

PROCEEDINGS

*Third National Congress
on Medical Quackery
October 7-8, 1966
Chicago, Illinois*



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ADDRESS OF WELCOME

John W. Knutson, D.D.S.*
President
National Health Council



It is a cherished privilege to join with the American Medical Association in welcoming you to this the Third National Congress on Medical Quackery. The National Health Council, a federation of national professional and voluntary organizations, includes within its membership a variety of agencies such as the American Medical Association which throughout their history have been plagued by the chicanery of health quacks. Among the agencies which readily come to mind are The Arthritis Foundation, the American Cancer Society, the American Dental Association, the American Public Health Association and the Multiple Sclerosis Society. Let me assure you, however, that I speak for all the member agencies of the National Health Council in welcoming you and in expressing appreciation for your participation in this Congress. They are all against quackery.

I want to extend a special welcome to the representatives of our federal government, such as our Food and Drug Administration, our Post Office Department, our Public Health Service and our Federal Trade Commission. To you and to each representative of national nongovernmental organizations, such as the National Better Business Bureau, we express appreciation for your continuing efforts and contributions to the war against quackery.

Lastly, but most important, I want to express a warm and sincere welcome--and thanks in advance--to each of the speakers who has agreed to undertake the task of increasing our understanding of the problem of medical quackery. We look forward to your suggestions and proposals for better coordination of our separate efforts and for strengthening the attack so that eradication becomes a realistic goal.

Inasmuch as I have been in or near the forefront of the fluoridation battle during the past fifteen years, I am not unfamiliar with the tactics of quacks. I have suffered the frustrations of seeing three out of every five community referenda on fluoridation lost to the quackery combine, which includes the entire gamut from the health device manufacturer to the vitamin pill and seaweed dispenser to the conspiracy addict who is anti everything including government and science. As an

*Dr. Knutson is professor of preventive dentistry in the School of Dentistry and professor of public health in the School of Public Health at the University of California at Los Angeles. A former assistant surgeon general and Chief Dental Officer in the U.S. Public Health Service, Dr. Knutson is a past vice president of the American Dental Association and a past president of the American Public Health Association.

admitted loser--perhaps a resentful one but hopefully not a cynical one--I have developed several opinions and convictions to rationalize my failures.

First, although a recitation of the detailed characteristics of medical quackery or, if you wish, the descriptive epidemiology of this plague on the people, contributes to an understanding of the problem, I believe that repetition and dissemination of the truth is not of itself effective against an adversary who is an expert in using the half truth, the out-of-context statement, the innuendo and the plea --and this is what I am talking on today--the plea for the freedom to be wrong. The program of counter-action must have teeth in it (if you don't mind a pun from a dentist) as well as words.

Second, the first of these conferences was held just five years ago (October 6-7, 1961) in Washington, D. C., and was sponsored by the American Medical Association in collaboration with the Food and Drug Administration. Nevertheless, I doubt that subsequent action has reduced the relative extent of the medical quackery problem. Our efforts to alert and educate the general public have improved. There have been advances in the methods as well as the materials of education. Unfortunately, the quacks, too, have kept pace with the advances made in communication, and I suspect they have exceeded our efforts simply because they are not limited by our code of ethics in employing them.

Third, although our emphasis on the sick, the illiterate and the poor who are victims of the quack is indeed self-satisfying, it is probably also self-deluding, too, and may be weakening our effectiveness. I doubt that they contribute a disproportionate share of the quack's billion-dollar-a-year take. We are all more or less susceptible simply because of the rapidly changing technology of today and which will continue tomorrow. The complexity and rapidly increasing number of new drugs, chemicals, gadgets and devices make us all even more so than in Will Rogers' time "ignorant but in different subjects."

Fourth, in the future as in the past, the quack will continue to use one of the most fundamental and most cherished characteristics of our democracy to further his own ends. This characteristic is faith in your fellow man. Add to this a pervading hope for a better tomorrow, and the task of eradicating the quack from our midst becomes a formidable one, indeed.

Assuming that the foregoing premises have some validity, how can our action be improved and strengthened? First, that cherished characteristic--faith in our fellow man--is reflected, I believe, in a widespread tendency to believe anything which is printed, whether in newspapers, magazines, or leaflets, or which is stated on radio, television or in public hearings. Therefore, we must give greater emphasis to the problem of educating responsible people in the field of communications. They have made some good beginnings, such as the Seal of Good Practice administered by the National Association of Broadcasters; the Television

Code, which is the guide of most commercial television stations; the Good House-keeping Magazine seal; and the advertising clearance policies followed by many reputable magazines. Only a beginning has been made.

Second, our educational endeavors must be aimed at responsible decision-makers. In general, the decision-makers are politicians and most of them are honest, conscientious, dedicated workers. We in the health professions do not reflect our faith in them by registering disdain for their calling. Their understanding and cooperation are not elicited by condescension and low esteem. An example of our failure in this area occurred recently after public hearings on fluoridation had been conducted by the Los Angeles City Council. Three Council members announced that they were voting against fluoridation. In doing so, one referred to nine parts per million of fluoride rather than nine-tenths; one said the proposal was too expensive and wasteful because all water would have to be fluoridated; and the third said that fluoridation was mass medication and water should be kept pure and not contaminated with drugs. Obviously, these three councilmen had not been properly educated either during or before the hearings by their family dentist and physician.

Lastly, because of the increasing complexity of technology and the rapidity of change, I deem it impractical and unrealistic to expect a public education program to keep pace and properly prepare the public to exercise discriminating judgment in what is true, what is false, what has been adequately tested, what is promising, what is worthless. The increasing requirement for highly specialized knowledge to make such judgments has convinced me that our governmental agencies must be provided with the regulatory powers and the enforcement capability to insure us that the quacks, the crooks and the experts in chicanery will be required to fulfill the same standards of testing as those who work in this area with integrity and honesty. If we do not provide this kind of protection for ourselves, and if we do not impose these restrictions on the potential and actual quack, I predict we will be indulging in a lot of self-righteous indignation at the next National Congress on Quackery. On the other hand, if we recognize and admit our own human weaknesses, our superstitions, our gullibility and our ignorance, and that our strengths such as faith and hope may lead us astray--the placebo always comes out better than nothing--then the success of this Congress is assured.

ADDRESS OF WELCOME

Charles L. Hudson, M.D.*
President
American Medical Association



First, I want to express the appreciation of the American Medical Association to the National Health Council for its co-sponsorship of this Third National Congress on Quackery. I have been informed that when the invitation was extended to the Council's board of trustees, the reaction was unanimous in putting the considerable weight of that organization behind this conference.

Secondly, I would like also to thank the Food and Drug Administration for its continued cooperation and participation in this program against quackery. Although Dr. Goddard, whom we are fortunate enough to have as a speaker today, is relatively new to his FDA position since the last quackery congress, the people he represents are old friends and fellow warriors in this continuing battle of governmental and private agencies against the purveyors of false hopes and nostrums.

The Food and Drug Administration was co-sponsor of the first two of these conferences, both of which were held in Washington, D. C. I am particularly glad that this year's change of locale did not discourage Dr. Goddard's excellent agency from taking an important part in its deliberations.

And finally, I want to thank all of you conferees for your enthusiastic response to the invitation to take part in this Congress.

Although attendance at each of the first two Congresses in Washington reached 700, we decided to change the location for the third one in the hope of broadening representation from the states and from the medical profession by reason of geographic convenience if no other. Advance registrations have proved the wisdom of this decision, and I believe it is safe to say that we very closely approach participation by every state and a few foreign countries in addition.

I believe that those of you who have attended either of the earlier Congresses will find this one to be somewhat different. Our first Quackery Conference was primarily a review of what was being done at that time, in 1961, about the problems of quackery and a look at the job ahead. The second one, in 1963, was predominantly a progress report. This one has been designed, as Dr. Knutson pointed

*A practicing internist for 33 years, Dr. Hudson received his medical degree cum laude from the University of Michigan Medical School. Dr. Hudson serves as an associate clinical professor of medicine at Western Reserve University as well as maintaining his practice as a member of the Cleveland Clinic. He is a past president of both the Academy of Medicine of Cleveland and the Ohio State Medical Association, and he served on the AMA Board of Trustees since 1961 before being chosen AMA president-elect in 1965.

out, to get down to specifics. Our theme is "Quackery 1966," and we hope to send you away with specific ideas you can put into action to begin pulling a few keystones out of the monstrous edifice of greed and harm the quacks have built for two centuries in this country.

One item I believe you will find of significance is the introduction of three new written pieces on the subject, which will become available very soon for distribution. First, almost a textbook, is the pamphlet Facts on Quacks, or "What you should know about health quackery." This booklet is now in the hands of the printer and we were able to give you only the typewritten text. The second is a pamphlet called Health Quackery. The third, covering a subject which is introduced into this Congress for the first time, is another booklet, Chiropractic: The Unscientific Cult.

The AMA has done two other things specifically to help lay the groundwork for this Congress. One is the article in the September 19 issue of the Journal of the American Medical Association reviewing the faculty qualifications of several schools of chiropractic. The other is the article in the October Today's Health which gives the history and complete story of the National Health Federation.

As you are well aware, the American Medical Association, principally through its Department of Investigation and the fine work of its Committee on Quackery, wages a continuing fight against frauds. We entertain high hopes that this Third Congress will generate a great deal of publicity to help inform the public that the quacks and phonies did not go out with the river boats and the horse-drawn medicine-oil shows.

There are many facets to our program against quackery. I might mention only briefly the educational program on medical quackery which is available to the schools. This is a topic Dr. Knutson referred to, and is a vital part of any educational program. Materials are available to all grades for school systems that want to help prepare their students to avoid the dangers and economic loss that can come through acceptance of quackery. This year, in our Congress, as well as in our on-going programs, we are taking further steps to acquaint both the profession and the public with chiropractic, the unscientific cult.

I would say that as we undertake this Congress, and in the days that follow it, we have two principal challenges.

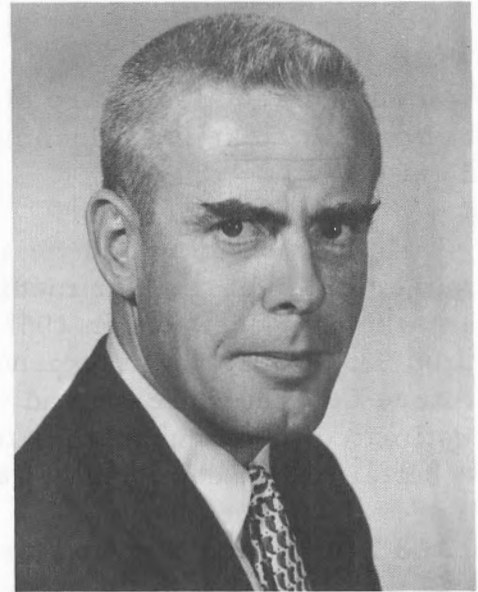
First, perhaps the more difficult, is to strip the mask of respectability off of quackery and show the public the vicious, scheming villain underneath it.

And second, not only to prove the worthlessness of quackery, but at the same time to establish confidence in sound medical and health care.

The program for this Third National Congress on Quackery is designed to tell you exactly the situation regarding quackery as it exists today. We believe you will find your time extremely well spent in hearing the many specifics our qualified speakers will bring to your attention.

DRUG AND DEVICE QUACKERY

James L. Goddard, M.D.*
Commissioner
U.S. Food and Drug Administration



It is a privilege to be here this morning, representing the five thousand men and women of the Food and Drug Administration. I do not believe that I speak here today merely as the head of the agency. As you well know, the Food and Drug Administration through the years has been in the forefront of the fight against quackery of every kind. The FDA has not relented either. Its employees--from the Office of the Commissioner to our newest young clerk--are imbued with the tradition of the agency as a leader in the protection of Americans against the frauds and quacks still lurking in the marketplace.

And I do not see this effort in the agency dwindling in any way. I can see that our fight against quackery may take new forms as the quacks themselves alter their tactics.

We have no intention of looking away. We are not so busy that we would abandon this traditional and still vital assignment of fighting quacks and frauds.

In fact, one can say that now more than ever before the FDA must be vigilant in this area. There are a number of reasons why our people are more vulnerable than ever to medical quackery:

- They are more health conscious than ever before.
- They are exposed to more health articles and advertisements than ever before.
- They have seen science achieve goals that were once thought to be impossible for man ever to achieve.
- They are more aware of health developments and practices in other countries than ever before.

All these elements work together to produce a comfortable climate for the medical quack. He knows that his services may be more in demand today than they were yesterday.

But what he is also coming to realize is that the three branches of Government

*Dr. Goddard was named Commissioner of the Federal Food and Drug Administration in January, 1966, and he has become nationally known as a forthright and vigorous administrator. Born in Ohio, Dr. Goddard received his medical degree from George Washington University School of Medicine, Washington, D.C. Dr. Goddard was chief of the Accident Prevention program of the PHS-Department of Health, Education and Welfare for three years. Next, he was civil air surgeon for the Federal Aviation Agency for three years. Prior to his appointment as FDA commissioner, he was chief of the PHS Communicable Disease Center, Atlanta, Georgia, for three and one-half years.

at every level are also aware of the climate for quackery and we are exerting special efforts to make it as uncomfortable and as unprofitable as possible for the medical quack.

Still, it is enticing and we should be conscious of this fact. For example, consumer expenditures for medical care and voluntary health insurance have doubled in the past decade. In 1955, almost \$13 billion was expended; in 1965, an estimated \$25.5 billion was expended. In 1955, the average annual per capita expenditure for medical care and voluntary health insurance was about \$80; in 1965, we estimated the annual figure to be over \$130 per capita. In other words, people want better health care and better health service and they are willing to pay for it.

And I might add that they are willing to vote for it--to vote with their letters and telegrams and with their feet as well, when they come to Capitol Hill and ask their representatives--their Senators and their Congressmen--to enact Medicare, to expand aid to families of dependent children, to expand vocational rehabilitation, to expand the building of hospitals and university health facilities, and research centers, and to expand assistance to our handicapped children and adults.

Let us remember, then, as we ponder the question of medical quackery here these few days, that we do so in the midst of a people who are sold on health. Therefore, the possibility that they may be victimized has become greater.

Who is today's medical quack? Is he the old-fashioned lecturer and spieler? Not really. The FDA found less than 90 of these to bother with last year and only took two legal actions.

No, today's fraud is more sophisticated. He runs a special "clinic" outfitted with all the wonderful gadgetry of a space-conscious nation. Typical of such an operation is one in which the FDA took action this past year.

The phony practitioner would use a device called the "Micro-tabulometer." It was a wooden cabinet containing a series of electrical bridge circuits, meters, toggle switches, and a probe applicator. The "Micro-tabulometer" was supposed to help in medical diagnosis by indicating where there was a "toxic accumulation" in the body of diseased tissues and organs.

The record of this sort of thing is quite dismal. During fiscal 1966 our agency initiated 70 seizures of medical devices. Some were substandard devices, some were inadequately labeled, and some bore false and misleading claims.

You probably know of the "Diapulse" case. This device, seized in Atlanta, Georgia, used electrical impulses to supposedly treat arthritis, hypertension, sinusitis, middle ear infections, TB, syphilis, toxemia, asthma, hepatitis, diabetes, gangrene, pneumonia, and other conditions.

Then there was the "Ionic Charger," that claimed its "Radon" gas used in drinking water was effective in treating gout, rheumatism, insomnia, neuralgia, chronic diarrhea, chronic joint swelling, functional diseases of the liver, and chronic skin diseases.

The Niagara Therapy Manufacturing Corporation had a number of its items seized--massage devices, vibration chairs, vibrating hand units, and various thermo pads--because the company claimed they were effective against bursitis, falling hair, tired eyes, shot muscles, and misplaced kidneys.

Last month, the FDA achieved a major victory in the quack device field when the U. S. District Court at Dallas issued a permanent injunction against a series of devices used for "effortless reducing." The injunction bans from interstate commerce any shipment of such widely advertised reducing machines as "Figurecare," "Figuretone," "Figuremagic," and "Isotron." In the injunction complaint we charged, among other things, that some of the people who allegedly benefited from these machines actually had a financial interest in the sale of the machines and had not experienced any benefits at all.

A similar complaint for injunction has been filed against Relax-a-cizor, Inc., of Los Angeles, but no trial date has been set yet. I believe the Figurecare case was a significant breakthrough for us, however.

But where does mischief stop and the dangerous fraud begin? I have spoken here of phony weight-reducing devices. But unfortunately there are many doctors who are operating weight-reducing clinics without the aid of devices. Instead they are prescribing and even selling amphetamines for weight-reduction purposes on a scale far beyond what might be expected in normal practice.

Here is the old-fashioned quack in a new disguise--and a far more dangerous one. Young women know that those electronic machines are probably phony. There's been quite a lot of publicity to that effect during the past few years.

But drugs. That's new. That's different. Losing weight with pills. That's exciting. That's "in."

I'm afraid that many medical frauds today are not violating the device provisions of the Food, Drug, and Cosmetic Act, but they are actually violating the Drug Abuse Control Amendments to that Act. Their new form of quackery is not a harmless--though expensive--electrical jolt. It is a potentially very harmful form of fraudulent therapy.

Our new Bureau of Drug Abuse Control, staffed with 200 agents, is already at work in the field to crack down on this new and vicious form of medical quackery. It is the same get-rich-quick doctor--and he will receive the same get-caught-quick treatment.

The quacks today play upon the confusion the public sometimes has concerning new forms of therapy. They write books and organize cults which supposedly simplify the tough problems of modern medicine.

Then there are the quacks who defy the medical "establishment," as they call it, who decry Government oppression, who overtly break the law as a symbol of their protest against the conspiracy of science to keep them out of business.

They tend to excite our basic sense of fair play—but they have a nasty habit of disappointing us most of the time. They turn out to be the same old quacks playing the same old roles, but in new disguises.

A case in point here involves "Regimen," also an allegedly effective product for weight-reduction. Last month, in a 20-page opinion, the U. S. Circuit Court of Appeals at New York unanimously upheld the convictions in the Regimen case, brought about in the lower courts.

The case was tried before a jury. The indictment charged violation of four Federal laws. It contained 58 counts: 18 on mail fraud, 27 on wire fraud, 12 on misbranding, and one on conspiracy to violate the mail and wire fraud statutes.

The FDA, the Federal Trade Commission, the Post Office Department and the Justice Department were all involved in the development of the Regimen case.

A number of organizations, with the American Medical Association prominent in the lead, expressed doubts about the effectiveness of Regimen. The National Better Business Bureau and its able President Kenneth Willson also led the fight to put Regimen out of the marketplace.

The promotion and advertising of Regimen were especially flagrant. For example, its television advertising used paid endorsers who had been instructed to diet strenuously--and who did diet strenuously--as long as they were on the Regimen payroll. The taking of the Regimen tablets--a phenylpropanolamine compound --had nothing to do with weight loss.

I understand that the Court of Appeals decision may be taken to the U. S. Supreme Court. Whatever the outcome, the case is highly significant, for not only the advertising but the advertising agency itself was hauled into court. The agency of Kastor, Hilton, Chesley, Clifford, and Atherton was fined \$50,000. The agency, Regimen's president John Andre, and Drug Research Corporation, which filed false clinical reports, all were found guilty on 45 of the 58 counts.

The case is much discussed in advertising circles, for it sounds a clear note of warning to ad agencies of their involvement in quackery and the penalties they might have to pay. As President Willson of the National Better Business Bureau explains it:

"The principle is that an agency is held to the standard of reasonable care which an average prudent person would use in evaluating a claim. Thus, if an agency were advised by a responsible source that a claim was false, or, if by the exercise of reasonable prudence it would or should conclude that a claim was false, then it is under an obligation to determine the facts before disseminating the claim."

Quackery in medical advertising, therefore, is subject to court action. And I think it is about time that advertising agencies began to see that they cannot shift all the blame to their clients when they indulge in the following kinds of abuses:

1. Extension or distortion of the claims for usefulness beyond that approved in the product's final printed labeling.
2. A quote from a study used to imply improperly that the study is representative of much larger and general experience with the drug.
3. The selection of poor-quality research papers that are favorable to the product and the omission of contrary evidence from much better research.
4. Quotation out of context of a seemingly favorable statement by an authoritative figure but omission of unpleasing data from the very same article.
5. A favorable quote from an obviously authoritative source but no quote from other differing experts in the same field.
6. Data from papers that report no side effects while other papers reporting side effects exist but are not quoted.
7. Ads constructed from data previously valid but rendered obsolete or false by more recent research.

This kind of advertising is in the same category as quackery. It is not the practice of medicine. It is the practice of chicanery. When the art of healing is twisted into the art of stealing, then I can assure you that the full power of the Food and Drug Administration and the U. S. Department of Justice will be exercised. We will protect not only the physical integrity of the patient, but we will protect the professional integrity of the medical community.

And I can tell you this morning that the integrity of the medical community is indeed under attack not only from outside but from within. I can tell you that the quackery of yesterday has infiltrated the highly sophisticated and critical fraternity of clinical investigators.

In the Regimen case I just mentioned, FDA inspectors obtained admissions from two doctors that they had filed false reports on clinical studies they had made for the Drug Research Corporation, parent of "Regimen Tablets." And you are aware, I am sure, of the clinical investigators we have lately taken to task for filing false data with their sponsors and with the FDA.

I submit to this audience that this is a new face of quackery. Let us not be deluded into thinking that fraudulent drugs and devices constitute the sole targets of an anti-quackery campaign. Let us frankly admit that improper medical practice--knowingly twisted for profit--this kind of medical practice is quackery, pure and simple, and ought to be the object of major concern by the AMA and this Congress.

Clinical investigation is the very foundation of the structure of our drug supply. If it is pock-marked or otherwise flawed, the structure itself will be unsteady.

But strong, vital, impeccable clinical investigation--beyond the charge of deception, but true to the high traditions of medicine--will continue to help expand our exceptional drug armamentarium.

This is a plea for rational medical practice. This is a plea for modern thinking about the question of quackery. I have asked you to consider not only the familiar--I was almost going to say "traditional"--types of drug and device quackery, but I have asked you to consider false drug advertising and false clinical investigation as also forms of fraud and quackery. Now let me advance one other suggestion.

I believe that the medical profession has a major stake in the elimination of nutritional quackery as well. I can recall that the American Medical Association published in its Journal the conclusions of its Council on Foods and Nutrition. Entitled "Vitamin Preparations as Dietary Supplements and Therapeutic Agents," the position paper concluded that combinations of essential vitamins may be desirable for supplementation of certain restricted diets, but this paragraph was also added:

"Vitamin mixtures, other than those discussed herein, may be demonstrated to be useful in therapy by further research. Until adequate scientific evidence is presented as to their value, however, such mixtures should not be advocated for general use. Public health will be served best by insistence on a factual basis for vitamin supplementation and therapy. It is sound judgment to emphasize repeatedly that properly selected diets are the primary basis for good nutrition."

We know that millions of Americans seem to feel that they just aren't getting enough vitamins and nutrition in their diet if they don't take special vitamins, minerals, diet food preparations, vitamin-mineral combinations, and formula foods and food supplements. Many Americans have applied a social hypothesis to medicine; that is, if five vitamins and minerals are good, then ten must be twice as good.

This is a problem that involves not only large manufacturers of the basic chemicals and the broadly merchandised brand-name products. The field is also cluttered with small-time pitchmen, quacks, faddists, and know-nothings who turn nutritional hypochondria into exaggerated profits. The consumer is very vulnerable--and he need not be.

In order to carry out our mandate, given us by the Congress, to protect the consumer from economic as well as medical frauds, the FDA published on June 17th of this year revised labeling regulations and new standards for fortified foods and vitamin and mineral supplements. Unless there are legally justified hearings, the regulations will go into effect on December 14, 1966.

The new regulations--revisions of those promulgated in 1941--are designed to provide the consumer with more information about foods purchased for weight control, for dietary supplementation, and for other special dietary needs, such as controlling salt intake.

They set standards for foods to which nutrients may be added only if they have real value. They tie down the meaning of "low calorie" and "fewer calories."

They stipulate which nutritional elements--and the amounts of each--may be used in so-called "fortified" foods.

The regulations would also prohibit extravagant promotion of shotgun formulas containing nutrients that meet no dietary need and tend, instead, to deceive the consumer.

Many in this audience are aware of doctors who prescribe vitamin pills as a kind of placebo. We also know perfectly healthy men and women who eat well-balanced meals but who wouldn't be without their daily vitamin capsule.

We have no intention of taking vitamin and mineral supplements off the pharmacy shelves and grocery shelves of this nation. But we do intend to insure that those diet supplements that are left are not nutritional hoaxes, that they do not promise more health fortification than they can possibly deliver, and that they do not deceive the consumer in the listing of contents.

We do intend to have these products live up to the fair business practices that other products in the marketplace must live up to.

And I believe that with the continued help of the American Medical Association and its membership, the Food and Drug Administration can do its job of protecting the consumer--and the medical profession, too--from the nutritional quack and fraud.

I want to thank you all for giving our agency much strong support through the

years in the fight against quacks and frauds. I know that this partnership in the public interest will continue to be as vital and as effective as in the past.

It will be the intent of my administration that this be so. And I will assure you once again that this is the way all our people feel.

NUTRITIONAL NONSENSE AND FOOD FADDISM

Ronald M. Deutsch*
Author and Science Writer

All of us who have been involved in the weary war on food quackery and fanaticism have become accustomed to three things. One of them is the fanatic who is classically defined as the man who does exactly what God would do, if only God knew all the facts.

The second thing we have all become accustomed to is failure, for despite all our efforts the "health" food industry and the public attitudes which support it wax fat.

