. They absolutely idolise him. He is a very gentle man and interested so much in all his patients. He is kind and he seems to understand the problems.”⁵⁷ Similarly, Susan Diefenbach, a teenage patient, said that “she liked him more than any doctor who had treated her in Australia because he sat on the bed and talked to her.”⁵⁸ Patients felt listened to, were

⁵⁴ Jack Ayling, “Sent Home to Die Three Years Ago: Alive Today,” *The Truth*, May 14, 1977, 9; Gospel of Mark 1:40–44.

⁵⁵ Guy, *Cancer and Milan Brych* (n. 10), 36, 15.

⁵⁶ For example, Guy, *Cancer and Milan Brych* (n. 10), 30–31.

⁵⁷ Brook and Blackwell, *Cancer* (n. 23).

⁵⁸ Hugh Lunn, “Sue Walks Again and the Debate Rages On,” *The Truth*, March 18, 1978, 5.

given a sense of hope, and were provided an option for further treatment that they felt their orthodox doctors had not offered.

Brych also seemed sophisticated, suave, and exotic. A female neighbor in Rarotonga described him as

slim and perhaps a little over six feet in height. I would say he was in his mid-forties. He had the fingers of a pianist and a lithe frame. I had the conflicting impression of a man of physical strength and boundless confidence who, at the same time, exuded care and sensitivity. A closer look revealed penetrating, almost hypnotic blue eyes set behind dark tortoise shell frame glasses and sharply defined features.⁵⁹

A (male) journalist found him similarly alluring:

When he smiled, which was almost permanently, he revealed his gold-capped front teeth. Shining eyes behind dark-rimmed glasses, and a combination of impeccable clothes, gave him the appearance of a wealthy European on holiday. . . . I could see why female patients and colleagues had described him as “Continental and having the Latin-look.”⁶⁰

So Brych had sex appeal—to adult patients at least. (One might assume that this would imply women were particularly attracted to Brych’s offerings, but in fact the death register at the Rarotonga hospital shows equal numbers of male and female patients.) For child patients, he was kind and understanding. This suggests Brych was able to morph his personality and style of interaction, depending on whom he was interacting with—sexy, kind, erudite, and so on. John Scott thought Brych used a form of hypnotherapy, sitting on the patients’ bed and gazing deeply into their eyes for an extended period.⁶¹ This sounds disquieting, but patients reported liking the sense of care and attention it gave.

⁵⁹ Helen Henry, *My Kotuku of the South Seas: Living and Loving in Rarotonga. A Memoir* (New Zealand: XLibris, 2013), 10–11.

⁶⁰ Guy, *Cancer and Milan Brych* (n. 10), 20.

⁶¹ Scott, “Milan Brych Affair” (n. 10), 56.

Many of Brych's patients speaking in the media reported being abandoned by their doctors—"given up for dead," "sent home to die," they "washed their hands of me," or at the "end of the [treatment] road."⁶² Nigel Gray, the director of the Anti-Cancer Council for Victoria, noted that Brych's appeal was clearly meeting an unmet need for a certain proportion of cancer patients, both in terms of offering continued treatment for those who wanted it and in terms of the need for emotional support that Brych was skillfully satisfying. "One thing is very clear," Gray wrote. "We should exhort the Australian medical profession to pull up its socks so far as psychological and personal management of cancer patients is concerned."⁶³

The psychological element of Brych's scheme appealed to patients and secured their and their relatives' devotion. Hope in cancer treatment, which is something Brych was providing, has been well noted by both historians and physicians as being very important.⁶⁴ The Brych affair also pointed to potential weaknesses in orthodox treatment provision that opened opportunities for a quack to exploit. There was clearly a subset of patients who either were not well supported emotionally by their doctors or were not being offered continued treatment choices, and Brych did both of those things. However, other than Gray's observation, medical authorities do not appear to have reflected on how Brych's success could indicate areas for their own improvement.

⁶² Frank Quill, "Hunt's Bill Hits Patients," *The Truth*, June 10, 1977, 5; Ayling, "Sent Home to Die Three Years Ago" (n. 54), 9; "Brych: I Have 80% Success Rate," *The Truth*, August 20, 1977, 3.

⁶³ Nigel Gray, "Editorial: Milan Brych and the Medical Profession," *Med. J. Australia* 1, no. 4 (1978): 195–96.

⁶⁴ E.g., Cantor, "Cancer, Quackery and the Vernacular Meanings of Hope" (n. 5); Barron H. Lerner, *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America* (Oxford: Oxford University Press, 2001); Hamed Salimi et al., "Hope Therapy in Cancer Patients: A Systematic Review," *Supportive Care in Cancer* 30, no. 6 (2022): 4675–85.

