

Regius Professor Sir Simon Wessely Proved Wrong Yet Again

Margaret Williams 17th September 2025

NOTE: some of the content of this article has recently been published in other documents, but for convenience it has been included here to provide a broader perspective, as the topic is of such major importance.

Wessely's dismissal of Myalgic Encephalomyelitis (ME) as an organic disease

As noted by Professor Carmen Scheibenbogen in relation to the erroneous ascription of the classified neuroimmune disease myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) to a behavioural (psychosomatic) disorder by psychiatrists of the "Wessely School": *"A vocal minority of researchers remains convinced of a psychosomatic...causation of ME/CFS despite the frequently demonstrated organic abnormalities and the simultaneous lack of evidence for relevant psychosomatic factors"*.

Referring to *"The striking discrepancy between the strong conviction among proponents of a psychosomatic aetiology of ME/CFS and the simultaneous lack of evidence for this view"*, Professor of Immunology and Deputy Chair, Institute of Medical Immunology, at the University Hospital [Charité](#) in Berlin, Professor Scheibenbogen continued: *"Research shows that...individuals who strongly disagree with the scientific consensus are, on average, less knowledgeable about the topics than others but are more convinced of their knowledge"*.

"Why the Psychosomatic View of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome is Inconsistent with Current Evidence and Harmful to Patients" Scheibenbogen et al. Journal of Clinical Medicine 2023:12(24)8345 <https://www.mdpi.com/2622274>

Published research has demonstrated beyond all doubt that ME/CFS is a serious, chronic, multisystem organic disease and not psychogenic as professed and stipulated for three decades by Wessely et al (<https://margaretwilliams.me/>), thus dismissing any possibility that Wessely et al might be correct about the nature of ME/CFS.

Wessely's dismissal of the Camelford water poisoning as mass hysteria

Importantly, Sir Simon has been proved wrong not only about the nature of ME, but also about the Camelford water poisoning, which he dismissed as mass hysteria.

In July 1988 twenty tonnes of aluminium sulphate were pumped into the drinking water supplies of the Cornish town of Camelford (The Ecologist:1999:20:6:228-233). Ninety minutes later, a 140-square mile area was affected by Britain's worst water pollution. Residents and visitors immediately suffered distressing symptoms including nausea and vomiting, diarrhoea, stinging eyes, mouth ulcers that took weeks to heal, skin rashes, peeling skin and lips sticking together, followed by musculoskeletal pains, malaise and impairment of memory and concentration. In some cases, hair, skin and nails turned blue; bone showed stainable aluminium over six months later. At least seven people died, 25,000 suffered serious health effects and 40,000 animals were affected. It was later thought that at least twenty people died from drinking the contaminated water (Sue Reid, Daily Mail: 14th December 2007).

Wessely published his belief that the alleged ill-health was due to contagious mass hysteria and that the "somatic" symptoms were due to (i) *"heightened perception of normal bodily sensations being attributed to an external cause such as poisoning"* and (ii) irresponsible reporting by the press (J Psychosom Res 1995:39:1:1-9). Wessely failed to mention how mass hysteria affects animals.

In 1999 it was conclusively shown by Paul Altmann et al that there was objective evidence of considerable organic brain damage compatible with the known effects of exposure to aluminium and that it was this exposure, not anxiety or hysteria, which was the cause of the symptoms exhibited by those who had been exposed to the contaminated water (BMJ 1999;319:807-811).

Once again, science proved Wessely's assertions to be erroneous: the evidence did not support his belief that the Camelford disaster was merely contagious mass hysteria.

Wessely's dismissal of Gulf War Syndrome as hysteria

On 5th February 1999 the New Statesman carried an article by Ziauddin Sardar about Wessely (ill-defined notions) in which Sardar wrote:

"Consider syndromes. Once this was a name for a collection of symptoms for which no clear cause had yet been found. Now it stands for a bunch of symptoms lacking even the security of certainty that they are actually there...Most notorious is "chronic fatigue syndrome". At the far extreme, it is known as "ME"...From its first recognition as a large-scale problem....horror stories abound of people (some of them children) whom the medical and psychiatric experts considered to be just faking.."

"The same can be said of Gulf War syndrome....again, there are lots of nasty symptoms: mild to moderate chronic fatigue, double vision, severe urinary and sexual problems, memory loss, joint and muscular pain — to start with.

"But even though 400 veterans have actually died and some 5,000 are suffering from illnesses related to Gulf War syndrome, the syndrome does not officially exist.

"All the actors involved in this drama have their own perspective....the government with avoiding paying compensation at all costs... one would expect the Ministry of Defence to deny the existence of Gulf War syndrome and it does, operating on the simple basis of "no bug, no doosh".