The third is a stereotype for speaking out against this unhappy situation; the speaker cites the ludicrous propositions of the promoters with appropriate irony, he pities with humane charity the millions of hapless gulls, he stands aghast at the huge numbers and enormous profits, and finally he calls for good, sound nutrition education to wipe this dreadful picture from the slate.

Rather than recite again this tested formula, I would like you to join with me in thinking the unthinkable about health-foodism, in the hope that we may find a new avenue for attacking it. I would like you to consider the proposition that we are confronted, at least in good part, by an iatrogenic illness--that in some measure our treatment of choice, education, may be the host which carries the virus and feeds the fever.

Let us first look briefly at the history of curious food beliefs. Long millennia ago man glimpsed some of the truth that he was somehow molded from what he ate. Certainly he felt terrible when he ate nothing. A little snack of eohippus steak and he was a new man. But overdoing at a dinner meeting with too much rich brontosaurus, and he was at death's door. Gradually, some foods took on more specific and magical properties. The Roman rake munched a truffle before going off to an orgy, secure in the vigor it would provide. Feverish, he ate seven bugs in the skin of a bean. Until the nineteenth century food superstitions remained, generally of this class and were shared by physician and patient alike.

By the 1820's a more sophisticated attitude was emerging, however. Sylvester Graham had found that cholera stemmed from a combination of too much lewdness and eating chicken pie, a concept in the best traditions. But more important,



*Mr. Deutsch is a free lance writer, mainly on medical subjects, whose articles have appeared in a number of national magazines. A graduate of Columbia University in New York City, he edited the college humor magazine and "in the process abandoned the idea of a career in medicine for one behind the typewriter." His 1961 book, *Nuts Among the Berries*, was issued in revised form in December, 1966. He also is author of a humor book on European travel published in 1960, *Is Europe Necessary?*, and a 1962 novel, *The Grass Lovers*, in which the principal character is a quack.

he found the "true" source of most disease, the removing of too much chaff from the grain by unscrupulous food processors. No wonder, he concluded, Americans were not so healthy as they had been in grandfather's day. Graham baked the cracker which is named for him, and invented curious systems for eating it. But more than this, he had introduced the health-food concept that something had been stolen from food.

The next great advance of health-foodism came from Battle Creek, Michigan's Dr. John Harvey Kellogg. His view was that some foods were carriers of poisons. Meat was the great offender, and abstinence and purging the cure. He propounded the cereal flake, peanut butter and other popular nostrums as the proper diet. He fed patients fourteen pounds of grapes a day for special conditions, and for others attacked with sixteen gallons of water turned in a relentless stream into the colon.

Kellogg also introduced the practice of writing books about disease which promoted his ideas and his grocery-store cures. Over a million copies were sold, an enormous number for the time, and they conditioned generations of attitudes about eating.

Then an erstwhile patient of Kellogg's, Charles Post, who had been evicted from the Battle Creek Sanitarium for lack of funds, first tried faith healing and then produced some grocery items not entirely different from those of Dr. Kellogg's. Notably, Grape Nuts and Postum were sold with lavish promises, dire threats and how-to-get well pamphlets enclosed.

Thus Kellogg and Post joined the commercial marketplace to the ancient superstitions about the dangers and powers of foods. And advertising began to appear, boldly heralding the health values of these cereal concoctions.

Meanwhile, beginning in the 1870's, something like our present huge food industry was taking shape, and with it new methods of manufacture. Sugar and flour especially received greater refining, and suspicion began to grow that manufacturers were tampering with health for profit. Whole parades of lecturers and authors, from Upton Sinclair to Charles Fletcher (the great exponent of scientific chewing) inveighed against the peril.

By 1900 the pattern of all we see today in health foodism had been set. Food might be either poisoned or robbed, and "natural" food provided miracles which were viciously removed by the food industry. Basically, medicine dismissed the Kelloggs and Posts as misguided, but food therapy was still an accepted concept, and diets often were as good a prescription as the doctor could offer. Small wonder that confusion was rampant.

Then, just before the first World War, something new was added--the discovery of the vita-amine. As science now cautioned against avitaminosis, the promoters leaped aboard and confusion grew great indeed. We now had "right-

mind" views of food as a secret of health and "wrong-minded" views.

By the 1930's, many micronutrients were known and roughly understood, and we were a poor nation. Nutrition education in the schools was now stepped up. The perils of scurvy and rickets and beri-beri were drummed into the children. For poverty brings marginal dietaries, and marginal dietaries bring deficiencies. The campaigns to keep the nation healthy through correct food choice, and through the fortifying of foods, offered commercial opportunity. More manufacturers began to emphasize the nutritional benefits of their products, and the promoters of health foods had only to cry out, "Ours is even better." The situation persisted into World War II, being encouraged again by nutrition's campaigns to promote good food choice from a limited dietary.

Then after the war, the national problem became one of surfeit. Medicine, armed with new knowledge and faced with an overfed populace, realized that the typical American dietary now supplied all the nutrition we could hope for. And it is upon this theme we have based our defense against the quacks. Except for isolated instances, deficiency disease was gone. Yet the American public continued to pour billions into needless supplements and special foods, to cringe in terror at imagined poisons, and to glower suspiciously at an industry which stole the stuff of life from our food. Suddenly we were aware there was a health-food problem. Suddenly we began to do something about it.

What must we do? Why clearly, there were two actions. We must prosecute the promoters and we must educate the gulls. Traditionally, then, we have sought faster and harder prosecution and broader and broader education. These have been our solutions, and they have worked poorly in many respects.

How have they failed? First, consider the prosecution. The three agencies having regulatory jurisdiction in most health-food cases--the FDA, FTC and the Post Office--have all been hampered by laws which permit seemingly endless foot-dragging on the part of the foot-dragger. A contended FDA or FTC case may still require four years to prosecute to its conclusion.

And what is that conclusion? Generally, the health-fooder is no more severely treated than the jelly-maker who lists his fruit and sugar in the wrong order on his label. In the notorious Calories Don't Count business, in which there was a clear-cut crossplay between the book published by Simon and Schuster and the oily capsules made by the CDC firm more than forty counts of the indictments have been dropped and the punishments for the proven violations are minor. In my opinion, all of the regulatory work has slowed the sale of the book no more rapidly than natural waning interest of the public would have done. In fact, my publisher friends agree that the increased notoriety of prosecution probably promoted the sale.

Most of the leaders of the National Health Federation have been successfully

prosecuted and yet still retain the confidence of rank-and-file health foodists. Respectable business elements in our society seem not impressed by such convictions. Our largest book publishers seem merely intrigued by the success of health-food best sellers. Following Holt's success with Folk Medicine, Doubleday entered the lists with Strong Medicine, and then came Simon and Schuster with Calories Don't Count. Such books are in all but a few cases published by the best firms, all of which have taken a turn in the game.

Carlton Fredericks is still heard on the airwaves under the aegis of reputable broadcasters, though FDA successfully proved his broadcasts were not long ago false labeling for 42 products of a firm called Foods Plus.

Were these minor departures from the truth? The supplements were purported to be remedies or preventives for respiratory diseases, circulatory diseases, lowered thyroid activity, neuritis, disturbed elimination, high blood pressure, strokes, rheumatic fever, tooth decay, allergies, damaged brain and nerve cells, multiple sclerosis, hardening of the arteries, lack of mental resistance to house-to-house salesmen, varicose veins, vertigo, lack of resistance to cancer, epilepsy, shingles, arthritis, gray hair, sexual frigidity, cerebral palsy and others.

Yet just as there is scarcely a bookseller who does not sell the health-food books until the shelves are clear, just as magazines and newspapers readily accept advertising for them, so scarcely a radio station is closed to Mr. Fredericks. Indeed, he is still the object of pity. Earlier this year, he was cited as an example of intimidation by government in Parade, a Sunday newspaper supplement with many millions of circulation. Under the label of dozens of major newspapers Americans read this:

"Dr. Carlton Fredericks has felt the hot breath of the federal government . . . ever since he started feuding with FDA 17 years ago. The agency has called him 'a crackpot, culturist, food faddist and dispenser of nutritional nonsense.' Yet, amazingly, it has never taken him into court to prove the charges, but has tried his case instead in the newspapers. The record against him consists entirely of press releases . . . Food and Drug officials have warned newspapers and radio stations against him, have enlisted the help of the FCC to drive him off the air . . ."

Let us suppose the SEC did so much to warn of a stockbroker who made misleading claims. Would respectable elements in the community wish to be associated with him? Does it make sense that when FDA, a federal agency, seeks to protect the public by issuing warnings and taking actions, society repeatedly draws the malefactor to its bosom?

There are innumerable instances of this kind, in which prosecution was not only slow, and with slight punishment, but in which the public was not very interested and not much impressed.

But now we come to what I believe is the crucial question. Are the leaders of what we can discern as the formal health-food movement the real formers of these food attitudes among much of the general public?

Indeed, they seem to lead a hard core of food faddists, but this core is not really of great size. One can learn this by a review of the number of members of the health-food associations, such as the American Academy of Applied Nutrition and the National Health Federation, by a look at the circulation of their chief publication, Prevention, and by a glance at the number of formal health food stores. In all, we find we are looking at a group of, at the most, hundreds of thousands. Among these people, the nation's regulatory agencies are considered conspirators, anyway, and common sense is wasted effort. To teach or discredit is an almost hopeless task.

Certainly we do not spend so much time and energy protecting these people from themselves, but in the hope of protecting the health and the pockets of the general populace, who remain susceptible customers for the unscrupulous and who periodically fall prey to false fears and hopes which are ceaselessly peddled to the tune of hundreds of millions of dollars. Clearly, I believe, we should be correcting whatever makes them susceptible. Is it the random little health food store around the corner which shapes their thinking? Is it the occasional misleading ad for a spurious book, the pitchman who comes once in a great while to the door? I think not.

Public attitudes are not formed so easily. Those of us who hammer endlessly at the seven danger signals of cancer, who recite to tedium that losing weight means eating less, and badger for yearly visits to the doctor know how slow is the public to accept and act upon an idea. For we live in a day when the public attention is competed for at great cost and from a thousand directions. To make an impression takes tremendous effort and incredible repetition. To believe that the health-food pitchman is able to prepare the ground for so wide an acceptance of nonsense is to credit him, I think it is clear, with far more brilliance, far more money and far more public attention than he actually has.

The question then may be, who does have such opportunity and such influence? I believe there are only two possible answers--commerce and nutrition education itself. Join with me for a moment in thinking the unthinkable, to see if either could create the atmosphere in which the health-food business survives and flourishes.

As one way of looking, I selected at random the March, 1966, issue of Good Housekeeping magazine, which offers a guarantee that, "products . . . advertised in Good Housekeeping are good ones and that the advertising claims made for them in our magazine are truthful."

My first observation was a sprawling two-page ad which asks: "Oatmeal or

Cornflakes-- Which one should you eat if you're worried about calories?"

The ad says oatmeal has only two calories more, and it took me some study in the grocery store to determine that this referred to an ounce of cereal, usually represented as a dry-weight serving. Yet astonishingly enough, Quaker Oats maintains that oatmeal is a far better choice, because, "Here is the healthy balance of nutrients to control your appetite."

Is the balance of nutrients a key to appetite control? The ad goes on: "Quaker Oats has natural nourishers (as distinguished, one assumes, from unnatural nourishers) energizers, and above all, more protein. . . . But most important, it has these natural nourishers in the right combination. . . . It satisfies you immediately, and keeps you feeling happily nourished until lunch. . . . That means when coffee-time rolls around with its cart full of high calorie goodies, you're not even tempted. You won't feel hungry, let down. . . ."

My only surmise for part of this argument is that protein maintains blood-sugar levels longer than carbohydrate does. Yet we are speaking, in the 100 calories, of 5 per cent of the average daily food need of somebody a lot smaller than I am, and of which the protein represents less than half. And when we try to compare the protein levels of a serving of oatmeal and one of cornflakes, we find that the difference makes up less than one-half of one per cent of an adult's daily food.

Yet this difference is supposed to make the oatmeal eater indifferent to food and assure him he will not feel hunger until at least an hour and one-half after the cornflake eater is impelled to a mid-morning snack.

A few pages further on, there is an ad for Carnation Instant Breakfast. This is a powder one pours into milk. The ad says, with little pictures assembled to show a big breakfast: "Each glass delivers as much protein as two eggs, as much mineral nourishment as two strips of bacon, more energy than two slices of buttered toast, and even Vitamin C--the orange juice vitamin." The latter pictures a big glass of orange juice.

Does the protein value of egg equal egg? Does the mineral content of bacon equal bacon? Does Vitamin C equal orange juice? And let us remember that it is the entire breakfast of milk and powder which exceeds the caloric value of two slices of buttered toast. Moreover, obviously much of the nutrient worth of the instant breakfast derives from the glass of whole milk to which the powder is added. The powder is chiefly nonfat dry milk and sugar, with vitamins and flavorings added. Does not such an ad carry an implication of a magic value in a special food? And does it not heighten the popular American confusion about the importance of micronutrients in diet?

Here, too, we have an ad for Wonder Bread. It says: "During the 'Wonder Years'--one through twelve--your children develop in many ways, actually growing

to 90% of their adult height. To help make the most of their 'Wonder Years,' serve them nutritious Wonder Bread. Every delicious slice is carefully enriched with foods for body and mind."

I cannot find that Wonder Bread differs markedly from other breads, nor can I find other breads which are not "carefully enriched." Also, is there not a suggestion here that without special foods, that 90% of growth may be limited by deprivation? Are some foods better for mind or body? Or if I am oversensitive on such points, what is the use of making such statements in an ad for bread?

Again we find: "Two ounces of Velveeta pasteurized process cheese give more high-quality protein, more calcium and more Vitamin A, than an eight-ounce glass of fresh, whole milk." There is a picture of a small boy and copy about his coming back from play, "hungry and pale."

It is not unfair to presume that this child is already getting milk, and that therefore, with this and with a normal child's diet, may expect to have all the protein, calcium and Vitamin A he needs. It seems to me that the ad implies the possibility of undernourishment and the philosophy dear to healthfooders that "more is better" in nutrition. If the boy is "hungry and pale" after play, Velveeta cheese may not solve the problem, and calcium and Vitamin A will not make him feel fed and look pink.

These ads appeared in other magazines as well. So did others, such as, from another publication, one which says: ". . . For goodness' sake, eat a Chiquita. Just for the health of it." This ad sells bananas. It says, among other things that Chiquita bananas contain "Fewer calories even, than an eight-ounce glass of fortified skim milk." Does this mean a banana is equivalent to a glass of skim milk in every other respect?

"Now think about vitamins," the ad suggests. "Chiquita Brand Bananas are packed with them. A, B₁, B₂, B₆ and C. Plus niacin. Plus twelve important minerals. (Just try running down with all that behind you.)"

If there is no concern about being deprived of these nutrients, then why should bananas be heralded as their source? And does this mean that if we run down, it is because we did not have these nutrients? Surely there is another reason for eating bananas which would propound fewer false ideas than "just for the health of it."

Such manipulation of nutritional ideas is rampant. One supermarket chain at least has put a sign above its dry cereals, "Nutrition Center." Here is Armour advertising in a costly page that one Armour frank "has enough food energy for 6 home runs." That means swinging a bat six times and running 2,160 feet. Let us hope Junior eats a second frank, so he can make it home again.

Here is Sue Bee Honey advertised with these ideas: "Sue Bee Honey is a nat-

ural substitute for sugary jams, jellies and syrups. Natural minerals are important." (More so than unnatural minerals, one supposes.) And it goes on in the same vein. So do a thousand other costly, high-impact ads. But one of my favorite examples has been seen endlessly on television of late. It shows a child at play and a man at work, and both say they are too busy for lunch. The camera flashes to a desperate lady who wails, "What's a mother to do?" She is told by a friendly voice from the ether not to worry. After all, both child and father have eaten Total for breakfast. Total is a dry cereal which contains little more caloric value per ounce than any other, but which differs through its much-vaunted content of 100 per cent of the minimum daily requirement of vitamins. Now what more plainly says that vitamins equal food? What lamentable logician can agree that a serving of dry cereal at breakfast will provide adequate nutrition until evening because of the vitamins in it?

And yet I have been in scores of nutrition meetings in which it was asked, why on earth will people believe in the magic claimed for a few vitamins and minerals or a costly protein capsule? Why, when we in our little group hold a public lecture for 200 people every year to explain such things, or have a little corner column in the paper once a week, can't we overcome such thinking? Where do the food fad-dists ever get such outlandish ideas?

But let us pursue this idea a little further. Let us ask, why are Americans susceptible to this kind of advertising? If they were not, I assure you we would not see it.

If this is so, has the ground of nutritional fear and fantasy been spaded up by some other agency? But what else is left except the nutrition education in our schools, which is heralded as the answer to our problem?

Resolving to take a look at this, I asked those in the field to recommend good, commonly used books used to teach nutrition to adults and children, and above all to teach those who will teach nutrition. I selected a group of about a dozen and read them. And I found in them a remarkable undercurrent, which I felt was best represented in a single volume. The book I chose, and really at random, is Teaching Nutrition, published by Iowa State College Press and authored by Pattison, Barbour and Eppright. I submit this text is typical in many respects, but leave it to those who will to confirm my impression by reading another dozen.

The text opens with "Why Nutrition Education?" The answer, in part: "There is a difference between the absence of illness and buoyant radiant health. In our school population today . . . we look almost in vain to find the rosy-cheeked children with beautiful posture, soft glossy hair, radiant skin and an abundance of energy. When nutrition is excellent, we expect to find these characteristics."

To me the tone, the very words even, might have come from one of the scores of health-food volumes I had read. Startled, I looked at a section called, "Objec-

tives for Nutrition Education." It was explained "As a result of nutrition education, people should be able to

- "1. Recognize how nutrition can affect:
 - a. Appearance through its influence upon complexion, fingernails, teeth, eyes, hair, posture and body size.
 - b. Personality as shown by vigor and energy, self-confidence and poise, cheerfulness and cooperativeness, interest in others, emotional stability and ambition."

To anyone familiar with health-food literature, it is unnecessary to explain my distress. The grains and threads of truth seemed painfully gathered to express conclusions which would easily pave the way for any pitchman.

The book has a long section of staccato facts including such as these:

"Itching, burning and a grating sensation of the eyes when exposed to a fairly bright light may be caused by too little riboflavin in diets."

"Some personality traits known to be affected by the nutrition of the individual are cheerfulness and cooperativeness, self-confidence and poise, interest in others and emotional stability."

Perhaps. But this is fine grist for the quack mill. Moreover, while there is some truth here, is not riboflavin unlikely to be deficient in the American diet? There are scores upon scores of such threats, such symptoms of malnutrition of a kind most adaptable to a hypochondriac concern. And again, in a well-fed society, are not failures in some of the personality qualities listed more likely to result from something other than bad eating? Look back and see how nicely a quack could use just this much material, quoting in good conscience from a most reliable source.

Or consider this statement: "People spend millions of dollars for vitamins in the form of pills, when the same amount of money spent for vitamin-rich foods would be more likely to give them the health they seek."

Then we are faced with poor health due to poor nutrition? And can we conclude that "natural" vitamins are better than ones from bottles?

There is added: "While seeking health . . . they guard . . . the privilege of eating what they wish, regardless of the consequences to themselves and to society. They may actually take pride in the idea that they can defy the laws of nature."

At the end of the book were lesson plans. One was for the film "More Life in Living," and it seems a shame to waste that kind of title on what is given to be a reputable teaching device. Among the questions teacher is to ask concerning this film are: "What did the boy who couldn't make the team eat? What should he have

eaten? Also, what foods should you eat each day if you want to be attractive? To have good teeth? To have good posture?"

For my part, I shall no longer hunt, bewildered, for the source of the nation's receptiveness to food quackery. For we still teach nutrition through fear. Fear means there is something to be afraid of, in this case inadequate diet. Nor shall I wonder any longer where the public finds its credulity for extravagant statements about special foods and their miracles.

I submit that we carefully train a nation in nutrition with the dangers of thirty and more years ago, that we cultivate and fertilize the soil so that the most ridiculous fear may flourish and the most absurd promise blossom in the mind. Then we spend billions from our commerce to nurture the growth, with advertising. And finally we wonder why, everywhere in our fields, the weeds of quackery sprout so quickly and root so well.

OBESITY: A GROWING PROBLEM

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In strong contrast to the world problem of undernutrition, the health of Americans is seriously affected by overnutrition. The prevalence of obesity rises precipitously at about 25, and by age 50-59 virtually one-third of American men and one-half of American women exceed desirable body weight by at least 20 per cent. It is rightfully considered our number one nutritional problem.



Although a direct causal relationship has not been clearly established in our leading killer diseases, a high association exists between coronary artery heart disease and obesity, and between maturity-onset diabetes and obesity. Even if the disorder were only a minor health hazard in this regard, most physicians would agree that excess body fat is an emphatic detriment during acute illness, anesthesia and general surgery. The American public dislikes the unattractive appearance, general discomfort and social stigma of obesity.

Scientific investigations have made great strides in documenting a number of chemical aberrations in this disorder, but very little progress has been made in the successful application of any scientific information to an effective weight control program. Practicing physicians commonly show little enthusiasm for supervising weight reduction of their patients over long periods, usually feeling that the obese patient just lacks will power. Obese individuals, on the other hand, often feel they have done the right thing by seeking a physician's advice for supervised treatment, only to become disillusioned time after time when they lose so little weight with so much effort. Usually the patient drops the entire program after a few weeks.

In this combination of circumstances it is not surprising that conscientious physicians and patients alike will wish for, look for, and try out various devices and methods that might give better results than each is experiencing. The obese patient, often without physician advice, will turn quickly to each new method of weight reduction, always seeking an easy way to accomplish a task which has no easy solution. Numerous practices in this area might best be classified as near-quackery or just unsound scientific practices. This is particularly true in those circumstances where some regimen or medication serves as the "gimmick" for

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physician or patient, to such an extent that the individual actually succeeds in losing body fat to some degree. Any program that actually works for a particular individual is a sound approach to weight reduction, provided that the diet is nutritionally adequate and that the physiological processes of the body are not moved outside the normal range. If eating mints or even tossing a penny in the air will serve to keep an obese individual on a long-term negative caloric balance, I would consider this reasonable adjunct therapy. But as we shall see shortly, it is only the negative caloric balance which causes the fat loss.

Although today's scientific information about the obese state is rather extensive, we do not know precisely the underlying or primary factors which set the machinery in motion to produce weight gain, nor do we understand fully why so many victims of the disorder regain their previous body fat after weight reduction. Let us first look carefully at some of today's scientific facts about obesity.

1. The immediate cause for the deposition of fat in the body is positive caloric balance. Fat is formed when more calories of energy are put into the body than are expended (basal metabolism and activities). This fact applies at all levels. An individual can readily gain body fat ingesting 1800 calories of food daily if his body utilizes only 1600 calories of energy daily. It is possible and even likely that primary chemical, physiological, and psychological factors may be responsible for bringing about this positive balance. Since these are not completely understood at this time, however, the only sound scientific approach to changing body fat lies in changing caloric balance. Every obese patient must understand and gain insight into this fact. As we shall see shortly it is easy for other factors to hide the relationship of caloric balance to body fat and thus lead to incorrect conclusions.

2. The obese individual does show a number of chemical and physiological features which are different from those of non-obese subjects. These actually are numerous and include: intolerance to glucose load, high blood insulin concentration, low oxidation rate of glucose and palmitate, subnormal response of blood FFA levels to stimuli, resistance to development of ketosis, a low fasting respiratory quotient, elevated excretion of 17-ketosteroids and 17-hydroxysteroids, and failure of growth hormone release during fasting and exercise. It must be emphasized again that while some or all of these factors might be important in obesity, positive caloric balance is still the immediate cause for the deposition of fat.

3. The weight of the human body is the sum of all of its components, and this includes bone, lean tissue, fat, and water. The total amount of water in the human body is rather substantial. A woman five feet five inches tall, weighing some 130 pounds may well have 32 quarts of water which would weigh 66 pounds. In a short period of time, without illness, bone and lean tissue change very little. Body water, however, changes greatly in response to many factors. Just as in the case of calories, the amount of water in the body at any one time is a balance between intake and output. While some water is formed in the body, the principal intake is in the daily diet both as water and other liquids, and as water content of solid foods.

Water is excreted from the body through the kidney, the large intestine, the skin, and the lungs. This excretion, especially that through the kidney, is controlled by many factors including normal hormone effects, activities, general character of the diet, sodium intake and drugs. While this water can be measured in the human subject in the research laboratory, it cannot be separated from the weight of fat by either the physician or the patient on the most accurate office or home scales. The fluctuation of water weight is deceptive to the overweight person and is the basis for many of the scientifically unsound practices surrounding obesity.

4. Whether we are health workers or overweight patients, we must face the fact that control of body fat is very difficult for obese individuals. This is true not only for the private patient but also among subjects of careful research conducted to evaluate weight reduction methods. In controlled research studies, 75 per cent of obese individuals will lose weight to an effective degree under supervision, but only 5 to 10 per cent of these same people will succeed in maintaining this loss for even a year. To put it mildly, a cure rate of only 5 per cent is indeed discouraging to all.

The foremost significance of these observations is that it is hard for fat people to control their weight. Physicians, nutritionists, dietitians, and other health workers must remember this as they work with patients, and patients in turn must recognize this fact in order to appreciate fully that there is no easy way to lose weight effectively and permanently.

With this state of affairs it is natural that many unsound practices should develop. While there are many minor variations, most of these are concentrated around a few key areas.