What was Brych actually doing with his injections, drips, and blood tests, then? It seems likely from what journalists reported seeing at the clinic that Brych was giving orthodox chemotherapy, but in higher dosages. A medical student, Garth Cooper, undertaking an internship at the Rarotonga hospital agreed that this matched with what he observed.⁶⁵ Brych's clinic had a drugs cabinet, in which visitors reported seeing cyclophosphamide, methotrexate, vincristine, and 5-fluorouracil—all chemotherapy drugs, supplied by the local pharmacist. The fact that patients lost their hair was also consistent with chemotherapy.

John Scott, the skeptical colleague from Auckland, had also snaffled a bottle of the yellowish “anti-tumour” solution and found it was a vitamin B complex.⁶⁶ Another retrieved syringe proved to be a corticosteroid (a standard cancer treatment and antinausea medication) and procaine (a pain reliver with euphoric effects). Together, these treatments could account for the initial improvement and buoyed mood that patients reported, before experiencing a rapid decline in their health.

Although Brych did not reveal hard data on his patients' outcomes, his claims to “cure” 80 percent of his patients were clearly exaggerated. (At other times, Brych claimed a 50 percent cure rate, or sometimes claimed his aim was merely to alleviate suffering.)⁶⁷ For example, the Auckland hospital found that Brych's patients from 1971 to 1972 “fared no better” in general than those on standard chemotherapy, which would be expected if Brych's patients were receiving standard chemotherapy but at a different dosage.⁶⁸ The Australian government estimated 100 to 200 patients had gone to the clinic; the Rarotonga hospital's

⁶⁵ Garth Cooper, interview by Laura Dawes, March 13, 2024.

⁶⁶ Ibid.; Scott, “Milan Brych Affair” (n. 10).

⁶⁷ For example, Guy, *Cancer and Milan Brych* (n. 10); “Island of Hope” (n. 22).

⁶⁸ Scott, “Milan Brych Affair” (n. 10), 60.

death register records 72 deaths from April 1977 to June 1978, and Nigel Grey of the Anti-Cancer Council found 15 more death notices in the newspapers for patients dying on their return to Victoria alone, suggesting at least 87 deaths out of 100 to 200 patients.

However, the medical intern, Garth Cooper, testified that he had counted around seventy death certificates issued for Brych's patients just in the ninety-day period he was at the Rarotonga Hospital in 1978.⁶⁹ This implied that the hospital's death register was incomplete and substantially underrecorded the actual number of deaths. Cooper heard from hospital staff that some deaths had not been entered in the register and the bodies had been disposed of at sea.⁷⁰ Overall, based on the hospital death register and newspaper reports that named patients, Brych's treatment achieved at most a short-term survival rate of less than 60 percent, far short of an 80 percent "cure."

Publicizing Quackery—*The Truth Coverage*

The Australian media became interested in Brych at the time of his move to Rarotonga, with coverage across television, radio, and newspapers. Brych was happy to engage with the media, agreeing to interviews, arranging access to his patients, and hosting journalists at the clinic. He was cooperative while the media's coverage was positive, but when journalists pressed him to detail his methods and results, he would claim to be too busy to continue the interviews. This, for example, happened with journalist Michael Guy's visit to Rarotonga, and Australian broadcaster the ABC's *Four Corners* investigative journalism television program.

⁶⁹ *The People of the State of California v. Vlastimil Milan Brych* (1982), A364118 Cal.

⁷⁰ "Cancerman" (n. 14); Cooper interview (n. 65).

The tenor of the media coverage was generally positive about Brych's claim to cure terminal cancer. (One notable exception was journalist Peter Game of the Brisbane *Courier-Mail* and *Melbourne Herald*, who was later given an award by the Australian Medical Association for his in-depth investigation and reporting of the saga.)⁷¹ None, however, rivalled the uncritical puffery of *The Truth* newspaper, which became Brych's major promoter in Australia.

The Truth was a long-standing Melbourne newspaper, originally established in the nineteenth century. By the 1970s, it was owned by Rupert Murdoch and was part of the News Corp stable of media outlets.⁷² *Truth* was a scandal sheet, described by one judge in one of the many, many, many defamation cases against the paper as "reeking of filth" and well-justified in its sobriquet as "The Old Whore of La Trobe Street."⁷³ By the 1970s, it covered horse and dog racing, football and boxing, the alleged affairs of public figures including Olivia Newton-John, politicians and television soap opera actors, as well as topless "page three" girls, sex scandals, sex advice, and sexual services.⁷⁴ A lot of sex. As one of its journalists, Adrian Tame, described it, *The Truth* delivered to its readers a "hypocritical brand of prurient burrowing and scandalised horror that was becoming laughably outmoded" by the

⁷¹ Peter Game, "45 Death Certificates by Brych," *Courier-Mail*, March 15, 1978; Peter Game, "Real Hope in the Eyes of His Patients, But . . .," *Courier-Mail*, March 15, 1978; Peter Game, "The Rise and Fall of Brych," *The Herald*, September 6, 1983.

