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Sword Swallower Receives 2007 Ig Nobel Prize in Medicine

CAMBRIDGE, MA -- On October 4, 2007, Dan Meyer became the first sword swallower ever to receive the coveted Ig Nobel Prize when he was presented the 2007 Ig Nobel Prize in Medicine at Thursday’s Ig Nobel Awards Ceremony at Harvard University. Meyer, co-author of a year-long research study article on sword swallowing published in the prestigious British Medical Journal, wanted to thank the presenters for honoring his work. To really make the point, he thanked them with a sword still in his throat.

The 2007 Ig Nobel Prizes were presented Thursday at the 17th Annual Ig Nobel Prize Ceremony in Sanders Theatre at Harvard University. The Ig Nobel Prize was designed to honor achievements “that first make people laugh, and then make them think”, and is intended to celebrate the unusual, honor the imaginative, and spur people’s interest in science, medicine, and technology. Ten Ig Nobel Prizes were awarded in the subjects of Medicine, Physics, Public Health, Chemistry, Engineering, Literature, Psychology, Economics, Peace, and Biology. The winners were selected from a pool of over 7000 new nominees in addition to an enormous pool of thousands of nominees from past years. Prizes were presented by Nobel Laureates before a standing-room-only audience of 1200 esteemed scholars, scientists, Nobel Laureates, past winners, families and press.

“It’s ironic that I never really cared much for science in school;” said Meyer, 2007 Ig Nobel Laureate in Medicine. “But now, as a sword swallower, I swallow iron and use scientific principles such as physiology and an understanding of the human body on a day-to-day basis in my work! I’m passionate about preserving this dying ancient art, and feel extremely honored that our research paper on sword swallowing was nominated for an Ig Nobel Prize out of over 7000 nominations!”

Meyer, Executive Director of the Sword Swallowers Association International (SSAI) and a multiple record holding sword swallower himself renowned for swallowing swords underwater in a tank of sharks and stingrays, is co-author of a year-long research study entitled “Sword Swallowing and its Side Effects” published in the December 2006 issue of the British Medical Journal. In 2005, Meyer and Dr. Brian Witcombe, a British radiologist with an interest in swallowing disorders, collaborated on the article on the medical complications of sword swallowing. As part of their research, Meyer undertook a comprehensive study by contacting 110 known current and ex-sword swallowers around the world, and received detailed information from 48 sword swallowers in 16 countries.

Over the course of a year, Meyer collected detailed data about each sword swallower’s height, weight, age, their history of sword swallowing, age they learned sword swallowing, how they learned, years they had been swallowing swords, length, width, and types of swords swallowed, maximum number of swords swallowed at once, number of swords swallowed in the previous three months, history of injuries and side effects, diagnosis and treatment of those injuries, and longterm effects of sword swallowing.

Forty-eight sword swallowers completed the survey, 46 consented to information being published (40 men, 6 women), and their average age was 31 years. It took most of them 2 to 7 years to learn to swallow a sword. The average age they learned the feat was 25, and nine learned as teenagers. Average height was 5’9” (176 cm), average weight 174 lbs (79 kg), and the longest sword swallowed averaged 24” (60 cm). There was no apparent correlation between the length of the longest sword each could swallow and their height or weight.
Nineteen sword swallowers described side effects such as “sword” throats, usually while they were learning to swallow swords, after performing too frequently, or when swallowing multiple or odd shaped swords. Lower chest pain, often lasting days, followed some performances and was usually treated by abstaining from practice. Six suffered perforation of the pharynx or esophagus. Three had surgery to the neck. Three others also had probable perforations, one of whom was told that a sword had “brushed” the heart, and one had pleurisy and another pericarditis after injury. One had a breadknife removed transabdominally. Sixteen mentioned intestinal bleeding, varying in quantity from finding some blood on a withdrawn sword to large hematemases requiring blood transfusion. No sword swallowers in the study died from sword swallowing, but the cost of medical care was a concern with three receiving medical bills ranging from $23,000-$70,000.

The results of the findings: A previous minor injury may lead to a more severe major injury, and injuries occur more often when multiple or unusual swords are used, or when a distraction causes the performer to lose focus. Occasionally a sword is difficult to advance or retract, presumably due to spasm or dryness related to nervousness or soreness. Over forceful efforts to move the sword may cause trauma, which can result in esophageal perforation. Several cases of perforation or severe hemorrhage occurred when swallowers used multiple or unusual swords or when a technical error was committed, often due to distraction. One swallower lacerated his pharynx when trying to swallow a curved saber, a belly dancer suffered a major hemorrhage when a bystander pushed dollar bills into her belt causing three blades in her throat to scissor, and one of the authors lacerated his esophagus and developed pleurisy after being distracted by a misbehaving macaw on his shoulder while swallowing 7 swords at once.

“The study and its acceptance by the international medical community is historical as the first ever of its kind in the 4000 year history of sword swallowing,” explains Meyer. “Even though the study may seem quirky to some folks, it is extremely important to us sword swallowers and the doctors who treat us for injuries. We are so glad that it is now available to the medical community worldwide!” The British Medical Journal article received widespread international coverage in the press, including ABC News, New York Times, London Times, Science Daily, Scientific American, BBC and other media, and led to the Ig Nobel nomination.

The Ig Nobel Board of Governors receives more than 7000 new nominations each year which are added to the enormous pool of nominees from previous years. The winners are selected by the Board of Governors which is comprised of scholars, scientists, Nobel Laureates, science writers, and other individuals of greater or lesser eminence. The Board sifts through the nominations and narrows the list to a small group of finalists. The Board then investigates whether each of the finalists actually exists and has actually done what the nomination claims. On the final day of deliberations a random passerby is invited to help make the final decision.

Free public lectures by the 2007 Ig Nobel Winners were presented at MIT to a packed audience in the iconic MIT lecture hall located directly underneath the Great Dome. The Ig Informal Lectures were limited to five minutes each. Witcombe presented a powerpoint synopsis of the team’s research, while Meyer demonstrated sword swallowing and answered questions from the audience and press.

The art of sword swallowing started over 4000 years ago in India, and requires the practitioner to use mind-over-matter techniques to control the body and repress natural reflexes in order to insert solid steel blades from 15 to 25 inches down the esophagus and into the stomach. There are currently less than a few dozen full-time professional sword swallowers actively performing the ancient but deadly art of sword swallowing around the world today.

The Sword Swallowers Association International (www.swordswallow.org) is comprised of sword swallowers from around the world. Meyer is available for media appearances and interviews through Cutting Edge Innertainment at http://www.cuttingedgeinnertainment.com. Call (615) 969-2568 to schedule interviews and appearances.

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