1. DIET COMPOSITION AND CALORIC BALANCE

The greatest misrepresentation centers about the problem of specific diet composition, particularly the relative proportions of protein, fat, and carbohydrate. It is in this area that the obesity victim is attracted to numerous provocative schemes, all of which imply that weight can be lost without effort. The message is ubiquitous and persuasive. It emphasizes that weight can be lost without strenuous dieting or exercise. Obviously such promises are immediately appealing to the obesity victim, who wants so badly to avoid dietary restriction. In high protein, high fat, low carbohydrate regimens, the individual is actually encouraged to eat as he wishes, as long as he observes the food classification. The high fat intake also encourages fried foods, something totally taboo in conventional low-calorie diets.

Frequently the plan will include various medications such as liquid preparations of corn oil or safflower oil, special fruit juices, vitamins, minerals, appetite-depressants, bulk agents, or anything that can be even remotely related to weight loss. Commonly the entire plan is organized into an elaborate ritual in

which the various pills are to be taken on rigid schedule: two pink tablets and one white tablet once daily for three days, one white tablet daily for five more days, and so on.

Our real problem here is the fact that most of these schemes actually do produce prompt body weight loss. This initial loss, even after an unlimited diet, serves as vivid proof to the individual that the plan really works, that calories don't count, and that he can continue to enjoy his fried foods.

The well documented truth of the matter is that when caloric balance is kept constant, the change in body weight results from the effect of dietary nutrients on body water balance. Several investigators have demonstrated that, at a given caloric level, body weight loss is greatest when most calories are derived from fat, next greatest when derived principally from protein, and least when derived predominantly from carbohydrate. It has also been shown that the critical factor is probably the effect of dietary carbohydrates on sodium balance and this in turn on water balance. As carbohydrate is decreased in the diet, urinary excretion of both sodium and water is increased, and total body water is dramatically decreased. Weight loss on the scales is obviously impressive but (with caloric balance constant) the loss is due to water and not to fat. Over a long period of time the specific nutrient source makes no difference, as long as the calories are kept constant.

Another factor involved is that most people after a time no longer enjoy the high protein and high fat foods usually called for, and either discontinue the program or actually begin to decrease their total caloric intake below caloric expenditure. If this does occur, then, and only then, will there be a decrease in body fat.

Although somewhat different in several respects, the recently popularized fasting treatment is, in a sense, another example of the influence of dietary composition on weight loss. Fasting provides the lowest possible caloric intake and the equivalent of a very high fat diet, since the energy needs of the body are fulfilled chiefly by utilizing body fat deposits. Obese patients in the hospital, ingesting only water, tea, black coffee, and non-caloric sweeteners will lose as much as one pound daily for three weeks. Human fat tissue has a caloric value of about 3500 calories per pound, and the caloric expenditure during the passive hospital stay certainly does not exceed 1500 calories per day. Using these figures the individual would utilize less than one-half pound of fat daily, and therefore, more than half of what is lost is quickly replaced as soon as the individual resumes eating.

It should be pointed out, however, that from the viewpoint of research, studies on fasting patients might well shed some light on the underlying nature of obesity. Time might also show that fasting, in selected patients, could be an effective way to start a weight reducing program by, for example, breaking some of the individual's food habits in an abrupt manner. Obviously, fasting cannot be any permanent solution to obesity. As of this moment, it should be considered chiefly in the re-

search stage and should be undertaken only under physician supervision and only in the hospital.

Misleading advertisements have promoted the popular misconception that exercise is valueless as an aid to weight reduction since it requires an unreasonable amount to lose a pound of fat. Since it is caloric balance that determines body fat content, the utilization of only a few additional calories daily can be extremely important in the control of obesity. A woman would need to eat an average of only 96 calories per day more than she expends in order to gain 50 pounds from the time of her marriage to her third child five years later. This would never have occurred if she had expended the additional 96 calories per day in some manner. Moderate walking utilizes approximately 235 calories per hour. Thus, only 25 minutes of daily walking, in addition to her usual activities, would have prevented the 50 pound fat gain.

2. WATER

We have already noted that body water is the basis for incorrect conclusions concerning the effect of varying amounts of dietary protein, fat, carbohydrate, and minerals at any given caloric level. Besides this, however, body water is the culprit for quackery in several other ways.

Principal among these are the various diuretic drugs, medications which force the kidney to excrete excess amounts of water and minerals from the body. In years past most of the stronger preparations had to be administered by injection, but today there are drugs, taken by mouth, which produce pronounced effects. It is common practice for physicians to prescribe these agents. In addition, patients themselves all too often obtain the medication from pharmacies without prescription or from clinics and reducing salons.

Laxatives, also involved in this area of misrepresentation, are frequently taken by obese individuals to decrease weight. Whenever the dose of a particular preparation is sufficient to produce a diarrheal stool, there is a significant loss of water and minerals from the gastrointestinal tract.

His inability to separate fat loss from water loss leads to much false encouragement or discouragement on the part of the patient, especially among individuals who experience wide body water fluctuations anyway. Although it is usually difficult to do, the physician must try hard to give the obese individual insight into this feature and the role it plays in a weight reduction program.

3. METABOLISM

The metabolism of the human body is indeed a complex thing, with numerous hormones and enzyme systems controlling both chemical and physiologic phenomena.

In this spotlight are the endocrine glands of the body, parts of our anatomy which have always been rather mysterious and all-powerful in the minds of the lay public. Their involvement is further indicated because physician and patient alike are aware of the fact that obesity can occur in various endocrine diseases. Notice the words can occur because actually in such disorders body fat change is still the result of caloric balance, and in the great majority of obese patients no primary endocrine or metabolic abnormality can be identified at the present time.

The endocrine glands commonly involved are the pituitary, thyroid, adrenals, pancreas, and ovaries. Most often it is the physician who is lured into the trap of abnormal metabolism in obesity. In many instances this is understandable because sound scientific evidence indicates that endocrine gland secretions do govern the deposition and release of fat within the body. Anterior pituitary growth hormone, for example, promotes fat mobilization; thyroid hormone stimulates the body to utilize its fat stores; secretions of the adrenal cortex will even deposit fat predominantly in selected areas of the body, the face, neck and upper trunk. Obese individuals often show abnormalities of insulin activity, and most maturity-onset diabetics are obese.

In addition there are a number of suggestions that yet other hormones or enzymes act in our bodies to control body fat. A typical example is the peptide substance which has been isolated from the urine of obese individuals when they are losing body fat. This substance, when injected into a mouse, will produce a decreased amount of fat in the animal as compared with the lean-tissue mass and body water.

It is no surprise then that the physician will often turn to hormones to treat obesity. This step is without good basis simply because the great majority of obese patients have no endocrine disease, and no clear-cut proof has been presented that the usual obese state is truly caused by malfunction of endocrine hormones or enzyme systems.

For years thyroid hormone has been misused by the practice of giving two or three grains daily of desiccated thyroid to obese patients. Since the normal gland secretion is appropriately decreased when the thyroid substance is so provided, the net result is usually one of no great change in the patient's body functions. Much more serious, however, is the practice of giving very large doses of this substance, either as thyroid or in any of several more purified forms. Many physicians have been known to prescribe the equivalent of as much as 20 grains of thyroid daily, from which the patients develop the disease state of hyperthyroidism, and their caloric balance is so altered that large lean tissue and body fat loss occurs. Let me emphasize that such patients have literally been given a disease, and it is one in which there is definite risk of heart damage and other impairments. This is worse than quackery and represents medical malpractice, and every physician must accept the responsibility of branding such a practice for what it is and of doing everything possible to stop it.

For reasons that are not too clear, years ago the practice arose of giving pituitary gonadotrophic hormone to obese individuals, usually by intramuscular injection of chorionic gonadotrophin at intervals of one week. While this will keep the patient under supervision and could provide long-term caloric balance supervision by the physician or dietitian, more often the procedure is limited to the injection itself. In this form there is no scientific basis for the program, and the normal physiology is tampered with to an excessive degree whether obvious ill-effects develop or not.

4. DRUGS

Finally, other drugs, in addition to diuretics, thyroid and gonadotrophins, have come into common use in obesity, usually in the form of prescription by the physician. Outstanding among these are appetite-depressants, non-digestible bulk agents and digitalis. Many of these agents when given in correct doses represent reasonable medical practice, but digitalis on the other hand has no place whatever in uncomplicated obesity.

Appetite-depressants usually have the dual effect of decreasing interest in food and increasing physical activity through general stimulation. The use of these agents under physician supervision represents acceptable medical practice when their purpose is to help the patient continue a negative caloric balance program. It is the physician's responsibility, however, to satisfy himself as to which preparations have been shown in controlled research studies to be effective and safe. Unfortunately the drug is often prescribed, or is viewed by the patient, as the main treatment--with almost super-ability to accomplish weight reduction without other effort by the patient. In this light the program is doomed for failure. Even when used as adjuncts in the best possible manner, these drugs often lose their effectiveness after a period of time.

Nondigestible bulk materials, such as methyl-cellulose, theoretically could have a legitimate role in the management of obesity both by their filling effect and by displacing high caloric foods. However, these agents are used most frequently as another medication in the numerous pills sold directly to the public, and in this situation, the amount consumed by the patient each day is not sufficient to be of any significant value. Such agents have been developed to be included in preparation of foods, such as cakes and pies, in which manner they would decrease by some degree the calories per portion of food. While again this could help from a theoretical point of view, it is unlikely that it would provide significant long-range caloric reduction for the obese individual.

The use of digitalis in obesity probably arose from observations made during the treatment of congestive heart failure. In heart failure, with or without obesity, increase in body water takes place, often with swelling of both lower extremities. Digitalis therapy leads to vigorous excretion of this water as the heart failure is

corrected, and thus to impressive weight loss. In uncomplicated obesity, however, digitalis has no role whatever.

Whatever the reason for the custom, there are unfortunately a number of instances where physicians are prescribing digitalis for obese patients, either in small doses or at full digitalization level. Any small dose might be classified only as physician quackery, but at full dosage level digitalis is a powerful, potentially dangerous drug, and its use in this manner can only be considered medical malpractice.

5. DEVICES

Numerous devices have been promoted as solutions to obesity which usually have as their basis almost anything other than diet and energy expenditure. These include electrical stimulation of muscle contraction; steam baths and cabinets; ring rollers; vibrators and massagers; electromagnetic instruments; plastic blouses and slacks which fit snugly at wrists and ankles and are purported to melt away fatty tissue; and even a phonograph record designated "The Voice" with which the victim hypnotizes himself to accomplish dietary restriction.

Up to now I have not mentioned the various liquid formulas which have been so popular recently for weight reduction. To my mind these agents occupy a peculiar position in the area of obesity control. On one hand, being directly available to all who wish to buy them, these formulas quite often are taken by obese individuals in addition to their regular daily food or in place of some meal where formerly the patient had been ingesting fewer calories than provided by one can of formula. Such use is of no value in obesity control and reflects the individual's lack of understanding of calories and caloric balance. It is also obvious that artificial formulas cannot be a permanent solution for obesity.

On the other hand, liquid formulas can be useful in the initiation of a weight reduction program. Some obese people seem to be able to limit their caloric intake entirely to formula more easily than they can reduce their intake of natural food. The nutritional value of these formulas is generally high and therefore, whenever very low caloric intake, such as 600 to 900 calories, is deemed necessary by the physician, a wider safety margin of individual nutrients probably exists with formula than with food. The physician must decide the role such formula diets are to have in the control of obesity, and use them if he wishes as one facet of a total program which includes insight, understanding, and motivation.

One of the most deplorable situations of all is the physician's contribution to quackery by his own medical conduct. The mildest form of this is represented by sincere and conscientious physicians who become so busy in their practices that they take shortcuts which really amount to poor medical practice. It is easier and less time-consuming for the physician to write a prescription for an appetite-

depressant than to impart to the patient genuine understanding of the problems involved and to provide continuing professional supervision over a long period. This same busy physician falls victim to the use of medications and devices which are described to him as new scientific advances because he fails to take time to learn that conscientious scientific appraisal has shown them to be worthless. Although present treatment results for obesity are poor even in the best circumstances, this is no excuse for the physician's efforts to be poor.

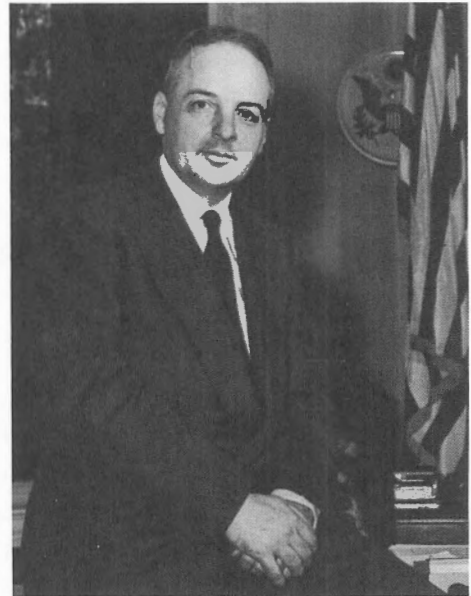
Far more shameful to the medical profession are the "obesity clinics" which are springing up in many areas. As in other fringe-areas of medical conduct, these treatment mills are often conceived by the combined efforts of physicians and non-medical individuals, usually with both greedily seeking a profit. There are companies that will provide the physician, who is willing to be a party to the crime, shrewd advice on setting up a streamlined office operation which minimizes physician time expended and maximizes income received. They present postgraduate courses, seminars and symposia on endocrinology or obesity which are in no way sponsored by official medical organizations. They will even suggest the fees which the traffic will bear, and, of course, they sell to the enterprise the appetite-depressant, bulk-agent, cocktail or magic pill around which the whole operation is built. Our Food and Drug Administration, Post Office Department and Federal Trade Commission are doing a masterful job of combating fraud and deception. The co-sponsorship of this very session and the two previous Congresses by the American Medical Association is clear evidence that organized medicine is continuing to fight medical quackery of all forms. But quacks are getting smarter and more subtle in their ventures, staying just far enough inside the law to evade legal control, and to escape medical censorship.

In addition to this each physician must help fight this problem as an individual. He must examine carefully and honestly his own medical practices as compared with present-day scientific knowledge. He must patiently but relentlessly change the incorrect notions and concepts of his patients about obesity. And finally he must take an active role in his own county medical society to see that the appropriate committee or group, such as the Grievance Committee, the Medical Ethics Committee, or the Board of Censors will maintain active surveillance at all times and ferret out all instances of unethical practice in his community.

In conclusion, obesity is a common, generally serious disorder for which the only scientifically sound treatment today is negative caloric balance. Successful treatment is quite difficult for physician and patient alike, and this fact should be recognized at the outset. It is the physician's responsibility to assess the effectiveness and safety of each new drug or regimen he prescribes. Until a scientifically sound, more effective treatment is developed, obese patients, in their search for an easier method, will continue to be exploited by profiteers.

FLUORIDATION: FACT AND FABLE

Arthur S. Flemming*
President
University of Oregon



As Secretary of Health, Education and Welfare, I presented to the public from time to time the facts relative to medical quackery which have been compiled by the Food and Drug Administration and the United States Public Health Service. As a result of these experiences, I had at least a passing acquaintance with the issues that will be considered at this conference.

As I have listened to the addresses which have preceded mine, I have recognized the issues, I have recognized some of the devices and I have likewise recognized some of the names. I also have some idea of the extent to which persons will go in undermining the health of their fellow human beings in order to line their own pockets with money. Therefore, I want to congratulate and express my appreciation to the American Medical Association, the National Health Council, the Department of Health, Education and Welfare and other public and private cooperating bodies for making this conference possible.

I admire those who planned the conference for selecting highly controversial topics.

During my period of association with the Department of Health, Education and Welfare, I backed the Public Health Service program for fluoridation of the nation's water supply. The fact of the matter is that at the first press conference I had after taking office, I was asked where I stood on fluoridation of the water supply. Fortunately, the Public Health Service had anticipated that I might be asked that question, and they had briefed me very thoroughly on the developments in this area. I backed the Public Health Service program for fluoridation in the nation's water supply because I was convinced that it would prevent disease. I was, likewise, convinced that it would not impair the health of anyone.

As I left office I said to the Public Health Service, as I did to the other operating agencies of the Department of Health, Education and Welfare, that I would try to respond affirmatively to opportunities that might be presented to me to give expression to the convictions I had developed as a result of the privilege that was mine of serving in what I think is the most exciting department in the executive

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branch of the Federal Government.

When I became a resident of Eugene, Oregon, where the University of Oregon is located, in the summer of 1961, I soon discovered that there were many persons in that community who did not share my convictions relative to fluoridation of water supply. In 1960, just prior to my coming to Eugene, the citizens of that city had refused to approve a fluoridation proposal. In November, 1964, a majority of 1,263 out of a total vote of 28,000 approved a fluoridation proposal. At a special election in September, 1965, a majority of 628 out of a total vote of 11,500 voted to discontinue the fluoridation of our water supply. And that is where the record stands up to this date.

And I know, as you do, that Eugene's experience is not a unique one by any means.

What is wrong? I feel that the answer is clear. While those of us who believe in fluoridation have been attaining the support of national organizations and have been talking to one another at conventions, our opponents have often been doing a far more effective job at the grass roots than we have done. I believe that we must copy the activities of the opponents at the grass roots, with an increased investment of time, energy and money, and with an educational program designed to reach the citizens of our community.

What should be some of the characteristics of this program? I believe that it should be a continuing program. Where the issue of fluoridation of water supply is going to be on the ballot at a regular or special election, those of us who believe in this public health measure carry out an intensive program of education just prior to the election.

But after the election, whether we win or lose, we drop our educational program. Our opponents, however, pick up just where they left off the day before the election. We, it seems to me, must be willing to do likewise.

I believe we need to insert advertisements in our newspapers and buy time on radio and TV throughout the year. We need to bring qualified witnesses to our communities to speak on the subject on a continuing basis. We need desperately the cumulative impact of a 365-day-a-year educational program.

Then also, I believe that we must develop special educational programs for the schools of our communities.

At a meeting in Washington, D. C., the early part of this year, devoted to a discussion of this subject, I asked this question: "Why not try to have the question of fluoridation of the water supply used as the national high school debate topic some time in the near future?"

I think one year of debate throughout this nation in our high schools on the merits of fluoridated water would result in many persons demanding action as far as their communities are concerned.

It goes without saying that comparable efforts should be made to introduce the issue to college and university students. Likewise, our professional students in dental and medical schools should be introduced to a greater extent than they are now to effective methods of health education, methods which they can apply to the issue of fluoridation when they become practitioners in our communities.

Also, as we think in terms of this educational program on behalf of fluoridation, I believe that we should welcome opportunities for discussing fluoridation publicly or privately with opponents of this public health measure. I have come to the conclusion that those of us who are interested in this measure cannot afford to ignore or ridicule our opposition.

Some of our opponents are practitioners of medical quackery. Where this is the case, we should clearly identify them as such. But many of our opponents are fellow citizens who have a deep-seated concern about fluoridation. It seems to me that in carrying forward an educational program in a community on any issue similar to this, when we can identify the fact that some of our opponents properly can be classified as practitioners of medical quackery, we make the mistake of creating the impression that all of our opponents belong in that same classification. And as far as this issue is concerned, I believe that this is a serious mistake.

Some of our fellow citizens, who at the moment are in the ranks of the opposition, believe, for example, that there is still a reasonable doubt about the side effects of fluoridation. Others, who are in the ranks of the opposition and who are also active in the cause of civil liberties, are concerned about what some of the leaders of the opposition refer to as "forced medication."

We must respect, I believe, the opinion of Norman Cousins, the editor of Saturday Review, when he says:

"The preponderance of evidence favors the position that side effects are negligible. But while the case is substantial, it is not yet complete, and when the public health is involved, any reasonable doubt concerning the possible side effects of a chemical added to the water supply is a potent and possibly the determining factor in creating public policy."

Some of the language in that particular quote is language comparable to language that I used as Secretary of Health, Education and Welfare in dealing with some of the issues that confronted and still confront the Food and Drug Administration. I never used that language in connection with fluoridation.

In the middle of the fluoridation campaign in Eugene, one of the opponents

picked a quotation from an address of mine dealing with one of the Food and Drug Administration issues and applied it to fluoridation. Of course, those are some of the tactics that we have to contend with.

But I believe that when we are dealing with a point of view as expressed by Norman Cousins, we must patiently and persistently present to such persons the results, for example, of the extensive research conducted by the United States Public Health Service, until they have reached the point where they can subscribe to a statement such as this one by Dr. James H. Shaw of the faculty of dental medicine at Harvard. He said:

"It was my personal conviction until 1952 that we should patiently wait for the facts. In my opinion, these facts have become available in an incontrovertible fashion during this period. I believe that beyond a shadow of a doubt, we can conclude that fluoridation is safe."

We who believe in fluoridation of water supply should exhaust every possibility for putting before our fellow citizens who oppose fluoridation, and those who are skeptical about fluoridation, the facts that have led many of us to the conclusion that we should, in season and out of season, crusade in behalf of fluoridation. We should go further, for example, than just to quote the United States Public Health Service as being in favor of fluoridation.

We should take time with our fellow citizens to tell them about the United States Public Health Service, to tell them about the dedicated service of its career personnel, and to tell them about the causes in which it has been interested throughout the history of our nation. We assume that the citizens in our communities know the Public Health Service as some of us know it. And that is not a valid assumption.

To use a legal term, we need to spend more time qualifying our witnesses in behalf of fluoridation. Then it seems to me, we should describe in some detail the investigations which have been carried on relative to the fluoridation of water by the Public Health Service for more than 30 years. There isn't any public health program that has been subjected to as careful and as thorough research over a longer period of time than the fluoridation of water supply.

We need to take time to identify this research from its beginning right down to the present moment. You and I know about the Kingston-Newburgh experiments. But how many of our citizens in a typical community know about the Kingston-Newburgh experiments? It is a convincing study. But we don't take the time to present it carefully and thoroughly to our fellow citizens.

. . . As a layman, it is a temptation to follow the line of the least resistance. We get one of these questions from one of our opponents and we are more inclined to discount him as an opponent than we are to try to come to grips with the ques-

tion. We really are not equipped as laymen to answer the technical questions, so we pass it on, whereas it is possible for us to get that answer if we are willing to take the time to write a letter to the Public Health Service.

Also, to take another example, I believe that as citizens we should be willing to come to grips with the issue of forced medication in a thoughtful and thorough manner. We know that we are not talking about medication, but it takes a little time to break that term down and explain why we are not talking about medication. We know that the legal issue has been tested in one state after another and that the Supreme Court of every state in which it has been tested has rendered a decision that makes it clear fluoridation does not violate in any way, shape or manner the constitutional rights of our citizens.

We know that efforts have been made to appeal these decisions to the Supreme Court of the United States, but they have been denied, thus permitting the state court decision to stand.

In our audience or in our conversation with some of our fellow citizens, someone may indicate that he is still not convinced and that he may raise with us a legal issue which we may find a little difficult to handle. Under those circumstances, why don't we take the time to write, for example, to Charles S. Rhyne, the former president of the American Bar Association with offices in Washington, D. C., and ask him about that particular point? He has been working on the legal aspects of this particular issue for a long time. He is one of the leading lawyers of our nation and he has done everything he can to help further this cause of fluoridation of water supply.

Instead of dismissing the legal issue, instead of just simply saying, "You are all wrong," why don't we write and find out why the person is wrong?

As I work on this issue or on this campaign for fluoridation of water supply, I am increasingly impressed with the fact that this is one of the most difficult issues to deal with if we are voting on it in a community. At the last election in Eugene, one of the respected leaders of our community took the position it was forced medication and it did interfere with some of the liberties of the individual citizen. I am not at all sure but what that stand coming at a critical point didn't result in a vote to discontinue the fluoridation of the water supply.

People worry about this question of forced medication, this question of enforced regimentation. We know it is not forced medication, we know it is preventive, that it is a public health measure in the very best sense of the word, we know that we have legal opinions supporting us on it, but let's take time to take our fellow citizens through the steps we had to go through in order to arrive at the conclusion we arrived at. This is our difficulty in dealing with issues of this kind in a community.

Over a period of time, we study an issue of this type, we read about it, we come to a conclusion. Then we talk to one of our fellow citizens and he has come to the other conclusion, and all we do is say, "You are wrong." We overlook the fact it took us some time to arrive at the conclusion we arrived at, that we had to take one step after the other in our thinking. Why not make it possible for him to do likewise?

In brief, we must not underestimate or avoid our opposition. We must be willing to confront in a thoughtful and constructive manner the arguments which our opponents advance.

Emma Carr Bivins in her article, "People Are Giving Us the Answers," in the November, 1965, issue of the Journal of the American Dental Association says this:

"If today's town can win on fluoridation, it may possess the capacity to achieve almost any other advance or innovation it desires." I agree.

I think this is one of the most difficult issues to deal with at the grass roots. But if somehow or other we can develop an approach which makes it possible for us to deal with this issue effectively at the grass roots, we are going to learn some things that, in turn, will make it possible for us to deal with other difficult issues within our community. We all know we have plenty of them these days to deal with.

There is no question in my mind at all, as far as this issue is concerned, that we must move forward. We must do so in the interest of the health of the citizens of our community. We must do so in order to demonstrate that under our form of government, truth can and will prevail.

WHY PEOPLE GO TO QUACKS

William H. Gordon, M.D.*
Physician—Author
Lubbock, Texas

Why do people go to quacks? A partial answer would be because there are quacks.
But--

Whiskey does not produce alcoholism unless it is drunk by people.

Narcotics do not produce addiction unless misused by people.

Quacks do not perpetrate quackery unless they are patronized by people.