⁷² Department of History School of Historical Studies, "Truth Newspaper," *eMelbourne*, accessed May 19, 2023, <https://www.emelbourne.net.au/biogs/EM01520b.htm>.

⁷³ Quoted in Adrian Tame, *The Awful Truth* (Sydney: Simon & Schuster, 2020), 1, 17. La Trobe Street in Melbourne was where *The Truth*'s offices were located.

⁷⁴ Jack Ayling, Tony Barnao, and Norm Lipsom, *Nothing but the Truth: The Life and Times of Jack "Ace" Ayling* (Sydney: Ironbark Pan Macmillan, 1993), 290.

late 1970s.⁷⁵ And Tame was *fond* of the paper. *Truth* journalists “seized upon bizarre claims and unstable information with alacrity,” he recalled.⁷⁶

The paper had significant circulation, around 325,000 in the 1970s, which made it the third largest newspaper in the Melbourne market. It was a lucrative element in the News Corp range—income from *The Truth* helped leverage Murdoch’s expansion of his media empire into more upmarket fare of daily broadsheet *The Australian* and family newspaper the *Daily Mirror*; its journalists were comparatively well-paid. Some had prior careers in journalism or went on to have them. Two of those journalists were Jack “Ace” Ayling, who had been with *The Truth* as a young reporter during World War II and whose career had covered crime, celebrity, and sports reporting, and Gerald Lyons, a former luminary with the ABC. Together, Ayling and Lyons covered the Brych affair for *The Truth*.

Ayling was described by colleagues who edited and completed his autobiography after his death as “one of this country’s best-loved and most respected journalists.”⁷⁷ While that assessment should be taken with regard to his colleagues’ fondness for him, his other nicknames of “Mister Melbourne” and “Gentleman Jack” do indeed suggest a well-liked, well-networked media personality. Rupert Murdoch got race tips from Ayling when he visited Melbourne.

Gerald Lyons’s career in journalism had started as a teenage cub reporter on his local paper in England, freelancing with AAP Reuters in Asia after the Second World War, and then a glowing period with the national broadcaster, the ABC, starting in 1958. At the ABC, Lyons

⁷⁵ Tame, *Awful Truth* (n. 73) 26.

⁷⁶ *Ibid.*, 28.

⁷⁷ Ayling, Barnao, and Lipsom, *Nothing but the Truth* (n. 74), 1.

compered the highly rated program *People* in the 1960s and was considered one of leading television interviewers of his time. Industry commentators described him as “the face of the ABC in Victoria” and “the Australian television news and news commentary personality” of his day.⁷⁸ After *People*, Lyons joined the ABC’s new flagship investigative journalism program, *Four Corners*, based on the BBC’s *Panorama* program format. He presented the program from 1962 to 1963, and produced it as well from 1963 to 1964.

Quite why Lyons left what was a stellar career at the ABC is not clear. He had survived and was even promoted after a scandal in 1962 over *Four Corners*’ piece on the Returned Serviceman’s League (RSL) so was clearly seen as a safe, experienced pair of hands with good editorial judgement.⁷⁹ But in 1975, Lyons took a job in public relations for the Royal Melbourne Hospital, and subsequently left that in 1977 to take up the position at *The Truth*—quite a reduction in status from anchoring and producing journalistic jewel *Four Corners*. So, in March 1977, when Brych decamped from New Zealand to Rarotonga, Jack Ayling and Gerald Lyons were senior, experienced reporters at *The Truth*.

Ayling recalled that the Brych story was considered “such a sensitive and explosive issue” that Rupert Murdoch himself green-lit the newspaper’s coverage—both the allocation of money and the tenor of the reporting.⁸⁰ Murdoch also personally approved assigning Ayling and Lyons to lead the coverage. Murdoch’s support for the story reflected his long-standing interest in tabloid fare and liking for stories that showed plucky outsiders standing

⁷⁸ Edgar Poole, “In the Lyons Den,” *The Bulletin*, September 15, 1962, 84; Terence Gallacher, “Colleagues: Gerald Lyons,” *Terence Gallacher’s Recollections of a Career in Film*, July 19, 2011, <https://terencegallacher.wordpress.com/2011/07/19/colleagues-gerald-lyons/>.

⁷⁹ Ken Inglis, *This Is the ABC: The Australian Broadcasting Commission 1932–1983* (Melbourne: Melbourne University Press, 1983).

