



David Hastings' photo of tubular UFO.

of them ever since the UFO phenomenon began to be discussed in 1947, some of them very large indeed, and there are a number of good photographs of them in existence. The craft in this case seems probably to have been a small one.

I vaguely recall early American reports of a huge "cigar" seen over Kansas — and allegedly described as "about ten miles long"! There are early reports of "tubulars" from Britain, from Argentina, and also from Russia, where a spectacular craft of this type

was seen, by crowds of people, over Voronezh. When fighter aircraft approached, it suddenly began, like the "Cheshire Cat", to become "invisible at both ends". Then, when the Soviet fighter planes had ceased searching for it and departed, it was once more back there in position, and standing up on its tail, it shot out a burst of flame as long as itself and vanished straight up into the sky. A similar performance was once reported by us in FSR in the very early days, from Argentina. G.C.■

REPORT RELATING TO PHYSIOLOGICAL ABNORMALITIES IN ABDUCTEES.

NOTE BY EDITOR -on an article by Dr. Phillip S. Duke, PhD., © 1999, All rights reserved.

This report, of which Dr. Duke has sent me a copy, *looks extremely interesting and probably is extremely important.* Unfortunately it is far too scientific and technical for me to understand it, and I greatly doubt whether any ordinary FSR reader can do so either, so I am obliged to say that regrettably we cannot republish it or even review it in our journal.

However, I can describe the main thrust of it, which is Dr. Duke's assertion that persons reportedly abducted by aliens and seen by Dr. K. Leir appear to experience a Vitamin A deficiency, *nyctalopia* (*night-blindness*), despite their having diets quite sufficient in Vitamin-A.

This is therefore potentially a very important matter, and I would urge all who are interested or

who think that they show signs of this deficiency *nyctalopia*, to get in touch with Dr. Duke and arrange to purchase or otherwise secure a copy of the report (3¾ pages A4).

As is to be expected, no scientific or technical body or establishment will agree to publish it. This therefore is the best that we can do to help Dr. Duke. G.C.■

Dr. Phillip S. Duke, PhD.
2503 5, 47th Street
OMAHA, NEBRASKA 68106, USA.
Telephone: 1-402-553-8525
email: drpduke@juno.com
Website: www.drpduke.com