In all likelihood the majority of charlatans or quacks are selfish, heartless scoundrels for whom I harbor no sympathy. Yet, to an extent I must serve as a reluctant devil's advocate; for I must absolve them of at least part of the responsibility for the existence of quackery. Like whiskey, quacks are demanded by the public and, as in the case of liquor, prohibition by law would not end this demand. As long as health nostrums, devices, pills, propaganda, and unconventional treatment are sought and used by an appreciable segment of the population, the unscrupulous will continue in business. Furthermore, it is my belief that if all charlatans were this day removed with much fanfare from the American scene, their replacements next year would enjoy a booming business.

"Why do people go to quacks?" Simply answered, they go because they want to.

WHY DO PEOPLE WANT TO GO TO QUACKS?

Accepting the premise that there are quackery-prone people and that they patronize quacks by choice, it would seem logical to ask who they are and what makes them act in this fashion. Students of this aspect of the subject, which to me seems a basic one, have attempted to uncover a common denominator that would explain the actions of this group. It has been stated that greater susceptibility is found among the old, the poor, the ignorant, the superstitious, the unschooled, and the socially maladjusted. Others would list unremitting pain, irremediable deformity, loneliness, racial or ethnic prejudices as being reasons for quack-proneness. In a presentation dealing with "Keys to Quackery" I listed among others, the role of

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faith, frustration, desperation, hypochondria and gullibility as possible determinants. This list of adjectives might be further extended without really explaining very much. No doubt each of the above factors may on occasions play a role, but it is unwise to make general assertions under the misconception that they are truly meaningful.

To elaborate, grouping the ignorant and uneducated together as though they represented a single entity is a mistake. Doing so is to ignore the obvious truth that being unlettered does not denote ignorance any more than college degrees automatically eliminate it. As Ken Hubbard said, "It ain't so much what you don't know that makes you ignorant, it's what you know that ain't so." Sir William Osler concurred by stating, "In all things relating to disease credulity remains a pertinent fact uninfluenced by civilization or education."

Furthermore, being economically deprived is not necessarily a determinant. No doubt some poor people, although not all of them, go to quacks. But so do some who are not poor. The same could be said of the superstitious, the sufferers and the aged. Some do and some do not respond to the lure of quacks. To this point it would seem that no common denominator has been advanced that is applicable to all or even a portion of those susceptible to the lure of quacks.

Dr. Beatrix Cobb, a psychologist at Texas Tech, carried out a study while serving as research psychologist at M. D. Anderson Hospital, Houston, Texas, that is of some help to us in understanding these people. She interviewed patients who had been detoured from conventional to non-conventional care. She believed they fell into four categories: (1) the miracle seeker, (2) the uninformed, (3) the restless and (4) the straw-graspers.

One "miracle seeker" turned to her religion in time of trouble and used a prayer cloth each night for a period of six months expecting each morning to find that her breast cancer had disappeared. Finally, in a terminal state she sought conventional care, but only after she had convinced herself that her sinfulness and lack of faith were responsible for the failure of her treatment. There are other seekers of miracles and miraculous cures who do not turn directly to religion; they merely hope that something "good" will happen quickly.

Dr. Cobb found the "uninformed" were just that. They knew nothing of doctors or of their relative merits and when someone said so-and-so was a cancer specialist, they accepted the statement as a fact without further investigation. This, unfortunately, is a frequent but tragic story familiar to us all. To this type of person a doctor is a doctor so why look further.

The "restless" were well named. They were impatient, uncooperative, and often belligerent patients who assumed the attitude "if you can't do it now, I'll go somewhere else." They do.

Perhaps the "straw-graspers" deserve more sympathy than any of the others. Often these are frantic people who have been told nothing more of a curative nature can be done for them. In a blind panic, they seek someone who will tell them that it isn't so . . . and usually find him.

Brief mention should be made of a not inconsiderable group of people not specifically designated by Dr. Cobb, but who may also belong to the "restless" group. They are often rebellious, perhaps paranoid people who are against whatever the majority are for. If the majority are for vaccination, fluoridation, pre-school examinations, or law and order . . . they are against them one and all. If the majority believe that commercial foods are nutritious and white bread is healthful, they immediately advocate whole wheat bread and natural foods. They are consistently against the "big boys," the moneyed people, big business, and the AMA. Hence, if the AMA is against the quacks, they feel honorbound to defend and patronize them. Such an attitude of negativism is normal in a four-year-old but he gets over it. These professional nonconformists do not. When I observe this type of revolt in our society taking place against reason and respectability, I remember a statement by one of the Greek philosophers to the effect that "It is easy to despise that which one has no hope of attaining." Such individuals despise respectability and reason.

One might say, therefore, in answer to the question "why do people want to go to quacks" that they go "seeking that which they could not find elsewhere."

WHAT DOES MAN SEEK?

Through all the millennia of man's existence, his basic needs, fears, and aspirations have probably remained unchanged. It is only the methods employed to achieve these aims that have changed. For example:

The world into which primitive man made his appearance was filled with fear--fear of the known and of the unknown. Against the former he armed himself with clubs, stone axes and spears and against the latter with charms and amulets. He feared death; he knew it was his constant companion and could appear at any time, in many forms, to transport him he knew not where. Thus he defended himself as best he could.

Centuries later, modern man's world is also filled with uncertainty, ruled by people of divergent political beliefs, and dominated by unbelievable man-made inventions. To protect himself against man he has built mammoth ships, supersonic aircraft, atomic-powered submarines and intercontinental missiles. He knows that he must die sometime; yet secretly doubts the necessity of it and hopes fervently that someone will invent a pill, an electric device, a shot, or a magic formula that will rejuvenate him and push the eventuality of death far into the future while he continues indulging in the sort of living he so thoroughly enjoys, without its hastening his departure.

Such views are understandable but totally unrealistic. Our society has drifted away from the realism of nature. To those closely associated with the soil, the fields and the forest, the cycle of birth and death is an accepted fact. In this era characterized by urban dwelling and mechanical progress of storybook proportions, the idea of replacement of parts and maintenance of perpetual youthfulness seems altogether feasible and proper. After all, have not many observed during their lifetime the development of man's ability to fly at a speed faster than sound? Who could deny that the transmission of sound and pictures over great distance through the air is very near the realm of black magic or that the solution of complicated problems by a machine called an electronic brain approaches the impossible.

Yet despite the rapidity with which progress has taken place in these many fields, including certain branches of medicine, an impatient society wants and even demands more. These demands are focused particularly on those facets of medicine such as cancer, arthritis, obesity, atherosclerosis, hypertension, heart disease, and neurologic disorders in which no major breakthrough has occurred. When the "impatient" or "straw-graspers" become discouraged or disillusioned with conventional methods, they have no compunction about switching to the quack who promises more and quicker results. After all, when the scientists' dreams of today become the realities of tomorrow, perhaps the claims of the faith-healers will come true, too.

Recently correspondent Bruce Biossat summed up this attitude when he wrote "The notion is abroad that democracy means everyone is entitled to have quickly everything that he wants." (This includes medical care.)

THE PHYSICIAN'S ROLE

Since I am a practicing physician, I become quite disturbed by the apparent willingness of a significant part of our society to abandon ethical methods of treatment and accept medical advice from their casual, unqualified, non-medical acquaintances. Many of those who eventually come under the influence of the Philistines do so after they have passed through the hands and offices of one or many competent physicians. We have concluded that most of the patronizers of quackery, "are in search of that which they cannot find elsewhere." What are they searching for? Why do they not find in the physician's office whatever it is they are seeking? Do they find it in the charlatan's care? Apparently some of them do, because a surprising number remain loyal to the quacks and refuse to bring charges against them even when it has been proved that their promises and treatments were only a hoax.

A partial explanation for the readiness of people to switch from the ethical to the unethical, is that to a segment of the quack-prone public the line between the two is very thin; in fact it may be invisible. They ask "who am I to believe?" The answer is not easy to find when people are conditioned to be skeptical by the daily

bombardment of TV and radio commercials. Which of the salesmen of detergents is the one to believe when each with great sincerity insists that his product is best. Whose automobile, cigarette, gasoline, or electrical appliance is the one to buy. Closer to home, which toothpaste, deodorant, cough mixture, antihistamine or aspirin preparation should one put his faith in? Confronting this maze of claims and counterclaims leaves the easily influenced person in a bewildered state of not knowing who to believe or else of disbelieving all of them. He concludes that not all of them can be "best" and that in all likelihood they are probably about equally good or bad. He will ultimately buy the product that is handiest, least expensive or whose slogan he remembers. When such a pervasive attitude of bewildered skepticism has been established, with false criteria for selection, is it strange that the unsophisticated restless, uninformed, straw-grabbers will turn from the ethical doctor who states honestly, "I cannot cure you" to the unethical charlatan who says, "I can."?

Approaching the problem from another vantage point, is not the acceptance of any product, whether it be automobiles or medicine, a matter of faith? Few are in a position really to judge the excellence of either. Therefore, one's actions are governed by emotions and not reason. One commonly buys a particular automobile not by virtue of its engineering but because of one's feeling about him who sells it. Often he "buys" the seller before he accepts his product. If we do not care for the seller; if he is too brisk or abrupt, or even rude, and says, "Here, take it or leave it," we'll probably leave it. On the other hand, if a seller makes an effort to put the prospective purchaser at ease; has a frank, outgoing manner; makes his customer feel important and that the seller has the buyer's best interest at heart; and proves to the shopper that he believes him to be intelligent by explaining certain advantageous features of the product (even though he may have no notion of what is being said) the sale is likely to be consummated. But even if it is not, the customer leaves with a warm feeling toward the seller and his product.

Regardless of how one would like to look at it, medical care is a service. It is a service that is bought and sold. These terms are not necessarily used in this context in a commercial sense (although realistically there is more than a little truth in such a connotation) but rather in the sense of the physician imparting his opinion and advice in such a fashion that the patient readily accepts it. But even when used with the latter meaning one still could truthfully say that knowledge to be of value must be "bought." When dealing with the ill and their families it is not enough merely to make a diagnosis and outline a regimen of treatment. Even though the diagnosis and treatment may be correct, unless the patient and his family believe in them, they will be reluctant to accept them. In other words, if they do not "buy it" they will shop around until they find someone who convinces them that a particular diagnosis and treatment are the correct ones. I am convinced that in this day of a "seller's market" in the field of medicine, an attitude has crept in that is harmful to both physician and patient. The physician does a disservice both to himself and his patient when he begins with the assumption that "I know my business and this is medically correct, and therefore I haven't time to

waste trying to convince a hypochondriac that he has no cancer or a restless negativist that although a certain treatment may be long and burdensome, it is the correct one." All too often the attitude is: "Here it is. I know this is proper for you. In the light of our present knowledge, my advice is the best you can get, and if you don't want to accept it . . . that is your business." Kismet! Even though a dictatorial attitude is not intended, the hypersensitive patient who resents authority will turn to someone whom he can "boss," who will blithely accept the patient's own diagnosis and suggested treatment.

This emphasizes the truth of the statement that there are at least two aspects of every medical case: the patient (and his family) and his disease. Unless the patient can be reached by the physician and a rapport established, there is little likelihood of success in treating the disease.

How should one approach the patient who has an incurable condition? Should he merely say, "You have so-and-so. There is not a cure for it. You will eventually die from it, and I can't prevent it." All of these statements may very well be true. The physician is being, in his opinion, forthright and honest with the patient and/or his family. And he believes they should respect him for it. Many do, but some are so psychologically constructed that they cannot accept the cold truth. They are ready to deny it and anxious to accept any alternative, however silly. In this instance the physician has been most competent in evaluating the disease process but not in evaluating the patient. Would it not be better to say, "Yes, you have so-and-so. We have no cure for it, yet by doing such-and-such, we shall help control it to the point where you will be able to enjoy lots of things. We can't cure diabetes or pernicious anemia either, yet these people through proper management lead long, useful, and happy lives. I would like for us, you and me, to try to manage your condition. Between us, even though we can't expect a cure, we may accomplish something worthwhile." Such an approach does not pull the rug from under the patient. I think most of them understand fully what the physician is doing, that he is extending his hand to help. In so doing, he forges a bond that will not readily be broken. The patient may and probably will die, but in the terminal phase he and his family will believe that all possible was done to prevent the tragedy. In such an instance, the disease will not have been successfully treated, but the patient and the patient's family will have been--and by making a little extra effort and holding out a little hope, the physician will have led the patient to accept his treatment and his fate, and have prevented him from giving way to his emotions and turning to a quack.

Why do people go to quacks? Repeatedly we have said that they go "seeking that which they have not found elsewhere." Perhaps the incurable may not be seeking a cure for their disease at all although they profess to be. Perhaps they are seeking sympathy, understanding, kindness, friendliness, and an attitude of concern on the part of someone. Admittedly the quack can't cure the disease, but he has for a brief time patched and soothed the patient's fractured ego and led the family to believe they have left no stone unturned in seeking the cure. I often be-

lieve that at an exorbitant fee the patient and the quack play a game of make-believe, with each knowing that it is make-believe. But at this stage, the patient may consciously or unconsciously believe that it is better to play games than to stare at a gaping void into which he is about to step. The quack has nothing to sell but himself, but he sells himself well. Could the ethical practitioner of medicine learn a lesson from this? Should he not visualize himself in the patient's place when he explains his diagnosis and proposed course of treatment?

The modern practice of medicine is based on science; admittedly an inexact science, yet still a science. But the practice of medicine prior to five or six decades ago was based primarily on the art of medicine. The old time physician had little else to offer than sympathy and understanding, and his greatest success came from dispensing confidence and comfort. As the past fifty years have flitted by, there have been many useful therapeutic agents and methods developed. More emphasis has been placed on the science and the impersonal side of medicine and less on its so-called "art" and personal aspects. One might ask if this is wise.

I continue to believe that one can never practice good medicine without employing both the art and the science. It is essential to have a good rapport between patient and physician. When welded over years, these strong bonds are seldom broken for the benefit of quackery. The physician has a good product to sell, but first he must sell himself before he can sell his product. He should still employ the "art" of medicine.

What is the "art" of medicine? I like to think that it is the milk of human kindness prescribed in such amounts as to allow the science of medicine to be swallowed painlessly. In my opinion we need more of it.

THE KREBIOZEN STORY: IS CANCER QUACKERY DEAD?

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A few years ago, one of my associates found some old newspapers in the attic of her home in Buffalo. Two blatant advertisements for cancer cures turned up, using what today are preposterous methods of merchandising. (Slides shown.)

Because the print is small in the slide on the screen, I will read to you the line under "Cancer," which says, "Mail free, how to cure yourself in 10 days privately at home. No trouble, no risk, just send your name and be cured." That's all.

Down at the bottom of this (advertisement), as with many cancer quackery cures, we read also, "A never failing cure for tumors, catarrh, ugly ulcers, piles, fistulas and all other skin diseases."

(These two advertisements appeared November 7, 1906, in the Buffalo Courier Express.) None hesitates to recognize these men as cancer quacks.

My definition of cancer quackery is the deliberate misapplication of a diagnostic or treatment procedure in a patient with cancer. Those who misapply diagnostic or treatment methods unknowingly may be honestly mistaken, inept or fools. But the culprit who victimizes his fellow man with cancer, impeding the patient's access to available therapies or constructive investigation, all the while greedily enriching himself, is a quack, a criminal, a jackal among men who deserves the scorn and ostracism of society. Because human life is at stake, he must be controlled.

The Commissioner of the Food and Drug Administration of the United States has described krebiozen as a cruel hoax. He has stated that, "each day a person with treatable cancer relies upon krebiozen is a day that brings him closer to death."

This unambiguous stand leads us to review the background of this krebiozen tragedy, to determine how krebiozen reached its pinnacle of notoriety, and why Illinois is the only remaining state in the Union where it is still available. At the outset I'd like to say that the body of my paper is my scientific opinion based upon



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as thorough a review of pertinent data as I have been able to make. It is not intended that it convey malice or calumny; it is rather a scientific critique of the available facts as I see them. This portion of the talk could be subtitled "The Anatomy of a Promotion." I should like to dwell later on how to avoid a similar occurrence in the future.

In about 1944, a Yugoslavian refugee doctor, Dr. Stevan Durovic, with his industrialist brother, Marko, established the Instituto Biologica Duga in Buenos Aires. Little is known of his activities in Argentina until his arrival in the United States in 1949, bringing with him a substance named kositerin, allegedly isolated from beef blood, and supposedly useful in the treatment of high blood pressure. He came to Chicago to Dr. Roscoe Miller of Northwestern University intending that kositerin be tested in high blood pressure. I have found nothing published on the results of this trial, in animals and in man, and presumably it was negative.

Later on, Dr. Miller referred Dr. Durovic to Dr. Andrew Ivy, formerly at Northwestern and then the vice-president of the University of Illinois. Having come with kositerin from beef blood for hypertension, and not mentioning any other substance to Dr. Ivy on their first meeting, Dr. Durovic just happened to have available for him 2000 mg. of material he stated came from the blood of horses which had been inoculated with *Actinomyces bovis*. Since later statements of Dr. Durovic indicate that only 1 mg. of krebiozen, then called substance X, came from each horse, we are left to conclude that substance X was produced from 2000 horses. It has been suggested, however, that it was a backup scheme produced by one man if kositerin was not a success. Dr. Durovic met Dr. Ivy, and told him after their first meeting when presumably each man took the measure of the other, that he had a substance X from stimulated horses. Dr. Ivy found the idea attractive since it fit with the views he held on chemical substances which must be present in the body controlling growth. Indeed that basic concept, that there must be internal control of growth in the body, is not unique with Dr. Ivy, but is shared by many and has been the basis of much commendable research.

But what was the research on krebiozen like?

Dr. Durovic told Dr. Ivy his substance was active, and as Durovic wrote in 1961, in the magazine Today's Japan Orient/West, that he had treated 12 dogs and cats with spontaneous cancer with krebiozen. Within 6 months, 7 of these animals were "cleared" of cancer and the remaining 5 were improved. He also stated that based on the activity in spontaneous tumors in dogs, the unit dose was established as 10 mcg. Dr. Ivy studied the protocols of the experiments with only 4 or 5 dogs and cats. At this time, Dr. Durovic had not told him the name of the mold or how he made the extract, since it was a "commercial secret." Dr. Ivy testified at his recent trial, that without repeating the experiments, without previously having heard of Dr. Durovic as a scientist, without having seen analyses or manufacturing records or without knowing what was in the ampules, except for Dr. Durovic's word, he proceeded. He said at the trial, "I will be the first next to Dr. Durovic,

the first human being who has taken the medicine." He did so and then he gave it to his associate Dr. Krasnow in late August or early September, 1949. After injecting himself, Dr. Krasnow and I dog, and without it occurring to him (he testified), that the alleged substance X might be a hoax, Dr. Ivy injected the first patient on August 20, 1949. The clinical trial was continued by colleagues and physicians in the ensuing months. On March 27, 1951, Dr. Ivy decided to announce his findings, but he did not do this to a scientific audience. A press conference was held in the Drake Hotel to which the science writers of four Chicago papers, the Mayor of Chicago, two United States Senators and potential financial supporters were invited, in addition to some doctors. Results on 22 patients were presented. Of the 22, 8 were dead, according to the table in a booklet distributed at the meeting, but in not a single instance was cancer listed as the cause of death. In each of the 8 instances, however, as was brought out at the trial, the patient died with and of cancer. Furthermore, 2 more of the 22 patients had died, one 7 days and one 2 days prior to the meeting, both from cancer. Dr. W. F. P. Phillips, a colleague of Dr. Ivy's, attended the meeting. His patient had died two days before, but he didn't mention it at the meeting. The description in the summary still stood as "dramatical clinical improvement. Now working all day without opiates. Patient had to be carried, couldn't walk."

This remarkable description, uncorrected by Dr. Phillips or anyone else, described a twenty-week course from the onset of treatment to death. Dr. John Pick was a colleague of Dr. Ivy's and he attended the meeting. The second patient was Dr. Pick's own wife who had died seven days previously from breast cancer, but the description in the summary was allowed to stand "had much pain and mild icterus. Local and abdominal metastases have regressed; much improvement." This was a fifteen-week course from initiation of treatment until death. Dr. Ivy, who certainly knew of Mrs. Pick's death, did not see fit to mention it at the meeting. Because no one at the Drake Hotel meeting asked whether the patients listed were living or dead, Dr. Ivy testified that he did not believe there was any obligation upon him as a scientist, doing a scientific investigation, to tell them they were dead. What kind of medical research, critical analysis, scientific reporting and integrity is this?

Immediate attempts to confirm the observations reported by Dr. Ivy were undertaken by cancer research centers and universities throughout the country. In 9 institutions, no evidence of activity was found. In the tenth hospital, preliminary observations suggested some activity, but on continuing the study and reappraising their entire work, the investigators found no evidence of any important effect on cancer and discontinued the study. A compilation of the multi-institutional negative data was made and reported in the Journal of the American Medical Association in 1951. Dr. Ivy had been counseled by a friend that his position was mistaken, that the data he had reported at the Drake Hotel press conference were not supportable, that no confirmation of findings was forthcoming from experts studying the material and that he should withdraw or correct his erroneous position. But this course wasn't to be followed. Instead, the krebiozen backers howled

"conspiracy!" They said the American Medical Association and the American Cancer Society were conspiring to keep krebiozen off the market, either to delay the advent of effective cancer treatment or to force the Krebiozen Foundation to cut them in on the windfall which was to be expected.

Over the ensuing years while the Foundation and those of like persuasion carried on a propaganda campaign of some persuasiveness to those grasping at a last straw, the number of patients treated with krebiozen mounted. In the report on krebiozen, 1962, published by the Foundation, they indicate that 3,300 physicians treated 4,227 patients. This is a striking finding, since 79.5 per cent of doctors who did try krebiozen must have been discouraged after a single patient: they only treated one. Ninety-two per cent treated no more than two patients. A good and effective drug gets repeatedly used by doctors the country over. Why wasn't krebiozen reused by the doctors who prescribed it once? Cancer is common enough. It surely wasn't for lack of patients.

The Krebiozen Research Foundation, however, could find glowing success in the case records returned to them. They claimed objective improvement with decrease in tumor size in 61 per cent of tumors of the brain and spinal cord, 70 per cent of metastases to the brain, 48 per cent of breast cancers. How then could physicians who saw such striking results be unmoved by their own success? Three cases will suffice to indicate the glaring inadequacy of critical assessment of patient records by the Krebiozen Research Foundation.

Dr. Ivy kept a research record on a Mr. Taietti, although he never saw the patient, who had returned to the Argentine. From time to time, Dr. Ivy received verbal reports from Dr. Durovic which he then entered into the record. In February, 1959 he entered, "the patient has remained well and a recent cystoscopy revealed a normal bladder." In 1961 he wrote, "patient is well and active." Yet the U. S. Food and Drug Administration, in a display of long-distance diligence, showed that the 1959 and 1961 reports were false, because Mr. Taietti died on July 12, 1955 of bladder cancer.

In 1962 a physician in California decided from what he had seen and read that krebiozen research was not a bona fide clinical investigation. He wrote to ask for krebiozen for a patient who had had a bilateral pneumonectomy. He expected to catch the unwary, and to insult a truly scientific investigation, since bilateral pneumonectomy, the removal of both lungs, is incompatible with life. No questions were asked, however, and krebiozen was sent with the usual request for \$9.50 a vial. When the physician didn't pay, he received rebillings at monthly intervals. When he reported this to the Food and Drug Administration, further investigation followed.

In March, 1963 another physician wrote deliberately stating his patient had had a bilateral total pneumonectomy, the unambiguous removal of both lungs. This is inconsistent with life and with common sense, but the Krebiozen Research Foun-

dation, whose principal scientific consultant, Dr. Ivy, is the distinguished physiologist, sent 8 ampules of krebiozen and a bill for \$76.

The falsification of Mr. Taietti's survival was apparently perpetrated by Dr. Durovic presumably to improve the results from krebiozen. Since Dr. Ivy accepted Dr. Durovic's word, at best he was duped and scientifically uncritical. The conduct of the Krebiozen Research Foundation, which was incorporated in 1951 by Dr. Durovic, his brother, Dr. Ivy and Dr. Pick, is totally discredited scientifically and morally in its merchandising technique of shipping krebiozen to individuals with no lungs with requests for "donations."

But some might say the foregoing are clerical errors; who suffered and from what injury? As an example, Orme Moritz suffered. She had read about krebiozen and thus refused surgery for primary cancer of the breast. She was accepted for study by the Krebiozen Research Foundation and for approximately one year, in 1958, received krebiozen. The records at the Krebiozen Research Foundation show her case at that time as "early operable." The tumor doubled in size while she was on krebiozen. Finally in September, 1958, after nearly a year's delay, Drs. Ivy and Durovic recommended a radical mastectomy. She died 10 months later of metastatic cancer of the lung from adenocarcinoma of the breast. This is a sad tale of delay and avoidance of what might have been curative treatment because of unfounded hope that krebiozen treatment might make surgery unnecessary. How many similarly lost their chance for effective treatment because of krebiozen is unknown.

I believe these illustrative case reports demonstrate the kind of activity conducted by the Krebiozen Research Foundation. Nonetheless, the most strident characteristic of the last two or three years of the Foundation's activities has been the "quest for a test." The National Cancer Institute has on several occasions indicated to the Foundation the conditions under which a clinical trial would be undertaken, which are the universal requirements, not concocted just for krebiozen.

- A. A scientific basis for believing that the material may possibly be of benefit to cancer patients.
- B. Adequate preliminary study of laboratory animals to identify the nature and quantitative aspects of toxicity to insure a maximum opportunity of preventing harm to the patient.
- C. The material must be described and standardized well enough to assure that a definite entity or a reproducible material is being tested.