⁸⁰ Ayling, Barnao, and Lipsom, *Nothing but the Truth* (n. 74), 290.

up to authority.⁸¹ The story also fit with *The Truth*'s brand of exposé and was likely to appeal to the paper's blue-collar readership. There is, however, no strong evidence for *The Truth*'s interest being driven by an earnest interest in improving cancer therapy or health matters more generally. Its coverage of Brych was anomalous among its usual fare of sports, scandal, and sex, suggesting its editorial choice to feature the affair was driven by sales interest rather than the content of the story.

Moreover, cancer had increased in prevalence since the 1950s in Australia, being particularly driven by high rates of smoking and sun exposure.⁸² While treatment advances in surgical techniques, chemotherapy, and radiotherapy had seen significant survival gains for some cancer types, there were a number of cancer types (including the most common cancer, lung) for which the prognosis was not good, or, as with breast cancer, had not improved.⁸³ While national and disease-specific data are hard to come by, one cancer research foundation

⁸¹ Denis Cryle, *Murdoch's Flagship: Twenty-Five Years of the Australian Newspaper* (Melbourne: Melbourne University Publishing, 2008); Denis Cryle, "'A Wild Idea': Rupert Murdoch, Maxwell Newton and the Foundation of the Australian Newspaper," *Media Int. Australia* 123 (2007): 49–60; Walter Marsh, *Young Rupert: The Making of the Murdoch Empire* (Melbourne: Scribe Publications, 2023); Robert W. McChesney, "Rupert Murdoch: Not Silent, But Deadly," *Monthly Review*, June 2014; David McKnight, "Henry Mayer Lecture 2012: The Market Populism of Rupert Murdoch," *Media Int. Australia* 144, no. 1 (August 1, 2012): 5–12.

⁸² Australian Institute of Health and Welfare, "Cancer Data in Australia, Cancer Mortality by Age Visualisation," October 4, 2022, <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/cancer-mortality-by-age-visualisation>.

⁸³ C. Battersby, A. Isles, and C. Keen, "Breast Cancer in Queensland Fifteen Years after Treatment," *Med. J. Australia* 2, no. 25–26 (December 20, 1975): 936–40; Robert C. Burton, "Cancer Control in Australia: Into the 21 St Century," *Japanese J. Clin. Oncol.* 32, 1 (February 1, 2002): S3–9; Maryska L. G. Janssen-Heijnen and Jan-Willem W. Coebergh, "Trends in Incidence and Prognosis of the Histological Subtypes of Lung Cancer in North America, Australia, New Zealand and Europe," *Lung Cancer* 31, no. 2 (March 1, 2001): 123–37; H. Williams, "Dealing with the Scourge of Cancer," *Canberra Times*, September 5, 1977; "Cancers: What You Should Know," *Australian Women's Weekly*, September 1, 1976.

quotes the five-year survival rate in 1978 for all cancers combined as less than 50 percent.⁸⁴ Cancer educational efforts responded to this atmosphere of concern and anxiety with upbeat assurances that early detection was an effective solution.⁸⁵ Moreover, since the national health system, Medibank, had been implemented in 1975 by the soon-ousted Labor government under Gough Whitlam, subsequent conservative governments had been vocal in their opposition to the scheme, and reduced the ambit of coverage.⁸⁶ This may have reinforced the belief held by many of Brych's patients and supporters that officialdom and orthodox medicine were not doing all they could against cancer.

Murdoch and *The Truth* were happy to put money and column space behind the story, paying for Ayling and Lyons to travel to New Zealand in February 1977 and again to Rarotonga in March. The pair retained contact with Brych throughout 1977 and 1978 via telephone. These visits and phone interviews were parlayed into an almost two-year-long campaign of support by *The Truth*, starting on April 2, 1977, with a front-cover splash "Cancer Victims Saved" teasing the following week's multipage "Brych Report."⁸⁷ Lyons and Ayling would eventually publish over seventy articles on Brych, including seven front-page stories, running from April 1977 to September 1978.

⁸⁴ Ovarian Cancer Research Foundation, *State of the Nation in Ovarian Cancer* (Research Audit, 2020).

⁸⁵ E.g., N.S.W. State Cancer Council, "Cancer : Facts That Could Save Your Life" (Sydney: N.S.W. State Cancer Council, 1974); N.S.W. State Cancer Council, "Cancer : How to Recognise the Early Symptoms and Signs" (Sydney: N.S.W. State Cancer Council, 1974).

⁸⁶ Australian Health Insurance Commission, "Annual Report 1976/1977" (Canberra: Health Insurance Commission, 1977); Stephen Duckett and Kristina Nemet, "The History and Purposes of Private Health Insurance" (Working paper, Grattan Institute, July 2019); R. B. Scotton, "Medibank 1976," *Australian Econ. Rev.* 10, no. 1 (1977): 23.