"...this makes life very hard for sufferers. They not only have to survive their disease: they must also fight for elementary decency. And that is a long and bitter task in itself.

"But what of researchers? Why should they deny the existence of Gulf War syndrome? The struggle over recognition hinges on research...How do you investigate this mess of symptoms? Not with biochemistry, but with psychiatry.

"The new societal syndrome of syndromatic diseases requires a new speciality, a syndromologist. Fortunately, one is to hand. His name is Professor Simon Wessely, consultant psychiatrist at the School of Medicine, King's College, London.

"Wessely has been arguing that ME is a largely self-induced ailment that can be cured by the exercise programme on offer at his clinic.

"Recently he published the results of "the most definitive study" of Gulf War syndrome in The Lancet...It concluded — surprise, surprise — that there is no such thing as Gulf War syndrome.

"So Wessely, who occupies a key position in our socio-medical order, denies the existence of Gulf War syndrome, just as he denies the existence of ME.

"Clearly, he is a follower of Groucho Marx: 'Whatever it is, I deny it'. Not surprisingly, lots of people hate him.

"If Simon Wessely is our syndromologist-in-chief, who has chosen and vetted him for that post, and by what criteria and procedures?

Sir Simon is indeed on record as asserting that there is no such thing as Gulf War Syndrome (known as Gulf War Illness in the USA). In their official report (Unwin, Hotopf, David, Wessely et al: Lancet 1999:353:169-178), despite having performed no clinical examination or laboratory investigations on the veterans, the authors concluded that Gulf War Syndrome does not exist. They advised that one pathway of subsequent illness could be the “perceived” risk of chemical attack, and that the “psychological” effect of this fear might be contributing to the increased level of ill-health in Gulf War veterans. In his evidence given on 10th August 2004 to the Lord Lloyd of Berwick Inquiry into Gulf War Syndrome, when questioned, Wessely said: “A man has got to know his limitations and my limitations are immunology”. Such an admission, given with flourish, ought to have rung danger bells about the safety and reliability of Wessely’s assertion that there is no such thing as Gulf War Syndrome, but a Parliamentary Early Day Motion (EDM) 880 in 2004 is clear: “The Ministry of Defence accepted Professor Wessely’s advice...that Gulf War Syndrome does not exist”.

Science, however, comprehensively demolished Wessely’s beliefs and proved that GWS does exist. In 2008 Wessely et al were conclusively shown to be wrong by a Report commissioned by the US Congress (Gulf War Illness and the Health of Gulf War Veterans: Scientific Findings and Recommendations: Washington DC; US Government Printing Office 2008, which demonstrated that GWS is causally related to veterans’ exposure to organophosphates and pyridostigmine bromide (PB/NAPPS tablets).

https://www.va.gov/RAC-GWVI/docs/Committee_Documents/GWlandHealthofGWVeterans_RAC-GWVIReport_2008.pdf

This is another proven example of misattribution by Wessely.

In 1989 Wessely wrote disparagingly about ME: “My local bookshop has just given ME the final seal of approval, its own shelf” (What your patients may be reading. Wessely S. BMJ 1989:298:1532-1533).

Quoting Sir Simon himself, “the final seal of approval” has now been given to GWS: it has been accorded its own diagnostic code, thereby removing any lingering doubt about its medical validation.

On 12th September 2025 Nova Southeastern University, Florida, posted “Gulf War Veterans Gain Medical Validation as Illness Receives Official Diagnostic Code” <https://news.nova.edu/uncategorized/gulf-war-veterans-gain-medical-validation-as-illness-receives-official-diagnostic-code/>

“Gulf War Illness (GWI) will receive a dedicated code in the October 2025 release of the International Classification of Diseases (ICD10-CM). The new code is being hailed as a major step forwards by veterans with GWI, and by health care providers and scientists with expertise in the condition”.

“This is more than just a code,” said Beatrice Golomb, M.D., Ph.D., professor of medicine at UC San Diego School of Medicine, who led the successful ICD code submission. “This is long-overdue validation for the suffering of the quarter-million afflicted veterans — and a formal acknowledgment that their illness is real, physical and service-related.”

“Studies consistently indicate that GWI is strongly linked to chemical exposures during the Gulf War and is associated with multiple objective abnormalities — including structural brain changes, mitochondrial dysfunction, inflammation and immune system changes”.

“ICD codes — the standard system used to classify diseases and health conditions — are critical for everything from diagnosis and research to insurance reimbursement”.

“Having an ICD code is important because it validates Gulf War Illness as a medical disorder”.

Once again, Sir Simon has been proved to be wrong. Incalculable harm has resulted from his being so wrong.

How is it, then, that he has been awarded so many honours and accolades, including the highest civil honour in the land?

Why is he never held to account?

Why does no-one care?