None of these three prerequisites was ever met by krebiozen or by the Foundation, and in the course of turning up information, much appeared which deterred a test procedure. I shall detail these factors below, but want now to indicate what the Krebiozen Research Foundation means by a fair test. I quote from a letter

signed by Drs. Pick, Ivy, and Durovic to a reporter for the New York Post on October 3, 1960.

"1. All details of the design and administration and bases of evaluation of the double-blind test shall meet with the approval of Dr. Andrew C. Ivy and the Krebiozen Research Foundation.

"2. Such details, noted above to be worked out with the advice and participation of Dr. Andrew C. Ivy or his appointees, must assure that Dr. Ivy or his designated medical representatives, which he can appoint according to his judgment of the situation, will have free and continuing access at all times to observe the patients and their treatment. All records pertaining to their treatment as well as the right to record in the clinical files any disagreements or evaluation of the effect of Krebiozen in the patients or any other omissions or commissions.

"3. Within 8 weeks after conclusion of the clinical tests, the results of the evaluating committee shall be published by the Journal of the American Medical Association. If there is not unanimity of opinion then any difference of opinion among members of the evaluating committee shall be published in the same publication simultaneously. It is an explicit condition of our acceptance of the proposal that Dr. Andrew C. Ivy and/or his appointee shall be guaranteed a full publication of the observations and conclusions regarding this test in the same publication simultaneously with that of the evaluating committee members, so that if there is difference of opinion, the scientific community shall have the opportunity to study our views.

"4. The New York Post shall be an observer of all negotiations for implementing its proposal and shall at the conclusion of the test report any or all differences of opinion, if any, regarding results. The New York Post also agrees to report at any time during the clinical test, upon the request of any party, any claims of deviation from the agreements made among the parties to the test."

Such stipulations are rarely seen in the course of bona fide medical research. I doubt the National Cancer Institute needs advice from the Krebiozen Research Foundation or its members or partisans, or from the New York Post, on how to conduct fundamental or clinical cancer research properly.

In the course of the legal and political wrangles which have marked the history of krebiozen, the Krebiozen Research Foundation gave to the Food and Drug Administration and the National Cancer Institute records of 504 patients who were supposed to have been among the best in the Foundation's file. The Food and Drug Administration did a thorough job of following up the data on these patients seeking out hospital and doctor's records, pathology reports, death certificates and more complete data than the unsubstantiated records of the Krebiozen Research Foundation. An expert committee applied the usual criteria for evaluation of cancer response. Of the 504 patients, only 288 case records were found adequate for inter-

pretation. Of these, two patients had tumor regression. In 13 other instances, doubtful effects were seen which were either incompletely substantiated, associated with other treatments, or unconvincing in the significance of the effects since early death or simultaneous growth of other tumors occurred. This experience might occur in a large sample of cancer patients, spontaneously. The 24 panel members recommended against clinical trial.

After the full-scale investigation of the Krebiozen Foundation was undertaken by the Food and Drug Administration, the clinical records of the Foundation were photocopied and searched for evidence of objective anti-tumor effects. 4,307 patients with clinical cancer were treated with krebiozen before 1962. Sixty-eight cancer clinicians who convened in small groups over a long period in Washington to review the records found 2,781 records unacceptable for evaluation because of overlapping treatments, lack of proof of diagnosis, inadequate documentation and similar standard prerequisites for judgment of effect. There were, however, 1,526 patients whose records were considered acceptable for a determination of effect, and of these 1,526, 3 patients were found in whom it is possible, but not certain in each instance, that partial regression of the tumor may have occurred. One remission was of two weeks duration, one remission a reduction in size of a primary breast cancer from which large biopsies were taken during the treatment, and in the third, a 50 per cent decrease in size of a lymph node approximately 3/4 inch in diameter although a co-existent cancer seen in the chest x-ray was not restudied by film.

Thus, the unusual circumstances existed that a great number of mutually complementary data existed which made the "quest for a test" ring hollow. The misleading data presented at the first occasion of the introduction of krebiozen, the negative results found by the academic institutions and investigators who had studied it in its early days, the failure of 79 per cent of physicians who treated a patient to treat a second patient, and on review of the data of the Krebiozen Research Foundation itself by competent physicians and scientists, the failure to find evidence of reproducible or significant benefit in the 1,526 patients with interpretable records. Any one of these data would be adequate basis for reluctance to undertake a clinical trial. Taken together, they are overwhelming.

Yet, the capstone is still to come. Samples of krebiozen were reluctantly provided on two occasions to the National Cancer Institute, and on one occasion to the Food and Drug Administration in the form of dry powder. In September, 1961, the material was labeled as pure krebiozen, and this identification was confirmed and reiterated as late as March, 1963. All three samples, on analysis by the FDA, consultants from several universities, and by studies at the National Cancer Institute proved to be creatine monohydrate, a normal constituent of muscle and a common laboratory compound purchasable for \$.30 a gram, approximately \$10 an ounce bottle.

As you might expect, the Krebiozen Research Foundation had an answer for

this set of observations, too. They implied that the Food and Drug Administration had misinterpreted the data and overlooked the important facts--that the creatine monohydrate was just a contaminant in what had previously been labeled pure krebiozen, and that trace quantities of real krebiozen were there.

It may be of some significance at this point to mention that in the course of bona fide considerations of a test on krebiozen, before all this additional information came to light, the National Cancer Institute indicated that ample amounts of the material would be needed for any study. Dr. Durovic stated krebiozen could be provided at a cost of \$170,000 a gram, which by calculation is \$170,000,000 for the kilogram ordinarily consumed in preliminary study of a drug, unless of course quantity reductions were allowed for a bulk purchaser. This 500,000-fold markup is not the worst of the story, however.

Indeed, the samples of dry material provided to the Food and Drug Administration and the National Cancer Institute were creatine monohydrate, but creatine monohydrate is insoluble in mineral oil. You will recall that Dr. Durovic had stated that he put 10 micrograms in each milliliter of mineral oil as the krebiozen unit. The Food and Drug Administration analyzed krebiozen of ampules which patients had obtained prior to 1963, during 1963, and in 1964. Ten micrograms in one ml. of mineral oil would be approximately a 1 per cent solution. No material was found in a concentration of 1 per cent. Indeed, extensive tests were made using methods such as thin layer chromatography, gas chromatography, and other microanalytic and concentrating techniques capable of detecting 100 times lower concentrations than that said to be present by Dr. Durovic. At sensitivities which would have found 1 part in 10 million, not 10 ug per ampule, but 1 ug in 10 ampules, nothing was found in the mineral oil. In 1963, 1-methylhydantoin and amyl alcohol were found in the mineral oil. This is easily explained by the necessity of heating creatine monohydrate in amyl alcohol in order to get the compound into solution, and this process of heating changes creatine monohydrate into 1-methylhydantoin. FDA found in its investigation that from 1949 to 1959 all ampules of krebiozen analyzed had nothing but mineral oil in them, and in 1964, again all ampules tested had nothing but mineral oil. This leads to the inference that krebiozen, as such, was a fairy tale, a nonexistent fabrication in mineral oil which sold for \$9.50 an ampule.

The strengthening of the Food and Drug Administration after the thalidomide tragedy allowed it to require that all investigational drugs be subject to registration. A plan of investigation must be filed, investigators competent by training and professional standing who would conduct the research must be identified and registered, and complete disclosure of manufacturing processes and standards of reproducibility and purity must be provided to obtain Food and Drug Administration clearance for investigational use. All investigational drugs must conform. Immediately prior to the deadline, Dr. Stevan Durovic made the necessary filings with the FDA for krebiozen, but one month later notified the Secretary of the Health, Education and Welfare that he was withdrawing his request for an investi-

gational new drug application.

Now why would all this happen? Cancer quackery is lucrative. Dr. Stevan Durovic is under indictment for evasion of income tax in the amount of \$904,907 for the years 1960, 1961, and 1962 alone. Government investigators had shown at his trial that large sums of money were withdrawn from the bank accounts of the Promak Laboratory, money derived from the sale of krebiozen and that it was sent to Canadian and Swiss banks by Dr. Durovic. There was apparently a leak that a tax claim would be filed against him shortly after the trial, and a watch of international airports was undertaken lest he try to leave the country. But Dr. Durovic did manage to get out. He told a Chicago reporter that he had flown non-stop from Chicago to London and then traveled to Paris. Internal Revenue agents told a Washington correspondent, however, that Durovic had flown from Miami to Bimini in the Bahamas, from Bimini to Nassau, from Nassau to Bermuda, and from Bermuda to London and Paris. This would indeed seem like a serpentine course for a man heading to Paris only because of illness, as Dr. Durovic stated. Currently he is reported to have moved on to Switzerland with news reports that he is undergoing treatment for tuberculosis. Dr. Durovic has stated publicly in the newspapers that he does not owe the United States Government a single penny and that he will come back to Chicago to face the charges as soon as his treatment is over. We all know that the rest treatment for tuberculosis sometimes may take many years. It is of interest as an aside that one of Durovic's attorneys has filed a suit seeking \$11,787 in unpaid legal fees.

The government has a tax lien against Marko Durovic for more than half a million dollars for taxes which the Internal Revenue Service contends were not paid in 1954-1958.

And what of the finances of Dr. Ivy? He attributed his deposits of \$172,722 in a checking account in 1957 to his take-home university pay, cashing in of insurance policies and to in-and-out sales in the stock market, buying and selling stock several times and repeatedly depositing the money made from the sales. The records of his two brokers, however, although reflecting stock purchases in 1957, and a few sales, show that the proceeds of sales were reinvested and not remitted to Dr. Ivy or his wife. This difference in sworn testimony has not yet led to legal actions of which I am aware.

Now that is nearly the end of the krebiozen tale, except when Dr. Ivy, Dr. Durovic, Dr. ^{Phillips}~~Black~~ and Mr. Marko Durovic were brought to trial for violations of Food and Drug Administration regulations and fraud before a jury of laymen in Chicago, they were acquitted. Despite the evidence of the lack of a component in the mineral oil in the early and recent ampules, and of the presence of 1-methylhydantoin in 1963, despite the records on patients with bilateral pneumonectomies, the record of a dead patient reported to be alive and well for 6 extra years, the evidence of inactivity in the 504 patients, and much more data, they were acquitted. The acquittal came after 8 days of deliberation during which time the jury report-

edly advised the judge several times that it was hopelessly deadlocked.

Since the trial had no bearing on the scientific issues, as distinct from the legal, and no compliance with regulations for new drug investigation has been accomplished, the FDA does not permit the interstate distribution of krebiozen, however.

THE EPILOGUE

One might make suggestions for trials of this kind for the future, since cancer quackery regrettably is not dead and repetition particularly on an intrastate basis is virtually assured from time to time. The Government should pick a single or at most a few charges rather than the multiple citations that were handled in the krebiozen trial. It seems unnecessary that the entire history of a quackery promotion be put on trial. One or two glaring instances which prove that the accused was deliberately misapplying diagnostic or treatment procedures to patients with a specific disease or diseases would suffice. Justice could then be served and the quackery deterred. Thus the trials would not last for months, and if we are obliged to use lay juries, their attention could be focused on major topics and concepts. I am not sure that lay juries are the best way to handle actions which involve matters of cancer research or other controversies of similar scientific complexity. Perhaps a blue-ribbon jury or a panel of judges such as sit in Appeals Courts and Supreme Courts would better be able to sift the facts. As our society becomes scientifically more complex, it may not be realistic to expect an average peer jury adequately to comprehend scientific data relevant to each proceeding.

Secondly, what is sought in a trial of this kind is justice. A change of venue from the home town of an indicted individual where newspaper coverage has been extensive might remove him from prejudice of his fellow townsmen, which just as often as not, might be adverse. Certainly, a jury in some other city in Illinois or the United States might have had less prior association with the news and doings of the defendants in the krebiozen trial and thus have less subconscious basis for any bias.

The Food and Drug Administration, with its added support, and the competence which this support will allow, should become a powerful guardian of the public health. Since it is composed of humans like the rest of us, it can make mistakes. But surely the FDA has been unjustly accused of the most venal activities while performing a fine public service in its conduct of the krebiozen investigation.

The Food and Drug Administration should deal in science and science deals in facts. The interpretation of these facts are opinions. The Food and Drug Administration like other governmental science agencies, therefore, should thus have periodic review by non-governmental expert consultants.

But by and large the facilities of the FDA and its skills, and mission are such

that it will be the major factor in the United States in determining drug safety and efficacy. With alert and professional direction, the Food and Drug Administration should be able to eliminate the hazard of cancer quackery in interstate commerce.

And what about the states? Since the states, with possibly few exceptions, can hardly afford the extensive laboratory and professional staff of the Food and Drug Administration, it might be well that they routinely subscribe for intrastate use to FDA regulations for interstate use. I believe no state will wisely relinquish all prerogatives for exceptions, however, should a State Health Department find itself, based on fact, in substantial disagreement with Food and Drug Administration policy. But this is a retreat position, a legal safeguard for the states, and it is likely that most State Health Departments would welcome the enabling legislation which allowed them to adopt Food and Drug Administration regulations on an ad hoc basis for intrastate regulation of drug manufacture and use.

We must remember that the great tragedy of the krebiozen myth is that it is a myth. Cancer still maims and kills. Its control will require the best of science. There are too few people in the world qualified and able to pursue cancer research to dissipate their energies on negative leads. Society asks for progress and results against cancer and it will gain them through the evolving discoveries of science and medicine. The cancer cell is deaf to oratory and lawsuits. Our concerns must be to continue a cancer research program of wide scope, imaginative creativity and unquestioned integrity. Important advances in understanding the treatment of cancer with chemicals have been recorded, but they are largely unknown to society because of the clamor surrounding krebiozen. The challenge of cancer is too important and pervasive for society and the scientific community to squander any more time on false lures or mineral oil.

MENTAL HEALTH AND PSYCHOLOGICAL COUNSELING

Mrs. Winthrop Rockefeller*
President
National Association for Mental Health



I am pleased to have this opportunity to be with you today to speak on a topic of great interest and serious concern to members of mental health associations across the country. As the nation's leading voluntary citizens' health agency solely devoted to providing better treatment and care for the mentally ill, we find the recurrent problems of quackery in the mental health field to be most distressing and troublesome.

In the brief time allotted to me, I would like to touch briefly on two basic kinds of quackery encountered in this broad field of mental health and psychological counseling. The first category can be dispensed with quickly. This problem is one that has been with us since the Dark Ages and will probably continue to thrive so long as the sub-level intelligence, poor education and superstitions prevail upon which it feeds. We might identify this kind of quackery as moronic human behavior involving people with emotional problems who seek advice and guidance from such obvious quacks as fortune tellers, palm readers, faith healers and mind readers. Obviously, none of these dubious lines of work can or should be professionally organized, certified or standardized. We would hardly wish to dignify the blatantly phony field of palm reading and mind reading by recommending that purveyors of this nonsense form an association through which some standards might be recommended or applied.

But palm reading, mind reading, faith healing and other questionable forms of personal counseling and guidance have been with us for many centuries. The only way to attack this kind of hocus-pocus is through continuing and concerted public education. Hopefully, as American standards of literacy and the quality levels of our education process are raised, the public will learn to avoid the obvious charlatan in times of emotional stress.

Moving from the clear and identifiable black, we immediately encounter gray areas where both the mental health professional and the informed volunteer do have appropriate and deep-rooted concerns. Within this gray zone we find possible legitimate channels for treatment of mentally disturbed persons which can be easily misused, misinterpreted or misunderstood. Almost every form of treat-

*Mrs. Rockefeller was elected president of the National Association for Mental Health after many years of service. Born in Seattle, Washington, she attended St. Nicholas School there, Finch College in New York, and the University of Washington. Brought up to recognize community responsibility, she began working as a trained volunteer with teen-age narcotic addicts at Riverside Hospital, New York. She also did case work for New York Infirmary's Social Service Department, and she worked as a volunteer for the Psychiatric Clinic of the Court of Special Sessions of New York. She married Mr. Rockefeller and moved in 1956 to Winrock Farms in Arkansas. Mrs. Rockefeller was instrumental in the development of the Arkansas Association for Mental Health and served as its president for three years.

ment to which I now refer does indeed have trained and qualified practitioners. But the very nature of the treatment or advice rendered, bordering often on areas still under professional evaluation and research, attracts the unqualified, the phony and the quack.

I refer to the dispensation of advice by newspaper columnists, the use of hypnosis by unqualified people, the tendency of certain professions to extend their patient responsibilities into areas of activity for which they are completely untrained and unskilled.

Let us consider some of these problem areas honestly, directly and specifically.

First, the newspaper columnist. This, basically, is a phenomenon of the twentieth century, a fad dating back to Dorothy Dix and her advice to the lovelorn, Emily Post and her counseling on etiquette, and a host of subsequent imitators. While it is true that the expansion in popularity of the syndicated column in the last few decades has involved many experienced and qualified professionals who give sound advice to readers of magazines and newspapers, the more prevalent, and unfortunately more widely read, columnist often has little more qualification to give advice to people in trouble than the scanning of a book or two on psychology. While their copy is sometimes colorful and highly readable, we seriously question the ability of some syndicated columnists to diagnose, evaluate and give even the most preliminary kind of guidance to a disturbed person merely on the basis of a letter. But you know and I know that it happens every day. How can non-professionals be prevented from dispensing professionally-oriented advice through their columns? Organized medicine, it seems to me, has a responsibility to serve as a watchdog on these people. I am sure that most of these columnists are responsible people who seek professional help before formulating some of their printed replies. But advice to people in trouble which, because of its syndication, is read daily by millions of people and interpreted in the light of each individual reader's own personal reaction, can be dangerous indeed.

As one simple beginning point, we who work for mental health associations have often urged qualified members of our professional advisory committees to write letters of complaint when columnists give advice on topics of questionable authenticity or in poor judgment.

The next area of concern to us is the use of hypnosis by unskilled and unqualified people. While there are thousands of so-called "hypnosis experts" in the United States, only a few hundred psychiatrists are fully qualified to practice it. One of the real perils in the unrestricted use of hypnosis is that it can disguise serious problems and delay proper treatment, often with tragic or fatal results.

At the same time, to recommend the banning or prohibition of the use of hypnosis would render a disservice to the many challenging and promising research projects now being conducted to explore ways in which hypnotic suggestion can be effectively used to implement patient treatment. To give you one example of the

kind of positive use of hypnosis to which I refer, I might cite a research study now being carried out in New York where hypnotic suggestion is used to influence discharged mental patients to continue post-hospital treatment and therapy. Often, patients who are able to return to their homes have specific need for continued post-hospital treatment and rehabilitation. And yet the frequently turbulent or depressing home situation, which may have been an original contributing factor to the illness, upon resumption by the patient, can serve to discourage the patient from continuing treatment. The use of hypnosis to render a patient more receptive to continuing necessary rehabilitative therapy would appear to be constructive and positive implementation of this resource.

The next rather critical area for joint concern, both by the medical profession and our volunteer citizens' organization, falls under the general blanket or umbrella of treatment by people who are far beyond their skills or are simply not qualified and trained to deal with mental illness.

For example, we all can look with alarm upon the growing participation of chiropractors in treating mental problems. I am not here to defend or condemn the field of chiropractics; this is already an area of professional concern and study by appropriate medical organizations. But I can unequivocally condemn the assumption by bone and joint manipulators of the psychiatric function. I think we can flatly say that the chiropractor has no business treating mental illness, and stand squarely on that statement.

Bizarre attempts to treat the mind by physical ministrations are certainly not new. The history of the world and our own American chronicals abound with often shocking examples of physical maltreatment of patients in an attempt to adjust the disordered mind. All of us are familiar with the Colonial ducking stool, a barbaric device used to plunge a disturbed mental patient into icy water on the assumption that the shock would startle the victim of this torture back to sanity.

We have progressed somewhat beyond this primitive level of treatment, but even today we find many strange and disquieting examples of unproven techniques being used to treat the mentally retarded and the mentally ill. One contributing factor to the proliferation of questionable and unproven treatment techniques which we must always bear in mind is, of course, the often false hope that these experimental methods hold out to distressed relatives of the patient. The parents of a retarded child, for example, are all too often easy prey for the quack and the glib phony in their almost pathetic eagerness to find ways to help their child.

Certainly, progress cannot be made in any kind of physical and mental treatment without experimentation. But such experimentation should be undertaken only by trained, experienced and qualified professionals. We cannot afford to resist progress; we cannot afford to downgrade or obstruct untried treatment methods simply because they are new. But we can afford to insist on such experimentation being done by proper professional authorities according to recognized ethical and professional standards.

premeds and ex-nurses, and washed-out dentists, and misaligned voluntary health people, and druggists who have gone into tires or the restaurant business or something, who feel a part of us.

I have an overall impression, and I give you this in three parts. It is fed to me by the combination of the lay reaction to medicine and my reaction to medicine, to the physician. In the first place, I think generally we are naive. With this naivete we have no idea that many people prefer to drink or to overeat (which maybe we do understand). There are many people who would go anywhere except to us. They have nothing against us personally, but they just have better contacts.

They can communicate better with the guy who is not of our scientific profession. They like the mail-order denture. They like to have their diagnosis by long-distance telephone. They love prayer and hence they dial their Christian Scientist practitioner rather than stay in line in your office. These people feel that you and I, the physicians in medicine, we don't know them...and it is true.

I contend, and I have used it now almost ten years in an old speech called, "Pills, Pinkham and Poison," that the practice of medicine is in the hands of the lay public. The mother does the diagnosis. If she is in a good mood, she consults with the old man or a back door neighbor or the druggist or the almanac. She picks her ideas out of the public "medical" journals like Reader's Digest and Life Magazine.

These people generally are ahead of us, or so they think. Unless you and I realize that the in-group are the knuckleheads, the in-group are the quasi, I think we become a little bit behind in our innocence. I find the members of the medical profession busy. They are so busy generally speaking they just don't have time to pay attention to things like quackery. They assume there is some higher professional, some national society that has a committee that is handling quackery. Most active practicing physicians couldn't care less. Sometimes they would be relieved by the fact that that goof down the street would take a few of the goofs off his hands. This is my impression, mind you, but I am giving it to you sincerely, as I see it.

There is a certain incongruity when one talks or alludes to hypocrisy among the quacks in the charlatan field and, at the same time, has a chronic laryngitis from smoking. Or the fact is that you sit up front here and you can view a smoker, which is really a form of false information in itself. The outside public is no dummy group. They look, they see the fat man telling them to lose weight. This is as bad as a gigolo preacher.

The public also notes that they have their own champions. They prefer Adelle Davis to Dr. Fred Stare. She is "in"; he is "out." They like Rachel Carson. They couldn't care less about the information from the United States Agricultural Department, because Rachel is "in." They don't buy Bud Wilkinson or

Rev. Richards--they go for Oral Roberts and not Paul Dudley White.

Our doctors are busy and their patients are busier. They are playing doctor, looking for pink eye and tired blood, sticking out their tongues, breathing on the mirror to blacken the surface. They are having a grand time. It is called "psychotherapy" in some circles, and it is on out-patient basis. And I am sorry to say, that the problem of fluoridation does not have the interest nationally that was exemplified by the enthusiasm of a brilliant speaker today. It may not be that important. It isn't to the public. And, generally, I find it not too important to the profession.

I agree with you and I agree with the wonderful people who pointed out that today's quacks aren't the obvious pitchman and snake oil vendor, they are a more subtle form. But our doctors generally can't get excited.

I have a modification speech called, "Hadacol, Honeygar, Hoxie and Hooley." I give it to the physicians for their reaction, and most of them disbelieve this is going on. They feel we are sniping, and they also feel we are making large things out of small. I know there is plenty of quackery. I reviewed the fantastic summary in Ca, the cancer journal for clinicians published by the American Cancer Society. I was amazed to find these fake treatments existed. But our physicians on the outside do not feel the problem is as big as you and I would make it out.

My final impression, for what it is worth, is the third observation. I note the difference between what we call quackery and what is going on on the outside. There is a certain permissiveness. I even use notes here, because lots of times, say 100 per cent of the time, the press gives me the devil. I noticed in a speech not too long ago an expert on cancer telling the group (he was a lay person) that we should use more "isotropes." I couldn't believe that. I remember a lady telling me she just had a "hyserstectomy."

I can believe a lay person might be excused her misconstruing of a term. But for an expert to call it "isotropes!"

We in the health professions are no longer sitting on high pinnacles. We are no longer omnipotent. I think we have been exposed as almost human--the profession, nurses, pharmacists, and so forth. This is great if people respond favorably. We find this man not to be infallible. It is just like the general who was kicked by the private, giving the impression the war was over; all of a sudden we are facing the gun.

The speakers alluded to this today, that maybe there was some quackery in our profession. I wonder if we applied the criteria we used to brand the other guys, the bad guys. Maybe we have to stand up to the scrutiny and go through the same criteria to see if we all pass.

But what bothers me in the casual observation is to note that our hospitals practice medicine and they dictate medicine. When the Mother Superior has something to say--not about the care of the patient or the treatment, but the indications for surgery or who is on the staff--this hospital superintendent, lay person or God-chosen, is involved in a form of practice of medicine. We have physicians allowing office help trained in that office, fresh off the farm and out of high school, to become all of a sudden, automatically and euphemistically, nurses. They are alluded to as hospital staff or nursing staff.

The TV men in our hospital wear better looking whites than our residents.

We have dentists who are undertaking surgical tasks that some physicians would shy at. We have nurses who are now diagnosing and prescribing their own therapy, and they are protesting because they insist they be allowed to countermand the orders of the physician.

You start to see and get the feedback from the YMCA that has its own heliotherapy and a sort of displaced German masseur who is now doing his own consultation, hot wax, bursitis injections. And these are legitimate, accepted people we refer to.