⁸⁷ Ayling and Lyons, "Cancer Victims Saved" (n. 1).

The series covered Brych's alleged struggles with Australian authorities regarding exporting blood supplies to Rarotonga and visas to visit to promote his therapy, discussed Medibank coverage of his services, and described his use of "antigens" to "stimulate the body's immune system to the point where antibodies attack and destroy the malignancy."⁸⁸ The articles also commonly repeated the glowing claim that Brych "saved more than 80 per cent of terminal cancer patients referred to him over the past eight years," which was the "highest survival rate ever reported for terminal cancer" and vastly superior to the best that "traditional methods" had achieved: a "0.1 per cent—one in 1000" survival rate.⁸⁹

Most of the stories, though, were interviews with patients. These followed a common pattern. The patient had been diagnosed with serious cancer by orthodox doctors—"riddled" was a frequent descriptor—and had been given a dire prognosis ("doomed to die").⁹⁰ Most had undergone orthodox treatment of surgery, chemotherapy, and radiotherapy, but had been told that medicine could do nothing more for them, until Brych's treatment "saved [them] from death's shadow," as one headline put it.⁹¹

Susan Diefenbach was one patient who became the media's poster girl for Brych's treatment. Diefenbach (born December 28, 1963) was thirteen years old and had been diagnosed with a spinal tumor that had affected her such that she was in a wheelchair.⁹² Under Brych's treatment, she regained the use of her legs. The media coverage from March

⁸⁸ Ibid.

⁸⁹ Ayling, "Sent Home to Die Three Years Ago" (n. 54), 9; Lyons, "All Nonsense Says Brych" (n. 21), 7; Ayling and Lyons, "Cancer Victims Saved" (n. 1), 2.

⁹⁰ Jack Ayling, "Cancer Mother: I'm Winning Fight to Live," *The Truth*, February 11, 1978, 11.

⁹¹ "Saved from Death's Shadow," *The Truth*, April 23, 1977, 27.

⁹² "The Diefenbach Family" (Maleny Historical Memories, ca. 2013),

http://www.malenyhistoricalmemories.com/uploads/2/3/9/6/23964979/diefenbach_family_2.pdf.

1977 used before-and-after photographs—the young girl in the wheelchair, and then after, riding a skateboard or surfing.⁹³ Susan told reporters that Brych had “said that in 12 years he had never lost a patient with cancer like mine.”⁹⁴ Her parents said Brych had achieved a “complete recovery” in their daughter.⁹⁵ Young and charming, Susan was widely reported on as a miracle cure; her death eight months later was considerably less reported. Indeed, this was typical of *The Truth*’s coverage: of the twenty-four patients mentioned by name in the series of articles, at least sixteen died during the time the paper was covering Brych. *The Truth* reported only three of the deaths.

Neither Ayling nor Lyons were well-educated men in the sense of having extensive formal education—both had left school at fifteen. In Lyons’s case, this lack of formal education may have fostered what appears to have been a susceptibility to pseudoscience blandishments.⁹⁶ He seemed impressed by Brych’s polished suavity and promoted the idea that Brych was a plucky innovator, lightyears ahead of orthodoxy, which resented him for his vision. Even after the Brych affair, Gerald Lyons continued his penchant for apparently “cutting edge” but rather dodgy science: he presented a television documentary series in 1983–84 called *Breakthroughs* and published an accompanying book.⁹⁷ The series covered an

⁹³ For example, Lunn, “Sue Walks Again and the Debate Rages On” (n. 58); “Cancer Victim Turns to Milan Brych for Cancer Cure” (BTQ [Channel 7] Brisbane, March 1, 1978), National Film and Sound Archive; “Milan Brych: Genius or Fake” (n. 36), National Film and Sound Archive; “Joh Backs Brych Against Ban” (n. 52).

⁹⁴ Lunn, “Sue Walks Again and the Debate Rages On” (n. 58), 5.

⁹⁵ “Milan Brych: Genius or Fake” (n. 36); “Joh Backs Brych Against Ban” (n. 52), 10.

⁹⁶ Research on medical misinformation has connected low levels of formal education with susceptibility to believe misinformation. See, e.g., Kim et al., “What Predicts People’s Belief in COVID-19 Misinformation?” (n. 7); Roozenbeek et al., “Susceptibility to Misinformation about COVID-19” (n. 4).