It seems in our medical profession we haven't been able to beat a few of these outfits, so we have either joined them or we have allowed them to join us. Look at the psychologist playing psychiatrist, and vice versa. Let's take a look at the medical problems of the sociologists who in their curriculum have ways and means of how to make rounds and house calls. And these are sociologists. They also happen to be members of a profession who are branded the same as we are. If they misbehave, we get the blame, generally--not us individually, but collectively.

If you have busy men like I found physicians to be and they are being blamed for being human and honest, I think it is wrong. It is wrong enough that maybe we have to start with the ABC's in the medical family and start to communicate.

I have a volume of feedback that applies to doctors around the world. I have had tales told to me about doctors which I don't believe. I am pro-medicine and I quickly dispel all the junk and rumors. Most of it is pure ignorance, but a big hunk of it is lack of communication on our part, the medical family, with these people. If there is a place in the quackery conference to look into the medical house and notice the fact these busy men may be getting their shins kicked without knowing it, the busy professions are being blamed for things we are not to be blamed for, there is a purpose for this moment in your schedule.

We have a new course on our campus called "Health Education," and we of the Medical Center are giving it in conjunction with the School of Education. This goes along with the thinking of several of the speakers on how we might effect some positive action. I would like to conclude with my ideas on a positive action.

We are teaching as many of our college students as possible a practical course, a fundamental course, in health. We quizzed a large group of university students to find out they are mentally at about the 11-year level, 11 years of age in medical science. We would like to reorient them. We have asked the School of Education to allow us to teach their teachers, so the teachers will first find out what it is all about and then, in turn, teach the pupils. We are teaching elementary and high school students fundamentals of health.

The course is conducted and supervised by the medical profession. It is staffed by pharmacists, by the nurses, by the physicians, by ancillary fields appearing on panels. This is what a parodontist is. This is what a podiatrist is. Why do we refer patients? Why so many specialties? What is catching and infectious? What is practical? Should you take the pill?

I think this is a matter of basic communication. Homely as it seems, we have started all over again; in 1966 we are in our fifth week with one purpose in mind, sell a few to sell some more, to give a basic start to our people. We are giving a positive sell. We are telling about a very dedicated group, the medical family.

I am amazed, absolutely amazed, wherever I go amidst the complaints, to find people springing to the defense of our great family, telling us of the dedication of every nook and cranny.

I just came back from St. Ignatius, Montana, a little Indian mission. Here was one of my former students, having the time of his life, giving great service. These people love him like a god and he is doing something for us that no anti-quackery congress could ever do. Positive sell at the "people level," at the basic roots level, showing them that we are human; we can make mistakes, but we are there for a purpose.

I have to summarize by mentioning to you, if your message falls on deaf ears, we are going to have to convince somebody in their busy schedule that our problem is big enough to take up a fraction of their time.

Secondly, we are going to have to state that there are situations that they may not understand. This is tough to do. That the public turns to Midol because they don't get sympathy. That they go for Hadacol, that they love the thought of some easy escape because maybe we didn't communicate back at the family level.

The message is very simple. It is positive sell of the profession to picture the charlatans for what they are--nothing. The bigger we become, not in strength or wealth, but in decency and charity, the smaller becomes the opposition, and there fades our quackery.

LITERATURE AND ADVERTISING

Irving Ladimer, S.J.D.*
Vice President and Director
Food, Drug and Cosmetic Division
National Better Business Bureau, Inc.



In the welter of advertising which crosses my desk daily at the National Better Business Bureau, a growing and perplexing proportion seeks to sell fact and fancy sandwiched between the hard or soft covers of health and science books written for the general public. Literacy, hunger for new ways to win and keep health and the promises of today's technology evidently exert as much pull on the purse strings as the more obvious products--pills, potions, lotions, devices and regimens of diet and exercise. The simple consequence is that millions of Americans are beset by books and the publisher's presentations of their value and excellence. Add the newspaper and magazine columns, and you can understand why consumers are left bewildered as to what to believe and do.

Our Food, Drug and Cosmetic Division is regularly requested to comment on such advertisements proclaiming the success to be found through self-hypnosis; the secrets of health embedded in "carbo-cal" and diets presumably derived from the military; vitamin and drugless cures for arthritis, cancer and heart disease; the miracles inherent in metaphysics; and countless methods of avoiding the distress of headache, alcoholism, excessive smoking and eating. Baldness cures, bust development, slimming programs also abound. Of course, these days, emphasis is placed on living longer, happier, wholesomer lives, so the spate of medical books carefully cultivate these fields. I have often thought that if I could simply curl up with these good books, listen to the soothing 33-1/3 rpm records, practice passes on a hypnometer and step out only occasionally to attend the uplifting films and lectures on the strength of positive thinking and negative ions, I would have none of the worries that bedevil ordinary mortals. I could just read and dream myself to beauty and the best of everything.

Let me quote one advertisement that almost had me packing my suitcase. This is generally a quarter-page spread around the photo of a well-whiskered explorer-type gentleman under the caption:

"REVEALED

The Underground World of Supermen, Discovered by
Admiral Byrd...Under the North Pole...and kept Secret
by U. S. Government."

*Dr. Ladimer received his law degree from George Washington University Law School in 1940, and his Doctor of Juridical Science degree from the same university in 1958. He is lecturer, organizer, and coordinator of the first course on "Law for the Physician" for New York University's Division of General Education. Dr. Ladimer serves on the American Cancer Society's Committee on New and Unproved Remedies and the Food and Drug Administration's Public Service Committee.

It is no wonder that Washington has stashed away this super-secret, for the balance of the ad disclosed that Dr. Raymond Bernard, bedecked also with three college degrees, has located the underground world inhabited by millions of super-intelligent beings who enjoy verdant vegetation and eternal freedom from cold and ice. In this subterranean Eden, whose discovery Dr. Bernard believes the U. S. Government "suppressed in order to prevent other nations from exploring the inner world and claiming it," lives a super race which wants nothing to do with those on the surface.

It is the regular and established practice of our organization to get beneath the surface of advertisements and our standard investigation turned up a letter to a prospect dated February, 1965 which the author Raymond Bernard sent from Brazil, the country providing the access to this underground. He writes that he has discovered a chain of underground cities in which dwell the Atlanteans, still speaking their ancient language, dressed in long white robes. They have created the flying saucers. He urges us to repair at once to Brazil so that he, working under direction of his subterranean masters, can repeat the work of Noah. No money is required for entry, but he suggests that you gather it all together and leave the balance in the hands of a good real estate agent, on surface. He points out your money can be deposited in a bank available for this purpose. He claims to know some fifty people all rushing for refuge and salvation to join him in this spiritual subterranean haven. Lest you all leave now for this Hollow Earth (the name of Dr. Bernard's work) I should add that he further relates that men and women live apart, and the women produce many beautiful children by parthogenesis (virgin birth). I daresay that many might find this aspect less than attractive.

POWER OF BOOKS

I could go on to regale you with more mundane announcements of the books that told you calories don't count and that arthritis can be cured by lubrication, that martinis and whipped cream can make you grow slim and that any of you can make contact with the invisible master for only \$4.95. We have a more serious purpose and I would not wish to leave the impression that such representations of remedies may be listed among the fads and follies which are easily forgotten. To the contrary, they influence our people markedly. The power of the word must be used for the public good. I cannot vouch for the hypothesis that some of the paperbacks and comics provoke delinquency and crime or that the deranged murderer at the University of Texas simply acted out a story he had read. But there is ample evidence that our constructive health education literature produces new knowledge and helps develop good hygiene and habits; so the reverse, dressed in similar garb, would seem to enjoy the same appeal and potential.

We know that many books and articles for the layman can be truly helpful. Our public is far better informed today, largely due to honest and skilled science

writers, educators and the professional and voluntary medical and health associations as well as Government agencies. These prepare many excellent, constructive guidance pamphlets and, modestly, I include some of our own National Better Business Bureau reports and booklets. For the most part, these publications warn against poor health habits, encourage good health and nutrition practices, suggest proper exercise and other regimens and carefully mark the boundaries between home medication and competent professional service.

There are, however, many publications which are clearly questionable and often downright detrimental. Dr. Erwin Di Cyan, consulting chemist and author, stated that claims on behalf of drugs which are too bold or ludicrous for labels and advertising may exist in books. Because of respect for the printed word, they are often uncritically accepted. Dr. Frederick Stare, Director of Nutrition at the Harvard School of Public Health, in testimony before the Senate Committee on Health Frauds Affecting the Elderly, named a series of organizations and writers whose publications, in his view, are filled with misstatements, falsehoods and wrong implications.

Dr. Stare's Department issues a list of recommended and not-recommended books in the nutrition field. A similar guide for lay readers is published by Cornell University's College of Home Economics. Local services of this type are available from reputable nutrition and diet organizations. Recently, recommendations for librarians have been developed by the Library Association and the American Association for the Advancement of Science. The American Medical Association, the American Cancer Society and its chapters, the Arthritis Foundation and the American Heart Association, among others, provide such assistance. All these are premised on the power of books, for good and for evil, in the trust that recommendations from responsible sources will be followed.

These programs have provoked a backlash, as might be expected. An article in the February, 1966 issue of the Bulletin of the National Health Federation spells out the "victory" won in permitting the sale of a book Back to Eden, described as a human interest story of health and restoration to be found in herbs, roots and barks and the home remedies found successful by the author, the late Jethro Kloss. Charles Orlando Pratt, National Health Federation counsel who tells this tale, notes that "only the advertising of the book that included expressed or implied therapeutic claims for the book has now been banned" under terms of a Postal Order, not the book itself. This is detailed as a newly won victory but the fact is, as I will discuss, that no federal agency bans books, as such, but only certain representations. A trailer to Pratt's article reports that "Books on natural health often end up on the FDA 'black list.' The public is warned not to read them yet those who do read them and apply the knowledge report an improvement in health." The article concludes with the question: are the FDA and AMA afraid of the influence of these books on the American people? The books Let's Get Well by Adelle Davis, Get Well Naturally by Linda Clark, declared to be on this Index, are characterized as excellent and price-listed for sale by N.H.F. along with The Pittsburgh Trial by Hoxsey, A Matter of Life and Death by Bailey and The Food You Eat by Kullgren.

BOOKS AND ADVERTISING

It should be made clear at this point that neither book censorship nor book banning and certainly not prepublication control is within our scope or interest. The National Better Business Bureau is not and cannot assume the role of censor and, in any event, holds the conviction that there must be no denial of free speech or press. To my knowledge, every government agency, medical and professional society and health group, even though deeply concerned with content and the message given to the public, declares against any denial of free speech, no matter how apparently objectionable or unorthodox the views expressed. Indeed, books are the established, protected and privileged means for expressing new, different and unorthodox views and this particular liberty, in my view, should not be curtailed or limited.

This conviction, however, is matched by the equally critical conviction that the advertising or any other representation for the commercial sale of writing to the general public may have the capacity to mislead and the legal cover of our Constitution's First Amendment does not apply. Nor on an ethical basis do we necessarily have to submit to barring a book because we consider whether a promoter properly or improperly seeks its sale.

On this point, it is instructive to recall the decision of the majority in the Supreme Court's affirmation of the conviction of Ralph Ginsburg, publisher of Eros and other publications. Although these dealt in alleged obscenity, a concept which the court had liberalized over the years, that element was found by virtue of the manner in which the material was presented in advertising, promotion or display. Standing alone, the material might not have been judged obscene, but the circumstances of production, sale and publicity--the setting in which the publications were presented--proved to be determining factors. Thus, the advertising and the promotion, in the court's words, "support the determination that the material is obscene even though in other contexts the material would escape such condemnation."

Fortunately, our Bureaus do not have to judge and do not become involved in matters of pornography or obscenity, but restrict themselves in evaluating advertising essentially to matters of truth. The impact of the Ginsburg case, however, is to remind you of the significance of advertising in portraying any item for sale, whether a book, record, lecture or any other product claiming to have a therapeutic or preventive health benefit.

FEDERAL AGENCY POSITIONS

Three Federal agencies which are concerned with health matters as presented to the general public have established some type of jurisdiction under their statutes over the advertising of books or the use of books as advertising.

FEDERAL TRADE COMMISSION

The Federal Trade Commission has often asserted its authority to proceed against the false and misleading advertising of literature including so-called health books. From the cases it has accepted, it is clear that the Commission claims jurisdiction not only where the contents of the books are misrepresented in advertising but also where the advertising holds out to the prospective buyer by false and misleading representations certain therapeutic benefits attainable by following the recommendations. The Commission therefore not only can issue an order to cease and desist where, for instance, a book is advertised as original or in special edition or part of a sale when it is not but, more important, when it recites facts reflecting the book's message or substance which cannot be supported by scientific belief.

For the most part, the Commission has prevailed in its views through ordering cessation of the offending advertising, but it has also enjoyed some support when respondents have appealed to the federal courts. In a typical case which ended with the Commission's action, a Complaint was entered against both publisher and advertising agency alleging that advertisements in newspapers and magazines for Mirror, Mirror on the Wall, a health book by Gayelord Hauser, provided relief and short cuts for weight reduction, protection from heart trouble, beauty formulas and increase in sexual potency. Although the First Amendment protection was claimed, the Commission stated succinctly in its Conclusion, citing numerous other cases: "No question is properly raised . . . since there is no attempt to enjoin the publication of the book itself, but merely to prevent the use of unfair and misleading methods of advertising to induce its sale."

It is often argued that many people do not regard a book seriously or that those who are sophisticated or experienced will not be misled by the representations for a particular book. As to these points, the Commission concluded that while it is improbable that a well-informed person would believe the advertising for the Hauser book,

"such representations are capable of, and would have a tendency to, mislead many persons who are exposed to the newspaper supplements and other media in which the advertising appeared. It has been made abundantly clear that the test with respect to false advertising is 'unlike that abiding faith which the law has in the 'reasonable man.' It has very little faith indeed in the intellectual acuity of the 'ordinary purchaser' who is the object of the advertising campaign."

The Commission also found that the advertisement was meant to be taken seriously and inferred that the public interest "requires protection of the credulous and hopeful beauty seekers even though no such protection would be needed for their scholarly sisters."

Incidentally, in this case, despite objection that the Commission considered statements on the dust jacket to be part of the book, it was held, from inspection

of the jackets and their eye-arresting effects, that they were designed as advertising to attract customers. This observation, which we have all doubtless enjoyed, now has some legal significance as well.

The Commission, however, has not prevailed where the book or pamphlet paraphrased an author's view or opinion and the advertisement clearly set this forth. Thus, its Order against Scientific Manufacturing Company to halt representatives in connection with sale of certain pamphlets was set aside by the federal court on the theory that the pamphlets which falsely disparaged aluminum cooking ware as poisonous and dangerous dealt only in opinions. The firm did not itself sell any type of cooking utensils. However, the court noted that the same opinions if scientifically unsupported might become material if the Commission might establish they were used in the trade to mislead the public or harm a competitor.

Another case, undertaken some 25 years ago, and requiring ten years between Complaint and Order, involved the right of the Commission to order cessation of representations for books and pamphlets propounding the virtues of "Glyoxylide" "B-Q" and other preparations of the Koch Laboratories and the Koch individuals. These purported to cure a veritable army of diseases, particularly cancer infection, on some theory of oxidation mechanism, which when activated, promotes natural immunity and resistance to disease. On petition to review the Commission's Order, the Circuit Court of Appeals held that despite the fact that about thirty medical witnesses testified for each side, and that the Commission's witnesses did not have clinical experience with the product, the record as a whole supported the Commission's findings. These were to the effect that the representations were false in material respects, that the products had no therapeutic value and that advertisements were sent not only to medical professionals, as claimed, but to others.

On this last point, it is of interest that the Federal Trade Commission Act states in part that:

"No advertisement of a drug shall be deemed to be false if it is disseminated only to members of the medical profession, contains no false representation of a material fact, and includes, or is accompanied in each instance by truthful disclosure of, the formula showing quantitatively each ingredient of such drug."

Although this section is largely superseded by the 1962 Amendments to the Food and Drug Law which also gives the Food and Drug Administration jurisdiction of advertising to physicians, the advertising is not outside the Commission's scope simply because it goes solely to doctors; it must also be free of material misrepresentation and include the full formula. The Glyoxylide advertisements did not. The court, however, did rule that Dr. Koch's book on immunity and a report of one of his lectures were not advertisements since they were primarily opinions.

The case against the Koch methods stands for one further example of the reach of the Commission, namely, its right to prohibit future practices in the public interest. Even though the Koch Laboratories had been dissolved before conclusion of the case, possible resumption was proscribed.

The Commission's standing in these cases is yet to be fully tested. Now on appeal to the full Commission is the initial decision of a Hearing Examiner recommending a Cease and Desist Order against further representing in advertising of recommendations found in several books by the Rodale Press. Involved are several self-help and self-health books, principally The Health Finder which is a compendium of methods to avoid or prevent such illness as the common cold, ulcers, constipation, fatigue, cancer, heart disease and other ailments. The other matter goes to the heart, suggesting How to Eat for a Healthy Heart and telling how This Pace Is Not Killing Us. It is conceded by the Examiner that not all the material in the books or the advertisements is false, misleading or deceptive but the attack here, he states, is against the advertising of the publication through false therapeutic claims.

The Commission states,

"Respondents are free to advance any theory they wish in their publication....However, if they wish to advance the sale of their publication, as a commercial product, and to induce the public to purchase it, then they have no right to falsely advertise the therapeutic benefits which purchasers of their product will receive, merely because that product is a book."

The Examiner noted that it is not the opinion about the book which is under attack by the Commission's Complaint, but affirmative representations in commercial advertising.

At issue, however, is the whole basis of the Commission's review of book advertising when it relies on content. According to one of the commissioners, Philip Elman, who dissented when the majority rejected an interlocutory appeal request, all that is challenged here are the book and its ideas. These ideas may be silly or senseless, he says, but Rodale has a constitutional right to disseminate them. He asks whether FTC could enjoin advertising for a book proposing abolition of our Senate. "Congress did not create this Commission to act as a censor of unorthodox ideas and theories in books, whether they deal with politics or health. We should not forget that, in both fields, today's heresy may become tomorrow's dogma." He believes the complaint is an unwarranted intrusion into an area from which it is excluded by the Constitution and statute. So significant is this case that the Civil Liberties Union, in a rare appearance before this body, entered an amicus curiae brief for Rodale espousing the Elman point of view. And among the supporters of Rodale is a respected scientist-physician whose testimony for FTC in other health cases has been decisive.

FOOD AND DRUG ADMINISTRATION

Although the Food and Drug Law does not include books as a drug, cosmetic or device, books have been construed both by the FDA and by the Courts as labeling. Without doubt, the best known case is that relating to the book by Dr. Taller, Calories Don't Count, which referred to particular safflower capsules for weight reduction. When sold in company with the products, it was subject to seizures as false labeling. Based on earlier decisions, it was held that the book need not be in direct physical juxtaposition so long as there is a clear indication of relationship between the literature and product by the method of selling. The FDA regularly includes pamphlets, bulletins and placards, for example, as part of product seizures under this theory. Also, FDA has held oral representations in such context as labeling, thereby halting house-to-house spielers, lecturers and other pitchmen.

Incidentally, Dr. Taller is faced with a mail fraud charge, violation of the Mail Act. His trial is scheduled soon, but I don't want you to hold your breath as I have for the last two years. I was told yesterday, as I had been told a month ago, and the month before that and the month before then, and so on, he was scheduled for April. I doubt it.

But FDA suffered a setback in New York where the Federal Circuit Court upheld an appeal against the agency's seizure of Arthritis and Folk Medicine and Folk Medicine by Dr. D. C. Jarvis. The books recommend Sterling vinegar and honey as a health food and, holding that it was part of the labeling, FDA seized a supply in the warehouse of Balanced Foods, since both the books and the other articles were on display in the same shop. Although the Court recalled that in a case involving Lelord Kordel's pamphlets which were mailed in separate packages, the labeling concept applied, that was considered part of an "integrated transaction" serving the same function as the customary label on the package, here the relationship was not established. "There was no evidence of any joint promotion of either book with Vinegar and Honey." It might be considered that sale of the books would tend to promote sale of the folk compound, but the court concluded "there can be no inference that it sold the books for that purpose." The store ordered and sold the books two years before and later stocked the products which sold in far less quantity. There was no basis for finding that Balanced Foods did more than carry two related products, along with other books and products, without any joint display. No appeal has been announced by the government.

POST OFFICE DEPARTMENT

Since 1872, when the mail fraud statutes were enacted, the Post Office has been able to proceed against certain improper use of the mails. False advertisements for books, pamphlets and writings are included. The two primary laws both prohibit use of the mails in any scheme to obtain money or property by means of false or fraudulent representations, pretenses or promises. The first provides felony penalties of jail and fine; the second, which is administrative, permits the Department to refuse to deliver mail to the promoter, thus shutting off mail order operations. Most often in medical cases, the second course is used, involving presentation of evidence at a departmental hearing, rather than arrest, indictment and possible federal trial proceedings. Commonly, the promotion is halted through voluntary signing of affidavits of discontinuance.

One of the more colorful, so stopped, was the advertising for "Slumberslim" which was promoted as capable of effecting weight loss while sleeping, with the catchy phrase, surrounding a dreaming damsel, stating "Floats Fat Right Out of Your Body." The text was so worded that many consumers wondered precisely what their dollars would buy. Return mail brought a soft-cover pamphlet, presumably summarizing a book by a doctor, stressing the wondrous effects of will power and certain diet recommendations. Another Post Office case resulted in damming the sales of "Diaitis," a theory that poor nutrition caused cancer, as propounded by an author who had plenty of time to develop his ideas, since he performed his research in the library of the prison in which he had been confined.

Another compelling case, similarly dispatched, involved the advertising for the writings of one Morris Katzen who called himself St. George. In his Keys to Life and Elixir of Life he claimed that too much elimination by the body gave rise to various distresses and argued that war prisoners who had no opportunity to relieve themselves nevertheless remained healthy. Katzen, like others who combine health and spiritualism, also cited the Bible as support for his contention.

The Post Office has in many cases had to demonstrate not only that freedom of the press has not been denied but that freedom of religion has been respected, but it has declined to permit occasional or vague reference to the Deity to discount deception. Interestingly, when the Koch Laboratories saw FDA inspectors closing in on "Glyoxylide" which I noted in the FTC case, the firm dissolved and reorganized as a religious society, "The Christian Medical Research League."

The Post Office won out in a case involving representations for pamphlets issued by a so-called Cardiac Society which advocated a vitamin E product for heart disease and, as late as 1966, won another action against promotion for a book by a spurious Dr. Krimm. His book, Health, Success and Happiness For You, published by the Health Press of California was promoted by advertisements captioned Why Be Sick, promising that the reader would be able to overcome constipation, colds, backache, arthritis and other ills. A similar question-mark "Why Grow

Old Before Your Time?" promising a Hy-Dro-Aid medical course of water and honey to rid the body of waste, went down the drain via the Affidavit.

Both criminal and administrative actions by the Post Office require the presence of an intent to defraud on the part of the promoter. It is not enough that the claims be false; it must be shown that he knew or should reasonably have known the falsity involved and nevertheless continued. According to the postal authorities, this burden understandably weakens their ability to halt medical frauds through mail stoppage, particularly where there is a dispute among experts and no established universality of scientific belief. A bill to relieve the Department of this burden in civil cases (H.R. 16706) has passed the House and is now in the Senate.

On this important point of intent, I should like to report briefly that the Circuit Court of Appeals in New York unanimously upheld the trial judgment in the notorious Regimen case which was based mainly on alleged violations of the mail and wire fraud sections of the Postal Laws. The court grounded its opinion strongly on two features demonstrating the scientific falsity of the claims used in magazine, press and television advertising that the Regimen tablets could effect weight loss easily and without dieting: the views and studies of medical experts; and the notice provided by Bulletins and statements of the National Better Business Bureau and its president raising questions about the effectiveness of the product. Continuation of the advertising representations in the face of such advice plus the imputed knowledge of factual falsity based on the advertising agency's instructions to the so-called live endorsers was sufficient to uphold the criminal conviction of the manufacturer and his firm.

VIEWS OF OTHER AGENCIES

The American Cancer Society, which has long had an active and aggressive program to combat misrepresentation, carried on through its Committee on Unproved Remedies, has given forthright attention to the difficulties raised by unfettered publication. It was reported recently in its journal Ca (Mar-Apr., 1966):

"An important factor in the promotion of unproven remedies is our free press, which makes it possible for books, newspapers and mass media to present seemingly favorable information on unproven cancer remedies. Books on medical science, especially if they are on so-called controversial medical problems, are quite appealing to the reading public."

In the five year period ending 1965, at least eight books describing favorable results obtained with specific unproved methods were published and three general books on cancer appeared, suggesting unestablished ways to prevent or cure. According to Dr. Roald Grant and Irene Bartlett of the Cancer Society, who have studied these trends, this type of book is often so skillfully written that the average

reader concludes he can make a valid judgment as to treatment. Pro and con facts are distributed throughout the book to create impartiality but the weight of argument favors the touted method. A principal factor in the promotion of Krebiozen, they believe, was the wide distribution of three favorable books.

Books are but a small part of the verbal barrage. Magazines and periodicals, either specializing in health or awarding space to such articles are among the proponents of nonmedical approaches to health. Many get their first ideas about treatment and mistreatment from such sources. This complaint against the eager press and the air media has been echoed by other organizations which have had the sad duty of informing arthritis patients, for instance, that remedies imported from Canada or drugs developed from woodpulp and sawdust are worthless. A speaker representing the Food and Drug Administration, James L. Trawick, told the recent AMA Conference on Health Education that a national magazine article predictably led to a black market in DMSO, since patients could not get this new wonder remedy legally from their doctors. Many got the chemical for self-treatment and were injured, before the FDA put a stop to unauthorized research on the product, until the nature of reactions in test animals can be determined.