⁹⁷ Gerald Lyons, *Breakthroughs* (Sydney: Collins, 1984).

uneasy mixture of orthodox developments such as IVF, with blue-sky ideas of artificial organs, along with fringe and even unethical approaches, such as the controversial Billings (ovulation) method of contraception and craniofacial surgery for Down syndrome—a genetic developmental disorder, and hence not “treatable” by cosmetic surgery.⁹⁸

Lyons, in particular, went well beyond the role of reporter. When in May 1977 the Australian government refused to grant export permits for blood supplies to Brych, *The Truth* put out a call for volunteer donations.⁹⁹ Lyons coordinated the campaign personally. Since Lyons had no way of collecting the blood or getting it to Brych, this was a stunt by the newspaper designed to whip up outrage. Lyons himself also spoke publicly and heatedly in support of Brych at a meeting held in the Melbourne Town Hall in July 1978 convened by the Friends of Rarotonga (a patient support group who lobbied on Brych’s behalf, financially supported him, and acted as media contacts). At the meeting, which was filmed for television, Lyons moved from reporter to spokesman, excoriating the medical profession for allegedly “cheering when a patient died.”¹⁰⁰

Ayling, however, had personally encountered serious cancer, having had a mastectomy to remove one breast because of breast cancer. He spoke well of his encounter with orthodox oncology: “I knew the terror of cancer and the joy of beating it. I also knew traditional medicine had saved me.”¹⁰¹ Ayling claimed in his autobiography that over the course of his engagement with Brych he “gradually became convinced he was not more than the fraud that

⁹⁸ Katharine Betts, “The Billings Method of Family Planning: An Assessment,” *Stud. Fam. Planning* 15, no. 6 (1984): 253–66.

⁹⁹ Gerald Lyons, “Desperate Plea for New Blood,” *The Truth*, May 21, 1977.

¹⁰⁰ *Day by Day* (n. 36).

¹⁰¹ Ayling, Barnao, and Lipsom, *Nothing but the Truth* (n. 74), 291.

the medical authorities in New Zealand and Australia claimed him to be” and he was merely aping “the persona of a man of learning.”¹⁰² He wrote that he found the investigation frustrating and stressful, but he “didn’t want to end their [the patients’] hope so didn’t express my doubts” to them.

However, Ayling didn’t express his doubts in *The Truth*’s pages either. His belief that Brych was “the lowest of the low for . . . giving false hope to sick and desperate people” did not make it into print.¹⁰³ Interestingly, Ayling did not mention Lyons by name at all in his autobiography, although they traveled to New Zealand and Rarotonga together and collaborated on the series, suggesting possible professional or personal disagreement.

The Truth’s coverage was, therefore, highly partisan. In Lyons’s case, his own interests and personal belief seem to have influenced him in favor of Brych; in Ayling’s case, from apparently not wanting to disillusion dying patients. Both were likely also to have followed the editorial direction endorsed by Murdoch in approving the approach to the coverage. Burnham has suggested that the late twentieth century was particularly fertile ground for quack science and conspiracy theories. Popularized science reporting oversimplified complexities and trivialized scientific knowledge in an atmosphere of a media appetite for sensationalism.¹⁰⁴ Certainly *The Truth* coverage did not set out why medical authorities or the government did not support Brych—his failures to detail his treatment, keep records, follow up with patients, obtain informed consent, and disclose his approach were all fundamental violations of both medical ethics and procedures establishing whether a treatment was indeed

¹⁰² Ibid., 291.

¹⁰³ Ibid., 292–93.

¹⁰⁴ John C. Burnham, *How Superstition Won and Science Lost: Popularising Science and Health in the United States* (New Brunswick, N.J.: Rutgers University Press, 1987), 9–10.

effective. The reporting presented anecdote as equally authoritative to clinical studies; readers were invited to “decide for yourself” based on a patient’s story.¹⁰⁵ *The Truth*’s lack of detailed reporting on opposition made opponents appear motivated by professional jealousy, not scientific practice.

The Truth’s coverage was, however, influential in directing patients to Brych—several reported that they heard about him through the news coverage and sought him out.¹⁰⁶ It was effective and helpful in creating the patient pipeline to Rarotonga. Moreover, the way in which *The Truth* presented opposition without context or reason helped support Brych’s own claims that opponents were nefariously undermining him. The implication was that criticism was not of substance, but driven by an ulterior motive. The style of reporting helped Brych in blunting and deflecting criticism.

Indeed, *The Truth*’s reputation for puncturing egos and exposing scandals may have even helped legitimize Brych further. As two writers who wrote a book supporting Brych put it, “Any reasonable betting man would have laid odds-on that *Truth* would be out for Brych’s scalp. Not so. In an amazing series of articles, *Truth* gave 100 per cent backing to Brych and week after week plied their readers with stories about him and his miracle patients.”¹⁰⁷ With a reputation for snorting disbelief, the *Truth*’s uncharacteristically unwavering support would have seemed particularly compelling. It was more commonly in the business of demolishing than supporting, so when it did throw its weight behind a cause, *Truth* was able to rally its

¹⁰⁵ Ayling and Lyons, “Cancer Victims Saved” (n. 1), 2.

¹⁰⁶ For example, Ayling, “Cancer Mother” (n. 90); Gerald Lyons, “The Cancer,” *The Truth*, April 23, 1977; “Brave Cancer Battle,” *The Truth*, September 3, 1977; “Wife Is Saved, Now He’s a Brych Fan,” *The Truth*, December 17, 1977.

¹⁰⁷ Brook and Blackwell, *Cancer* (n. 23), 2.

readers in a way that a more even-handed publication would not be able to. It was a cogent demonstration of how editorial choices could have powerful social impact.

Containing Quackery

The Australian federal government used a variety of legal means to try to reduce the number of patients seeking Brych, including denying the export permit for blood supplies, and amending the Health Insurance Act to remove the ability for patients to claim Medibank reimbursement for treatment costs. In addition to the monetary impact, the amendment was also intended to remove the impression that the government approved of Brych's services.¹⁰⁸

While this may have reduced the number of patients able to undertake the journey, it didn't stop it: the ABC's report in March 1978 interviewed one woman, Francis Whitten, who had sold her house to afford the treatment.¹⁰⁹ Cabinet papers reveal that the federal minister for health, Ralph Hunt, was disdainful of *The Truth*'s reporting, saying, "That newspaper, *Truth* which is not noted for detached scientific reporting, has engaged on a continuous campaign of promotion of Mr Brych."¹¹⁰ But he was not inclined to publicly counter Brych's claims via the press on the basis that "I did not wish to draw any more attention to Mr Brych and his claims than was already being given by a Melbourne newspaper [*The Truth*]."¹¹¹ He didn't seek to restrict the reporting, either.

¹⁰⁸ "Milan Brych—Establishment of a Cancer Clinic" (n. 33); "Medical Benefits Payable in Respect of Alleged Cancer Cure by Milan Brych—Policy File," 1980 1978, A1851, National Archives of Australia.

¹⁰⁹ "Island of Hope" (n. 22).

¹¹⁰ "Information Paper on Mr Vlastimil (Milan) Brych by the Min for Health Mr Ralph Hunt," in "Medical Benefits Payable" (n. 108).

¹¹¹ Ibid.

It is unlikely, though, that this would have been possible. Since 1976, the Australian press had been self-regulated by the Australian Press Council, which could hear complaints about news organizations. This was, however—largely owing to Rupert Murdoch—on a voluntary basis.¹¹² *The Truth* had withdrawn from membership in February 1977 because participating in Press Council hearings did not indemnify publishers from defamation or other civil suits. (By participating, *The Truth* risked revealing material that could be used against it in civil suits, and given its content, *The Truth* was routinely defending against such actions.) There was, therefore, no mechanism readily available to try to constrain *The Truth*'s reporting, even if there was political will to risk that step. (The entirety of News Corp withdrew from participating in the Press Council in 1980.)¹¹³ Both the New Zealand and Australian governments also pondered seeking Brych's extradition from the Cook Islands, but were wary of pursuing this since no one had been extradited from the Cook Islands before and Brych still enjoyed Premier Henry's support.¹¹⁴

That, however, changed in July 1978 when the Cook Islands opposition party challenged the outcome of the March 30, 1978, general election that had returned Henry to the premiership. The Supreme Court found that Henry had used misused public funds to secure his election victory. The vote was annulled, and the Democratic Party, led by Dr. Tom Davis, himself a medical doctor and a long-term opponent to Brych's presence on the islands, became prime minister. Davis had made past statements that, should he gain office, the

¹¹² "Australian Press Council Annual Report" (Australian Press Council, August 25, 1977); Andrew Podger, "Fake News: Could Self-Regulation of Media Help to Protect the Public? The Experience of the Australian Press Council," *Pub. Integrity* 21, no. 1 (January 2, 2019): 1–5.

¹¹³ "Australian Press Council Annual Report" (Australian Press Council, August 31, 1980).