Senator Williams, chairman of the Subcommittee on Frauds Affecting the Elderly, has expressed concern about the uncritical press announcements of research breakthroughs and wonder drugs which seduce thousands of sufferers into unwarranted reliance on untested and even abandoned drugs and methods. The journalist seeking a byline becomes the doctor rather than the licensed professional. Indeed, it might well be said that he is practicing license without a medicine.

DOCTORS SHARE THE RESPONSIBILITY

Despite these outcries, efforts and legal actions, the problems continue. We know that both unscrupulous promoters, writers and publishers among them, and well-meaning but misguided advocates, writers and publishers particularly, contribute to building this Tower of Babel. But, the medical and health professions cannot sit by and accuse. They could not, in good conscience, cast a stone at the sinners, for they share the blame.

Blame is of several kinds. First, most obviously, a fringe minority of licensed physicians are among the authors who, strangely enough, partake in persuading people away from standard medicine by their untested diet proposals, use of so-called natural foods, self-help for conditions requiring careful treatment and promises of long life, vigor, sexual strength and beauty through methods without meaning in any approved scientific circle. Although it must be said that only a few doctors create these problems, the publicity they generate casts doubt on the

entire profession. The states which license them and the professional groups which include them generally take no action against the Tallers, the Jarvises, the Eichenlaubs and others. Disciplinary proceedings are possible. And the public or professional press, to announce such housecleaning, is also available. At the Connecticut Congress on Quackery, several years ago, Dr. Jean Mayer of Harvard University, pointed his finger at this condition and voiced the hope that proper action would be taken. It is preferable and proper that internal regulation rather than external accusation prove to be the guiding force.

Second, the professional organizations have been lax in condemning publicly, in the same media which carry the literature they lament, the patent falsity and the actual dangers which such books and lectures may produce. There is need and room for critical comment and ample opportunity for those who read and write to lead and write.

Third, many authors are misrepresented by the publishers, advertising agencies and promoters who try to sell their writings in completely unprofessional ways. Two instances of correction achieved by the National Bureau's Food, Drug and Cosmetic Division may be instructive. In one case, a reputable consulting nutritionist who did not follow up on use of his publications by a vitamin company withdrew permission to quote him when advised by us of evident misquotation of his views. Another doctor, whose book was presumably summarized and issued as a reducing program through sleep and relaxation, forbade further flamboyant and captious use of his writings.

Our files also show that a psychologist who wrote a popular but serious work on management practices was able, with our forthright support, to make the publisher tone down his mail-order advertising so that it fairly represented his position. Authors should be made aware that they have a moral obligation as well as a legal right to insist on approving the manner in which their publications are presented to avoid actual or subtle deception.

WHAT WE CAN DO

From the brief review of the difficulties facing government agencies and our general dislike of laying the law to literature, it must be clear that we cannot and should not rely on government to solve these problems. There are both positive and punitive approaches within our power.

1. We can and should share information since many of these books and papers cover many fields and the journalist authors who write under their own or other names reach across all medical areas and disciplines. Such sharing would alert simply and swiftly the Government and voluntary agencies in cancer, heart, arthritis, diabetes and other specialties of the writing which may influence the special groups within their concern. Appropriate reviews and publicity can then be

disseminated to all who may be affected.

2. We can speak out, indeed must speak out. This takes time, interest, courage and the willingness to be the subject of controversy, if necessary. Dr. Fred Stare, for example, became the defendant in a libel suit, in a sense for all of us, when he criticized the unsupported views of the Boston Nutrition Society. But the court vindicated him and established his right to comment. The significant outcome rests in the statement by the court which, paraphrased, holds that truth is the defense of libel as long as it is not said with intent to harm but to inform. The professional person in his field has a privilege to differ with others and to speak out strongly as long as his comments are made without malice. In some, jurisdictions, libel and privilege statutes are strict, so bravery must be accompanied by knowledge of the law and community standards. I would advocate some instruction here, so that good and proper intent is not misspent.

3. As respected professionals, we should make ourselves freely and courteously available to publishers, advertisers and media. At previous Quackery Congresses, responsible editors and copy executives have stated that they would welcome the advance advice of medical and technical experts. From a purely business view, they are interested in printing properly substantiated reports, books and commentary. Medical science and practice, as we know, are least susceptible to simple yes-and-no answers and indeed encourage novel and experimental theory, but there is a well-established scientific underpinning and a professional community that can be tapped.

As far back as 1933 and several times thereafter, the American Medical Association's House of Delegates condemned the broadcasting of misleading representations for foods, medical remedies and health preparations. Later, it recommended establishment of liaison with the industry and support of the National Better Business Bureau and others in eliminating questionable advertising for remedies sold to the public. Educating the public, through the papers they read, should be high on the priority list of professional responsibility.

4. If it has not been obvious, I recommend an aggressive public information campaign to combat quackery. Let us, in the spirit of free enterprise, compete vigorously by stimulating and producing literature for the patient, the consumer and the student which is helpful, truthful and informative. For example, more books, more potent presentations and more avenues should be developed by the AMA in company with similar agencies in a long-term program to reach the public. There are opportunities in doctors' and clinic waiting rooms, school rooms and in shopping areas, such as drug counters and pharmacies. Television, radio, and press and films are open to present our scientific data in attractive ways. This tactic would meet the opposition on its own grounds but with better and superior force. Meet their sex appeal with Rx appeal.

5. Finally, I would commend to the medical and health profession and to those who write for it and about it a careful study of the total environment of health writing affecting the public. The Federal interagency study, under leadership of the Food and Drug Administration, to understand misrepresentation which influences the public should provide some guidance. That study may tell us how and why we cling to quacks but it will be up to us to inspire responsible ways to break this grasp. We should use all means to discourage detrimental writing at the source and dam its flow when it emerges.

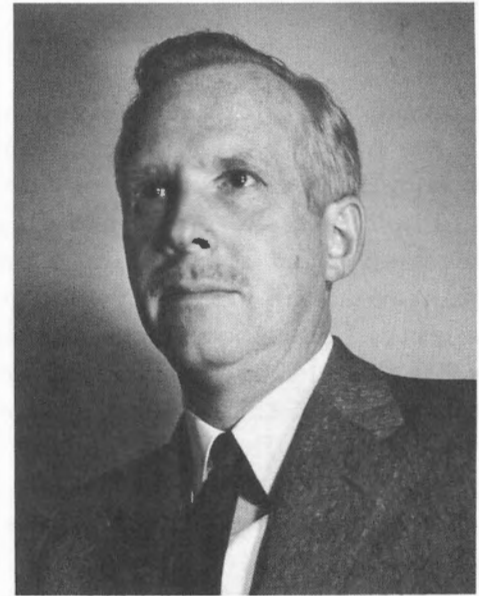
THE COSTS OF QUACKERY

John W. Miner*
Medical-Legal Prosecutor
Los Angeles County (Calif.) District Attorney's Office

The Costs of Quackery can be assessed in three words: FRAUD--THEFT--DEATH.

It is a criminal activity as harmful as any in our society, but against which the law has done the least. History probably does not know a time free from medical quackery. Like the poor, the unscrupulous and the gullible have always been with us.

In earlier days when ignorance and superstition were the knowledge of the times, it must have been difficult to distinguish the honest practitioner from the quack. But now we have no excuse. Medicine is scientific; physicians must possess a qualifying education and be properly licensed. We can identify the quack.



FRAUD

His hallmark is fraud. By his words, ye shall know him. Yes, the quack often uses more than words--he has mechanical gadgets, ranging from an ordinary rock to intricate, eye-appealing, ear-catching devices; he may pitch magic pills; he may merely lay on hands. Whatever his gimmick, the quack falsely promises that he can diagnose and cure disease. His intent is deceit; his motive, money. Oh sure, occasionally he is a nut who believes in his own fraudulent garbage. More elegantly, psychiatrists label such quacks paranoid. But the law generally deems statements made without a reasonable basis for believing them true to be reckless and fraudulent and classifies the nut who so deceives for money as a thief.

It cannot be overlooked that faith healing may be a form of deliberate or reckless quackery. Certainly freedom of religion as protected by the First Amendment is rightfully fundamental to our way of life. Yet we limit freedom of religion. Mormons are not permitted to have multiple wives. But amazingly we condone what is actually human sacrifice in the name of religion. Only where children are involved will a court intervene to save life.

Nor can quackery's cures be ignored. When the operator of America's largest radionic device swindle was arrested in her Los Angeles office and hundreds of

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fraudulent instruments seized as evidence, I received a call from a woman who told me her personal instrument was among those taken. It was back for repairs. She sounded panic-stricken when she said that unless dials were properly set, she could not eat, she could not sleep, she could not move her bowels. This unfortunate lady, far from being a candidate for an insane asylum, was a capable assistant to a famous Hollywood personality. I at once located and returned her property. She showed me the canceled check for \$500 with which she had purchased the elaborately dialed and metered black box and attached electrodes. It cost perhaps \$25 to make. At most it could generate the current of a small flash-light battery. But because she believed, this box kept her functioning.

It is a fact that much illness is psychogenic, psychosomatic, or self-limiting. Such sickness can be helped by suggestive therapy. And that, of course, is exactly what a quack employs. Let it be honestly admitted that the quack thrives because he helps many. The testimonials he displays as a lure are sincere even though many of the authors are to be found in cemeteries. Every physician who turns away patients, saying, "There's nothing the matter with you; it is just nerves," creates a need which the quack happily fills.

The danger is obvious. As we have defined him, the quack is not a physician. He has no way of recognizing serious illness. His patient is a victim--a person whose health and life is in jeopardy in the hands of a cruel criminal who steals by deception.

THEFT

And that brings us to money--humanity's favorite commodity. No one really knows how much medical quackery costs. The figure usually mentioned is the one billion dollars estimated by former Federal Food and Drugs Commissioner George Larrick in a talk before this Congress in 1961. It should be noted that the Commissioner said that quackery "in violation of the different federal laws . . . can easily amount to a billion dollars a year."

As the only prosecutor in the United States specializing in medicolegal crimes of which quackery is one, I suppose I have helped to investigate and have prosecuted more quacks than any other prosecuting attorney. And my jurisdiction is Los Angeles County, the Mecca of quackery. To be in violation of federal law, quackery must involve interstate commerce or the U. S. mail. In my experience less than 10 per cent of quackery cases could be filed in federal courts or reached by federal agencies. Quacks are mostly local operators, and they are smart. Only a few failed to learn from the 1951 federal conviction of Ruth Drown that it is plainly hazardous to send their bogus products into interstate commerce.

If Larrick's estimate is accurate, then strictly intrastate quackery must at least equal his one billion. An overall annual quackery take of two or more billion

would be a reasonable guess. That is far more than all other confidence schemes and swindles put together. It exceeds the research total expended yearly on disease. Why, it would even pay the medicare tab without raising taxes.

However we fool with figures, there is no doubt medical quackery represents a tremendous loss to our economy. It channels an amount equal or more to 2 per cent of our national budget into the pockets of criminals.

DEATH

Although our common law evolved from medieval concepts of property rights under which children were hanged for stealing food, we have come to think human rights more important. And the greatest of these is the right to live.

In 1963, I said to a United States Senate Committee and I now say to you: Except for the public executioner, only the medical quack is permitted to earn his living by killing people. How so?

Whenever a quack guarantees a cure to a person who must have proper medical care to prolong or save life, he endangers that life. If his false representations keep the victim from the needed treatment until it is too late, he takes that life.

In 1962 I contended that the quack who so kills commits murder. History opposed my position. In seven centuries of recorded criminal law, no person had ever been convicted of murder where the instrumentality of killing was false representation.

Then on August 13, 1962 trial began in the murder case of People v. Phillips. I presented evidence which showed that the defendant persuaded the parents to take their child out of the hospital where she was to have her left eye removed because of an orbital sarcoma by guaranteeing he could cure the malignancy without surgery. The little girl died four months after three weeks of treatment by the defendant for which he was paid \$739. Despite Melvin Belli's skillful defense, the jury returned a verdict finding the defendant guilty of second degree murder. On appeal, however, Mr. Belli prevailed. This past May the California Supreme Court reversed the conviction on the grounds of an erroneous jury instruction. Since the case will soon be re-tried for murder, I shall say no more about the facts.

As far as quackery is concerned the victory on appeal may be Pyrrhic. Whether or not this defendant is again convicted of murder is far less important than what the California Supreme Court held in its decision. For the first time in legal history, it has been ruled that a person who kills by a false statement may properly be found guilty of murder. Mr. Justice Tobriner writing for the majority

in a 4 to 3 decision declared that on the facts of this case the jury could properly return a verdict of 2nd degree murder if it believed from the evidence that:

"Although there was no deliberately formed and premeditated intent to kill, the killing proximately resulted from an act, the natural consequences of which are dangerous to life, which act was deliberately performed by a person who knows that his conduct endangers the life of another and who acts with a conscious disregard for life."

People v. Phillips (1966) 64 A. C. 629.

In the custom of the law this will come to be known as the Phillips doctrine. And in California at any rate quacks are on notice that if their false blandishments kill, they face the possibility of going to prison as murderers. Not that such occasions will be frequent; the prosecution has an extremely difficult evidence burden under the Phillips doctrine. For example, I know of some thirty instances of death resulting from the victim's reliance on fraudulent promises of cure by quacks. In none is the admissible evidence sufficient to permit charging the quack with murder.

RECOMMENDATIONS

If something costs too much, don't buy it. Isn't that the purpose of this Congress? To stop the American public from buying medical quackery.

Let me briefly suggest two areas in which progress could sharply curtail quackery:

LEGISLATION

Recently, U. S. Senator Harrison Williams' subcommittee favorably reported back to the Senate my proposal that Congress establish a Bureau of Medical Quackery within the Department of Health, Education and Welfare. I renew that proposal here. For a full discussion of the idea, please write for the committee report. I have time only to mention that no central agency exists to evaluate the total damage done by quackery; to analyze such data in terms of working out remedial action; to serve as a clearing house for the often conflicting jurisdiction among federal and state agencies; to investigate and provide expert technical assistance to federal and state prosecuting offices; and, above all, to marshal and present effective educational materials to convince our people not to buy quackery. A need exists. We now have many cooks and no chef. Properly set up the proposed bureau would not interfere with existing federal and state activity, rather it would make the work of those now fighting quackery more effective by providing unity and direction.

On the state level, I am hopeful that California, which has given us the Phillips doctrine, will furnish legislative progress in 1967 by enacting a bill which makes the practice of medicine without a license a felony where it causes or risks death or serious injury to physical or mental health. Under the enlightened leadership of Los Angeles County District Attorney Evelle J. Younger, such legislation will be offered and will probably become law. At the outset I said society does the least to combat quackery. In all our states we can reach the quack with mere misdemeanor punishment. A maximum few months in the county jail or few-hundred-dollar fine merely slaps the wrists of heartless thieves and murderers. The California bill would impose stiff prison sentences upon those who slaughter for profit. Not only will realistic punishment deter the quack, but many will be put out of circulation where they can no longer harm the public.

EDUCATION

You have heard it before. Please hear it again. Education is the most powerful weapon with which to fight quackery. The American people, properly informed, will not buy quackery. The publicly exposed quack ceases to be a menace. No doubt there will always be a fringe who will pay any cost, including their own lives, to support quacks. But in education lies the best hope to destroy quackery.

I had an example of what education can do when Life Magazine came out in November, 1963, with a spread on quackery in Los Angeles County. Two quacks I then had under investigation prudently closed shop and left town. One of them had killed two people although I could never have successfully prosecuted him. And people alerted by the article called to inquire how to identify quacks to avoid being victimized.

Sure, it will take money and effort. This Congress itself is assurance that there are those who will work for the public good. Perhaps under the auspices of this National Congress an effective educational campaign can be developed.

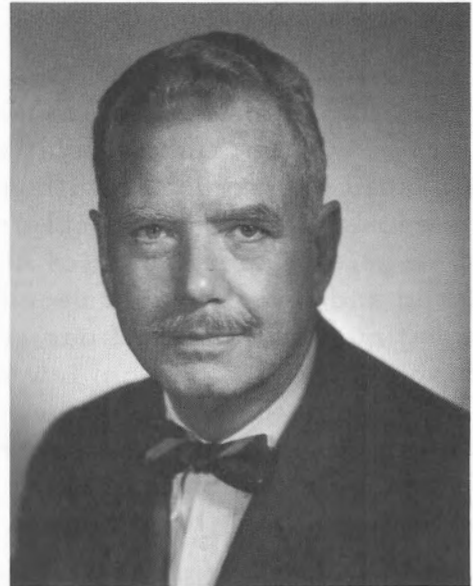
CONCLUSION

Ladies and Gentlemen, Medical Quackery steals billions. Quackery kills more people than those who die from all crimes of violence put together. What can you call it except Public Crime Number One. That is the Cost of Medical Quackery. It is a cost no healthy society can afford to pay.

The American people are indebted to those who organized this Congress. On behalf of District Attorney Younger and me, I personally thank you for the privilege of participating in it.

MEDICINE AND CHIROPRACTIC

H. Thomas Ballantine, Jr., M.D.*
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For the past 53 years a well-organized and determined band of practitioners has impo-
rtuned the state legislatures of this country
for permission to administer to the health
needs of the people. Their efforts have been
so successful in the political arena that 48 of
the 50 states license them. These individ-
uals call themselves chiropractors; their ag-
gregate number is variously estimated at
from 15,000 to 25,000 and it is claimed that
about four million people consult them in any
one year. So we are concerned with the fate
of four million people.

In 1966, the American Chiropractic Association published a brochure entitled What Medicine Really Thinks About Chiropractic. The authors were C. W. Wei-
ant, said to be "dean emeritus of the Chiropractic Institute of New York" and S.
Goldschmidt, another chiropractor, said to be a "member Special Committee on
Political Education, American Chiropractic Association." Two statements in
their introduction to a defense of chiropractic present the salient points to be dealt
with here. The first reads as follows:†

"In this brochure we present the inside story of a conflict of which the
average layman is but dimly aware. It is the story of struggle between two
professions, medicine and chiropractic, a struggle in which organized medi-
cine seeks relentlessly to stifle the development and spread of the younger
healing art, and chiropractic seeks to survive. Seen through the eyes of the
M. D., the issues were at first simple enough. Medicine stood for science
while chiropractic was synonymous with quackery, and the two obvious
remedies were public education and legal harassment."

The second important statement by these authors is:

"The present direction of the conflict poses a serious threat to a basic
human right; namely the right to a doctor of one's choice, the right to follow

†This and subsequent quotations are reproduced verbatim from the sources indicated. The author assumes
no responsibility for errors in spelling, grammar or syntax.

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Medical Association, his memberships include the American College of Surgeons, American Academy of Neurological Surgery,
Harvey Cushing Society and the Excelsior Surgical Society.

a course of action with respect to one's person which, according to one's lights, holds the greatest promise for health and well-being, including the right to make a mistake."

These chiropractors have, then, raised several points which should be worth serious consideration. Those of greatest interest to this discussion are:

1. A definition of quacks and quackery.
2. An inquiry into the role and obligation of the physician in reference to quacks and quackery.
3. A definition of chiropractic.
4. A description of the chiropractor as a health practitioner.
5. The characteristics of chiropractic which might or might not qualify the chiropractor to be identified as a quack.

To deal in an intelligent, impartial and objective fashion with the points raised by the chiropractors acceptable definitions will be of prime importance.

DEFINITION OF A QUACK

The term "quack" is used commonly but usually in an indefinite manner; yet the word is capable of being clearly defined. One such definition will be used in this essay as it appears in the 24th Edition of Dorland's Illustrated Medical Dictionary: "One who fraudulently misrepresents his ability and experience in the diagnosis and treatment of disease, or the effects to be achieved by the treatment he offers." The term "fraudulent," lest it be thought too severe to be included in this description of a quack, is defined by Black's Legal Dictionary as: "A generic term embracing all multifarious means which human ingenuity can devise and which are resorted to by one individual to get advantage over another by false suggestions or by suppression of truth." A specific type of fraudulent activity called "constructive fraud" is further defined as "an act, statement or omission which operates as a virtual fraud on an individual, or which, if generally permitted, would be prejudicial to the public welfare and yet may have been unconnected with any selfish or evil design."

It would appear that from a legal standpoint a quack need not be ipso facto criminally dishonest: he may be ignorant or deluded. It is true, however, that regardless of his motivation, education or mental stability the quack by definition does misrepresent his ability to diagnose and treat disease or the effects to be achieved by the treatment he offers. As a result of this misrepresentation he carries out fraudulent activities which are prejudicial to the health of the individuals consulting him and which are injurious to the public welfare.

MEDICINE AND QUACKERY

Prior to the beginning of the twentieth century it was possible for almost anyone in this country to set himself up as a health practitioner and to attempt to cure the ills of humanity in any fashion which appealed to him. For hundreds of years, however, physicians and surgeons dedicated to the discovery of the true nature of the cause and cure of disease had understood the necessity of exposing individuals who deceived the public by playing upon its superstitious and ignorant concepts concerning ill health. These individuals were and are quacks and many of the most glaring examples of quackery were formerly to be found within the ranks of medicine itself. There was for this latter reason an additional obligation on the part of the medical profession to protect the public from misguided or dishonest practitioners. Only relatively recently has it been thought necessary to combat cultists and quacks and faddists in general.

The interest of the American Medical Association and that of the National Health Council stems from the obvious fact that an organized group devoted to the same cause can be more effective than if each person within it acts upon his own initiative.

There has also developed in our culture that which I have chosen to call "the moral obligation of the informed citizen." For example, groups of engineers, lawyers and even a nationwide organization called The Better Business Bureau seek to protect us from fraudulent activities in fields about which they have special knowledge. If, as a result of an educational process, teachers, scientists and laymen interested in the advancement of medical science and the healing of the sick become aware of the existence of forms of quackery in our society, then as informed citizens these individuals have the moral obligation to join in eliminating these fraudulent activities.

If it can be shown that, in the words of Weiant and Goldschmidt quoted earlier, chiropractic is synonymous with quackery then some issue must be taken with their opening remarks: The confrontation between medicine and chiropractic is not a struggle between two "professions;" rather it is more in the nature of an effort by an informed group of individuals to protect the public from fraudulent health claims and practices.

For a chiropractor to be accurately designated as a quack according to the definitions used here, it is necessary to show only that he either misrepresents his ability to diagnose and treat disease or that he misrepresents the effects to be achieved by the treatment he offers, and that he does so by false suggestion and suppression of truth. It is not necessary to show that the chiropractor does these things out of selfish or evil design.

But, before arriving at an informed decision as to whether chiropractic is or is not a form of quackery, it is obviously necessary to examine carefully this so-

called "younger healing art" and the practitioners who call themselves chiropractors.

WHAT IS CHIROPRACTIC

Here again acceptable definitions are vitally necessary, and for the purpose of this essay one submitted in 1966 by the chiropractors to the Massachusetts Legislature and adopted by it in the passage of an act establishing a Board of Registration of Chiropractors will be used:

"Chiropractic, the science of locating and removing interference with the transmission or expression of nerve force in the human body, by the correction of misalignments or subluxations of the bony articulations and adjacent structures, more especially those of the vertebra column and pelvis for the purpose of restoring and maintaining health."

This definition was used and further elaborated on in 1955, when an attempt was made to overturn a ruling of the Supreme Judicial Court of Massachusetts that the practice of chiropractic was the practice of medicine. Paragraph four of the petition presented to the Court by a chiropractic association stated in part:

"Chiropractic is a modern scientific method of healing, based on the theory that most human ailments or diseases are the results of a displacement of the vertebrae of the spinal column, resulting in abnormal pressure upon the nerves as they emerge. Such pressure prevents the constricted nerves from transmitting to the various bodily organs the mental impulse necessary for proper functioning. Chiropractic proceeds on the principle that the nerves emanating above each vertebra regulate particular organs and, hence, the cause of different ailments and diseases can be localized; that health is possible when all organs function harmoniously, and that by ascertainment of the subluxation of the spine and by proper adjustment to release the pressure on the nerves caused thereby, the cause of the disease is removed and the body rendered capable of natural restoration to good health. The chiropractic method of adjustment is purely manual, and never resorts to drugs or surgery, and is the antithesis of the germ theory taught and accepted by physicians and surgeons and who treat human disease as conquerable by the administration of drugs and medicines."

In another legal decision, Lawrence versus the Board of Registration in Medicine, the courts of Massachusetts have defined the practice of medicine as an undertaking "to cure the ills, to treat the ailments, to prevent the diseases and thus to relieve the suffering of the race." Furthermore, in 1915, as mentioned above, the Supreme Judicial Court of the Commonwealth of Massachusetts in an action entitled Commonwealth vs. Zimmerman, found that the practice of chiropractic was actually the practice of medicine. In 1955 the court reaffirmed this decision.

In a book entitled Chiropractic: A Modern Way To Health, written by Julius Dintenfass and published by Pyramid Books in 1966, a partial list of diseases said to be amenable to chiropractic treatment is as follows: Arthritis, asthma, bronchitis, bursitis, colitis, the common cold, constipation, digestive disorders, dysmenorrhea, hay fever, headache, hypertension, low back pain, mental illness, migraine and trigeminal neuralgia or tic douloureux. It is of some interest in reference to this last named painful and disabling affliction that the trigeminal nerve is confined wholly within the skull, has no connection with any spinal nerve and is absolutely impervious to external manipulation.

A public information bulletin issued by the Spears Chiropractic Clinic of Denver, Colorado states: ". . . we have treated several thousand cancer cases by chiropractic methods. Chiropractors treat cancer by adjusting the segments of the spine to correct vertebral distortions. . . ."