¹¹⁴ F. J. L. Brice, "Cable—For Information to Department of Prime Minister and Cabinet," in "Milan Brych—Establishment of a Cancer Clinic" (n. 33).

amendment to the Dental and Medical Practice Act that Henry had sought allowing Brych to practice on the island would be rapidly revoked.¹¹⁵

On the day of Davis taking office, Brych's neighbor recalled Brych curled up in a fetal position on a lounge chair, shouting, "We must leave immediately! Buy us seats on the next plane out of here."¹¹⁶ Brych and his partner, the wife of a patient, fled the islands the next morning.¹¹⁷ The clinic manager did not know where Brych had gone but publicly claimed he was merely out of town attending a cancer symposium.¹¹⁸ She told patients at the clinic that they should return to Australia. Susan Diefenbach was among the abandoned patients; she returned with her parents to Queensland and died on November 8, 1978.¹¹⁹

Brych had, in fact, gone to the United States. He recommenced his cancer treatment in California but was arrested in 1980 following a sting operation by the Board of Medical Quality Assurance. An agent posed as a client, was duly diagnosed as having cancer, and police flooded the clinic and had handcuffs on Brych just as the agent was about to be injected with the "anti-tumour" substance. Former Auckland Hospital colleague John Scott and medical intern Garth Cooper testified against Brych before the California Supreme Court. Warren Hastings, the Melbourne doctor who worked closely with Brych and referred patients to him, was also due to testify but died in a plane crash in January 1982. Although the coroner had ruled Hastings's death an accident, the Californian prosecutors believed otherwise and

¹¹⁵ "Island of Hope" (n. 22); "Sir Albert in a Corner," *Pacific Islands Monthly* 49, no. 8 (August 1, 1978); "Row of Silent Graves" (n. 3); "Brych Batting Average," *Pacific Islands Monthly*, September 1978, 11.

¹¹⁶ Henry, *My Kotuku of the South Seas* (n. 59), 39.

¹¹⁷ Gerald Lyons, "Brych's Girl Was My Wife," *The Truth*, September 16, 1978, 11.

¹¹⁸ Gerald Lyons and Jack Ayling, "Brych Patients Quit Island Clinic," *The Truth*, August 19, 1978; "Brych Batting Average" (n. 115); Guy, *Cancer and Milan Brych* (n. 10).

¹¹⁹ "Diefenbach Family" (n. 92).

kept Scott and Cooper under armed guard prior to their giving evidence.¹²⁰ Brych was found guilty of multiple counts of fraud and practicing medicine without a license, and sentenced to jail for six years.¹²¹ He was released in 1986.

Conclusion

Milan Brych was an egregious case of cancer quackery. Although operating in the late twentieth century, he nonetheless shares features of quackery identified by scholars looking at quacks of the eighteenth and nineteenth centuries. Like his historical forebears, Brych made extensive use of publicity for his cure claims, used scientific jargon and dramatic presentation techniques, and claimed that his secret method could deliver a cure where other, less advanced, less skillful practitioners had failed. Highly charismatic, he positioned himself as simultaneously part of medical orthodoxy—such as by claiming medical qualifications—but at the lonely vanguard, persecuted for his brilliance, a Galileo of medicine.

Insofar as Brych replicates those features, he sits comfortably within the historical scholarship on quackery. However, Brych was operating in the late twentieth-century context of an established, influential medical profession well policed by government regulation. State and federal governments and medical boards had a range of measures available to deploy against charismatic individuals claiming cures. Rather, the extent and scope of Brych's activities would not have been possible without the supportive and protective network of interests he leveraged. The fact that Brych was not within the Australian community he was drawing clients from makes his alliances more readily apparent and more significant, because

¹²⁰ Cooper interview (n. 65).

¹²¹ *People of the State of California v. Vlastimil Milan Brych* (n. 69).

he was reliant on this network to create the patient pipeline. Brych enjoyed political support and protection in the Cook Islands, the referral services of Warren Hastings and Anne Glew in Australia, free promotion by *The Truth* and other media outlets, as well as a lesser network of pharmaceutical suppliers, accommodation hosts, nurses, and funeral service providers who facilitated his practice. I argue that, in the late twentieth-century context, this web of interests had functional relevance: It was critical in enabling Brych to achieve the scope and influence that he did. In each case, this was a quid pro quo arrangement, with the ally benefitting (usually financially) from their association with Brych.

These were not neutral service providers that Brych simply hired or purchased services from. Brych was central to an ecosystem of interlinking interests, which were complementary to his, and which he skillfully leveraged to advantage. Political interest in bringing money to the islands or bringing a cancer clinic to Brisbane, media interest in a story that combined dreaded cancer with splashy optimism, financial interest in providing products and services to patients and their families, and mistaken interest that Brych might actually have a cure produced a potent cocktail of avarice and hope. Brych's quackery was not a lone operation by a charismatic individual, but, like medical misinformation, was sustained and fueled by a network of vested interests. I would argue that it is significant of a modern style of quackery that had to carve out a protected niche in an environment where medical regulation was otherwise robust.

Quackery (and its modern brethren of misinformation) has often been framed as a social harm whose solution lies in better education, better evidence, better regulation, better support. That may certainly be part of the response. But Brych's case demonstrates that it may be as important to consider the web of interests that facilitate and benefit from these practices.

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