WHAT (OR WHO) IS A CHIROPRACTOR?

Obviously, he is one who practices chiropractic; he is even more, according to a brochure entitled Planning a Career in Chiropractic published as a vocational guidance manual by the Department of Education of the American Chiropractic Association. This brochure states "The chiropractic doctor is a physician--a particular kind of physician. As such he is engaged in the treatment and prevention of disease and in the promotion of public health and welfare."

In summary then, chiropractors by their own definition are physicians engaged in the treatment and prevention of disease according to a particular theory which states that human illness is caused primarily by pressure upon the spinal nerves from dislocations of the spinal vertebrae and that cure is obtained by manipulating these vertebrae and restoring them to proper alignment.

What qualifications do chiropractors need in order to be licensed? In 1966, certain of these qualifications were set down by the Massachusetts Legislature. First, a chiropractor has to be a high school graduate or to have "the equivalent of a high school education." Another important qualification is that he must not be "addicted to any vice to such a degree as to render him, in the opinion of the board unfit to practice chiropractic." Finally, while all chiropractors must take an examination (prepared by other chiropractors) those who have been practicing illegally in Massachusetts may by virtue of a "grandfather clause" be allowed to take a less exacting examination than the chiropractors who attempt to come into the state from elsewhere.

A perusal of the list of the members of the faculties of various chiropractic colleges fails to disclose any scientists of national standing and indeed there are few if any faculty members who are possessed of advanced degrees in any recognized specialty. One exception to this statement may be C. W. Weiant whose

writings have been quoted previously. This man is a Ph. D. from Columbia University, New York. He obtained his advanced degree in anthropology and the subject of his doctoral thesis was "An Introduction to the Ceramics of Tres Zapotes, Vera Cruz, Mexico."

It is interesting to note that the father of chiropractic, Daniel David Palmer of Davenport, Iowa, and Robert Koch, the discoverer of the bacillus of tuberculosis, lived and died about the same time. Koch was born in 1843 and died in 1910. He was a Nobel Laureate. The account of his discovery of the tubercle bacillus was published in 1882. Palmer was born in 1845 and died in 1913. His so-called discovery of chiropractic occurred in 1895. It may be useful to contrast and compare the lives of these two men.

Koch attended the University of Gottingen in Germany where he came under the influence of the great pioneer medical investigator, Jacob Henle. Bacteriology and the so-called "germ theory of disease" became Koch's life's work. His discovery of the tubercle bacillus, the cause as physicians understand it of tuberculosis, was perhaps his greatest contribution, but he also set down very stringent requirements for proof that a particular organism or germ was responsible for a particular illness. These are known as Koch's postulates and state that:

1. The organism must be recovered in every case of the disease.
2. It must be grown in pure culture in the laboratory.
3. Inoculation of the organism into a susceptible animal must reproduce the disease.
4. The organism must be recovered from the experimental animal in pure culture.

These rigid criteria have been extended, with necessary modification, by medical investigators to all attempts to determine the cause of a given illness.

Medical science, moreover, recognizes that there are many causes of human illness but that they fall into important generic categories, four of which may be used as examples.

1. Inherited defects—hemophilia.
2. Infectious diseases—tuberculosis.
3. Degenerative diseases—arthritis.
4. The neoplastic or cancerous illnesses.

An obvious corollary to the concept of multiple causalities is that different diseases require different treatments.

D. D. Palmer, born in 1845 near Toronto, Ontario, spent the most productive years of his life in Davenport, Iowa where the Palmer College of Chiropractic still is in existence. There are many biographies of this man but the essential

details set down here are taken from Dintenfass' book Chiropractic: A Modern Way to Health.

For ten years prior to his "discovery" of chiropractic, Palmer, a former fish-peddler and grocer, practiced magnetic healing. According to Dintenfass:

"Mesmerism or 'magnetic healing' had many proponents. It was based on the discovery of 'animal magnetism' by Anton Mesmer. Although founded on unscientific premises 'magnetic healing' was in effect the first step toward current psychoanalytic and psychological methods.

"On September 18, 1895, Palmer performed an experiment which blazed the trail for the development of a new healing profession which now has over 25,000 doctors of chiropractic throughout the world.

"On this day when Palmer was in his office in Davenport, in came Harvey Lillard the janitor, who was so deaf that he could not hear the noise of the wagons in the street or the ticking of a watch. Palmer inquired as to the cause of Lillard's deafness. Lillard explained that he had suddenly lost his hearing 17 years earlier when he exerted himself at his work in a cramped, stooping position. He said he felt something give way in his back and immediately lost his hearing.

"This interested Palmer, who, upon examining Lillard's back, located a painful prominent vertebra which appeared out of place. Lillard verified this as the spot which hurt when he lost his hearing. Palmer reasoned that if the vertebra were replaced, the man's hearing might be restored. Using the spinous process of the vertebra as a lever, Palmer applied a sharp thrust which repositioned the bone; a short time later Lillard said that he could hear better than before."

It is worth noting that the "nerve of hearing" the acoustic nerve, is contained completely within the skull and has no connection with any of the spinal nerves which could be affected by a "sharp thrust" using the spinous process of the vertebra as a lever!

In any event the original hypothesis of Palmer that human disease is caused by "misalignment or subluxations of the bony articulations and adjacent structures, more especially those of the vertebra column and pelvis" and that by "proper adjustment to release the pressure on the nerves caused thereby, the cause of the disease is removed and the body rendered capable of natural restoration to good health;" and finally that "the chiropractic method of adjustment is purely manual and never resorts to drugs or surgery and is the antithesis of the germ theory" has been handed down virtually intact and unchanged over the past 70 years and forms the basis for modern chiropractic fully as completely as it did in 1895.

We are now concerned with a matter of truth and two documented examples of patients treated by chiropractors will suffice as a basis for discussion. These cases have been chosen because the details are a matter of court record.

In 1951, a man was found to be suffering from tuberculosis. The condition remained dormant for ten years while the patient was under the care of a physician. In 1962, however, the tuberculosis became active again. Hospitalization and drug therapy were recommended but the patient refused and went to a chiropractor in New York State for treatment. The patient was treated without drugs and by diet for two years by two chiropractors working together. The patient died. The two chiropractors were convicted of manslaughter for having caused the death of the patient through culpable negligence.

In the second case, a chiropractor undertook to treat the infected foot of a patient whom he knew to be suffering from diabetes; he advised against the use of insulin in the treatment of the diabetes. The infection spread and the patient died.

The Florida appellate court, in finding that there was sufficient cause for the chiropractor to be indicted for manslaughter, summarized its ruling the following language:

"If a person undertakes to cure those who search for health and who are, because of their plight, more or less susceptible of following the advice of anyone who claims the knowledge and means to heal, he cannot escape the consequences of his gross ignorance of accepted and established remedies and methods for the diseases which he knows his patients suffer and if his wrongful acts, positive or negative, reach the degree of grossness he will be answerable to the State."

The chiropractor was tried and found guilty of manslaughter.

A quack was earlier defined as "one who fraudulently misrepresents his ability and experience in the diagnosis and treatment of disease or the effects to be achieved by the treatment he offers." At this juncture, a simple but stern question awaits an answer: who are the quacks? Are they the physicians in our society who believe that different diseases have different causes and require different methods of treatment including, where indicated, the use of medicine and surgery? Or are they individuals who believe that "most human ailments or disease are the results of a displacement of the vertebrae of the spinal column" (one cause) and that "by ascertainment of the subluxation of the spine and by proper adjustment to relieve the pressure on the nerves caused thereby, the cause of the disease is removed" (one cure)--are these the quacks? For the sake of the remainder of this discussion, I shall assume that it is the chiropractors who are the quacks.

If chiropractors are quacks, how can they be tolerated in this modern so-called scientific age and, even more importantly, how does it come about that

chiropractic is given a certain stamp of approval by 48 of 50 state legislatures who have passed acts establishing boards of registration in chiropractic? A partial answer seems to lie in the facts that first, there is among the general public a profound ignorance of the scope of chiropractic and the character of the chiropractor. Second there is an apathetic attitude on the part of those lay groups interested in stamping out heart disease, cancer, mental illness, etc. in regard to this problem. That they should have such an interest is indicated by the list of diseases which the chiropractor purports to be able to treat successfully and by the fact that in the case of cancer, delay can be deadly. Finally, there is a distaste on the part of the average physician for engaging in an unpleasant controversy.

Examples of general ignorance are surprising indeed. The author had occasion to consult three prominent lawyers, one a past president of the Massachusetts Bar Association, in reference to an attempt to counter the successful effort by the chiropractors to become licensed in Massachusetts. All three wondered what "the fuss was all about." One said that since chiropractors were essentially physiotherapists and practiced under the direction of physicians, he felt that they deserve to be licensed! A prominent State Senator, a graduate of Harvard University, gave it as his opinion that licensing chiropractors would improve the practice of chiropractic. Would he have just as readily stated that the licensing of quacks would improve the practice of quackery?

As to the distaste for engaging in public controversy, when the author's views on chiropractic became a matter of public record, the following letter among others equally vituperative was received:

"I am certain the chiropractors will leave enough people for medics to kill even if they are licensed. A good chiropractic treatment would do you a world of good. But you medics would rather die so go your merry way - but as long as I live I shall shout of your mistakes. Do you know that an educated chiropractor does not want to be a needle pusher, a prescription pusher or a knifer--they leave that to medics--who kill and sign the death certificates. What more do you want--well here is the answer--BLOOD."

On the other side of the chiropractic controversy we find a well-organized, well-financed group of determined men who are careful to avoid submission of the claims of chiropractic to impartial scientific analysis. J. R. Verner, in collaboration with C. W. Weiant, has written a book entitled The Chiropractor Looks at Infection. On page 21 there appears the following:

"There are six criteria by which to judge the value of a therapy and estimate the relative methods of differing therapies, namely:

- Is it logical?
- Is it effective?
- Is it scientific?

Is it rational?
Is it peerless?
Is it infallible?

These authors then make the claim that chiropractic is logical because it makes no unwarranted assumptions, it is effective because people go to chiropractors, it is scientific because it "depends on the data of anatomy, physiology, neurology and pathology in analyzing every case and it uses radiography and other scientific techniques in the examination of the patient." (This last claim for chiropractic is comparable to stating that astrology is a scientific method for predicting the future because it uses certain data derived from astronomy!) These authors state further that chiropractic is rational "because it is not content to be scientific." It is peerless because it thrives on the failures of other methods. They do admit that chiropractic is not infallible but that, of course, no other healing method can make that claim.

It is doubtful that these claims for the advantages of chiropractic would satisfy the critical faculties of the average high school student. However, the chiropractors, through their chiropractic associations, have preferred to concentrate upon the political aspects of their problem and here they have been clever and successful. Through the payment of fairly substantial dues, they have a well-financed propaganda machine which has continually stressed the theme stated by Weiant and Goldschmidt that "organized medicine seeks relentlessly to stifle the development of the younger art and chiropractic seeks to survive." In other words, they have given an uninformed, somewhat gullible public the idea that the physicians, for their own selfish reasons, are trying to keep the chiropractors from their legitimate goals of acting as doctors in every sense of the word. They have turned this problem not into a search for truth versus non-truth, but a struggle between two "healing professions."

What is the solution? No easy answer is available. Certainly, public education is vitally necessary. It is also imperative that the ethic of the moral obligation of the informed citizen be strongly invoked. It would be wise to eliminate this struggle between the physicians and the chiropractors and to have chiropractic confronted with the strong opposition of lay medical groups interested in good medical care.

Finally we come to the second statement of Weiant and Goldschmidt quoted in the introduction to this essay: "The present direction of the conflict (between chiropractic and medicine) poses a serious threat to a basic human right; namely the right to a doctor of one's choice, the right to follow a course of action with respect to one's person which, according to one's lights, holds the greatest promise for health and well-being, including the right to make a mistake." How sacred is this right? What safeguards must surround this right to make a mistake? Does the general public have the right to make the mistake of indiscriminately ingesting LSD, heroin, morphine or cocaine? In reference to the choice of a doctor, it

would seem reasonable to attempt to make certain that the public has access to all available information concerning the qualifications of the practitioners whom they wish to consult. Punch, the English magazine which combines humor, satire and perceptive social insight, had something to say on this subject as long ago as 1845:

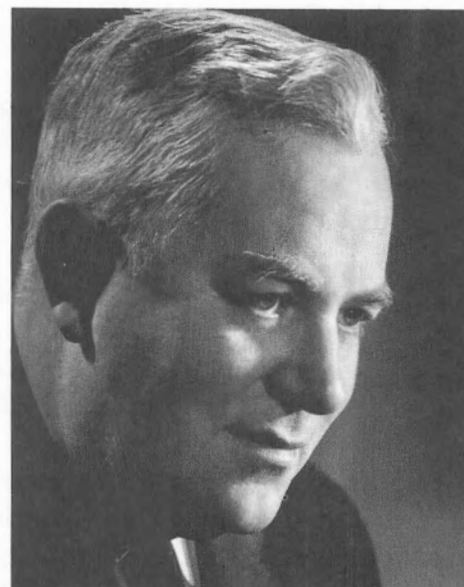
"Great outcry has been raised of late, in the Lancet and other journals, against Quacks and Quackery. Let them not flatter themselves that it is possible to put either down. The Quack is a personage too essential to the comfort of a large class of society to be deprived of his vocation. He is, in fact, the Physician of the Fools--a body whose numbers and respectability are by far too great to admit of anything of the kind. However, as there are some people in the world who are not fools, and who will not, when they want a doctor, have recourse to a Quack, if they can help it, the practice of the latter ought certainly to be limited to its proper sphere. For this end we could certainly go rather farther than Sir James Graham's sympathies permitted him to proceed last session. We would not only prevent him from assuming the title of a medical man, but we would oblige him to take that of Quack."

Perhaps with this advice from Punch we might make a beginning.

A SURVEY OF CHIROPRACTIC

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Chiropractic is not recognized legally in the province of Quebec. For around forty years, the chiropractors have been regularly presenting draft bills before the government to that end, but they have not yet gained legal status. On two occasions, the government of the day considered that the question warranted thorough investigation. In 1947, a commission of inquiry comprising a judge, a doctor, and a chiropractor was authorized to explore the case of chiropractic. This commission recommended that chiropractic not be recognized, deeming it to be a non-scientific system of treatment, useless for the most part and very often dangerous. The chiropractor on the commission presented a separate report, registering his dissent.

Despite the unfavorable report of this commission and in the absence of any legal status, the chiropractors continued to practice illegally and even increased in number. Around fifty in 1947, they had become more than 300 in number by 1963, at which time it was decided to institute another inquiry; the party in power had changed and the political climate appeared to have become favorable for a revival of the question. It is worthy of note that in all the states or countries where chiropractic is legally established, it is by grace of political pressure and not because of scientific merit. In February, 1963, therefore, the government of Quebec instituted a Royal Commission on chiropractic, but this time they nominated only one commissioner, Judge Gérard Lacroix, who presented a report in July, 1965.

The Lacroix Commission held public sessions in seven towns in the province of Quebec and invited all the interested parties and people to present their reports. Thirty-one reports were deposited and expounded, some of which were accompanied by articles and volumes. Judge Lacroix visited the Canadian Memorial Chiropractic College of Toronto, the National College of Chiropractic of Chicago, Lombard, Illinois, and the Chiropractic Institute of New York. In addition, he asked Professor Louis Berlinguet, Ph. D., Professor of Biochemistry l'Université Laval, Quebec, to visit the Canadian Memorial Chiropractic College of Toronto and the National College of Chiropractic in Lombard, and to report on the physical organization of these schools.

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He then went to Europe, notably to England, France, Switzerland, Germany and Sweden, and there met with persons (doctors, chiropractors and others) capable of supplying information suitable for completing his study or shedding new light on it.

In London, he was received by Sir Bruce Fraser of the Ministry of Health, by Doctor Robson, Registrar of the Royal College of Physicians, and by Lord Cohen of Birkenhead; in Guildford, he visited the clinic of Mr. Bennett, President of the Association of Chiropractors of the British Isles.

In Paris, he visited Doctors Brocart and Debuire, Secretaries of the Ordre National and the Union des Médecins, respectively, Doctor De Fontroget, chef du ministère de la Santé, Doctor Kourilsky, Doctor Stanislas De Seze and Thierry Mieg, rheumatologists at l'hôpital Lariboisière, and Mr. Charles Blondel, conseiller d'Etat et conseiller juridique de l'Ordre des médecins.

In Geneva, he contacted Mr. Fred Illi, chiropractor, Doctors Choquart and Probst; he communicated with Doctor F. Biedman and with Mr. Widman, chiropractor, in Zurich.

In Germany, he visited Doctor F. Biedermann and Doctor G. Gutman, the second of whom operates a clinic at Hamm, where treatment by manipulation is applied. He went to Hambourg to meet Doctor Zukschwerdt, chief of the Surgical service of the Hospital of Hambourg and frequently cited by chiropractors. In this connection, Judge Lacroix said - and I quote - : "I have the impression that Doctor Zukschwerdt has not always been quoted correctly by those who have commented on his work and that, in some cases even, his ideas have been interpreted in a manner of which he would certainly not approve, particularly with regard to diagnosis."

This vast consultation was completed by studies of other useful information in the Canadian provinces where chiropractic is legalized and by an investigation conducted among all the chiropractors of Quebec, an enquiry designed to reveal the nature of their chiropractic studies, their previous studies and former occupations.

Despite the obvious care taken to learn the truth, it can be questioned whether Judge Lacroix was capable of discerning it. Besides, on the opening pages of his report, he gives the following warning - and I quote - : "It would be proper here to recall and to bear in mind the fact that the present commission consists of, not a physician, but a man of the law. The task entrusted to him will be resolved, in the final analysis, not by a scientific thesis that is designed to settle the debate between orthodox medicine and chiropractic, but by judicial insight into this same problem with a view to eventual legislation that the government proposes to study."

It is quite obvious that had the government of the province of Quebec been interested in learning the scientific point of view and not in settling a social situation created by the fact of more than three hundred chiropractors practicing illegally in the province, it would have formed its commission otherwise. The unfortunate part is that the judge rendered judgment on a scientific question and that the biological laws that govern the health and disease of the people accord no respite to human errors, whether committed by judges or legislators.

To resume briefly the some seven hundred pages of the Lacroix Commission's report constitutes a challenge that must first be taken up to render justice to the commission, also to demonstrate its deficiencies and draw conclusions for a better future. Judge Lacroix terminated his voluminous report with these words:

"We believe it is our duty to state that this therapeutic technique (chiropraxis or chirotherapy) should not be abandoned to unrestrained practice, as is the case at present in Quebec, whether by leaving things as they are or by unavowed tolerance. This practice should be controlled and regulated and, as in other countries where the problem has been studied, we see no type of control other than legislative, which should not be just a simple prohibitive measure, generally inviting clandestineness and often creating a more serious situation than the one we wish to correct."

Judge Lacroix suggests that any eventual law establishing the legal status of chiropractors obligatorily makes provision for regulations relative to the conditions of admission to the practice itself, the actual practitioner, X-rays, professional titles, professional ethics, and publicity. In addition, he suggests that a governmental commission be created, composed of chiropractors and men of science holding a doctorate in the basic sciences taught at the schools of chiropractic. This governmental commission would control the administration and practice of chiropractic and would formulate the rules relative to student admission, the duration of the course, the curriculum, mode of examination, admission to chiropractic practice, professional titles and publicity. But these regulations, introduced in some way as an amendment or additions to the original law, must first be authorized by the Minister of Health and approved by the Lieutenant Governor in council as well as all subsequent amendments.

The report points out that the practice must be restricted to treatment by manipulation, that the use of X-rays not be permitted except by virtue of a special exam and a specific license granted by the Department of Health, independently of any license that can be granted by a chiropractic commission. All advertising will be prohibited as will any title other than that of chiropractor.

The conditions of admission to the practice of chiropractic preconceived in the Lacroix report furnish an example of the difficulties encountered by the legislator who engages himself in a field in which he is not an expert. Certain conditions suggested by the Lacroix report dealing with admission to practice, such as being

21 years of age and a Canadian citizen, furnishing proof of morality, establishing that a four-year-course of nine months in an approved school of chiropractic are copied from existing laws in other provinces or states and need no further explanations. The commission established also that the actually and illegally practicing chiropractors in the province previously held occupations very remote from being curers and that they had been admitted to chiropractic studies most of the time with very minor prerequisites. Such a situation would have been scandalous if founded in only one case for a medical doctor. Discovered with the majority of chiropractors, the fact is astonishingly easily accepted. But this is not the end of our astonishment. The inquiry commission suggested to demand as a condition of admission to the practice of chiropractic that the candidate has interned for at least one year in an accredited school of chiropractic. This internship should be under the surveillance of, not only chiropractors, but also men of science holding a doctorate degree in basic sciences. This internship should be approved by exams passed before an examining commission composed of chiropractors and men of science duly qualified and approved by the Ministry of Health. Representatives of the Ministry of Health and Ministry of Education should also be members of the examination board of the chiropractor candidates. Fortunately, medical doctors are seemingly held apart this fluttering comedy. In fact, this examination board is gathered to judge that the candidate possesses sufficient knowledge to perform a valid diagnosis that obviously goes beyond a preliminary diagnosis of palpation.

It may be interesting to follow the progress of the thinking of Judge Lacroix to reach such a difficult conclusion.

As it is explained fairly early in the report, Judge Lacroix dissociates the chiropractic doctrine from the technique of treatment by manipulation. According to Judge Lacroix, all serious people, including some chiropractors, repudiate the chiropractic philosophy or doctrine, whereas the technique of manipulative treatment is acceptable on condition that it is employed in appointed cases accurately diagnosed and by persons duly qualified to apply it. Obviously, the commissioner took care, and rightly so, not to enumerate or to delimit the indications for treatment, but he lays stress on the fact that (and I quote):

- "a) proper diagnosis is, of necessity, differential diagnosis, and
- b) the chiropractor, whose training prepares him solely for elementary diagnosis of the vertebral column, is not qualified to carry out differential diagnosis, which to us appears to be indispensable."

Chiropractors cannot, therefore, diagnose. In actual fact, we know there are not a variety of kinds of diagnosis, but the one, correct, exact diagnosis. Nevertheless, Judge Lacroix thinks, on the one hand, that chiropractic manipulation can be indicated and, on the other hand, that chiropractors from accredited schools are capable of carrying out this treatment. The judge also states that the doctors do not willingly collaborate with the chiropractors. Pursuing his reasoning, he

advocates that the chiropractors be allowed to practice their chiropractic technique, but stipulates supplementary training for diagnostic purposes. The merit of the recommendations in the Lacroix report lies chiefly in the fact that they will limit the number of chiropractors, if applied correctly. As for thinking that the chiropractors could thus pose a valid diagnosis, it is totally illusory.

It is illusory to think that chiropractors will learn clinical medicine in a chiropractic establishment where there is not one clinician capable of teaching it. Diagnosis is, in fact, the primordial medical act, which only a clinician or, often, even a whole medical team can accomplish. Judge Lacroix appears to believe that persons instructed exclusively in the basic sciences possess the necessary equipment to pose a diagnosis, when these sciences are merely prerequisites for entering into clinical medicine and the science of diagnosis. Moreover, in nearly every place where it has been legalized, the practice of chiropractic is confined exclusively to manipulation, and nothing further is permitted. That means to say that all the measures of examination essential to diagnosis are excluded. All the functions whose exploration often necessitates the administration of a chemical medication, such as renal, hepatic and pancreatic functions, are not studied; all biopsies, puncture, and numerous other tests are not permitted. Without instructors and without adequate means, badly equipped in the basic sciences, unmotivated by exact diagnosis, which he considers to be superfluous in the practice of his work, the chiropractor could become capable of posing a diagnosis, when it takes the doctor several years of study and training to accomplish this, under optimal conditions! Lastly, the Lacroix report advocates the sanction of this illusory setup by an examination, which, in itself, is illusory, where the clinical physicians, the only authorized examiners, are replaced by chiropractors, representatives of the Ministry of Education, and doctors in basic sciences, assuming that the latter will consent to this. This attitude is every bit as illogical as having doctors in botany acting as judges in engineering exams for candidates who did not study it.

What will be the outcome of the Lacroix report, nobody can say, because the elections on June 5th, 1966, brought another party to power.

It must be mentioned that the professional medical body, the College of Physicians and Surgeons of the province, did their duty and gave information to the commission of enquiry, fairly. The professional college submitted that the chiropractic theory was, not only not supported by a single scientific argument, but was, in addition, contradicted by the scientific facts acquired as much from the basic sciences as from the clinical sciences. As a result of its falsity, the chiropractic theory is of necessity sterile. Popularized at the turn of this century of scientific revolution, it has contributed nothing to science, not even to the nerves, the bones, and the joints, where it claims to have more specific applications. In practice, for the protection of the people, the healthy progress of human society, for the man in good health as much as for the man seriously or temporarily sick, its contribution always remains the same, the alignment of vertebrae. No grant

has ever been given by governmental bodies for research in chiropractic, neither in Canada nor in the United States. Chiropractic does not attract the savants.

On the contrary, the governments that recognize chiropractic do not agree to subsidize the schools, with the result that the teaching in such schools is impoverished by the absence of qualified teachers, by the paucity of teachers, and by the inadequacy of the physical facilities. The College of Physicians submitted, then, in their report that even if it were acceptable, the practice of chiropractic should not be permitted, because of the fact that chiropractors are inadequately trained and specifically, cannot carry out a diagnosis among the patients they receive. Indeed, it must not be forgotten that, for all practical purposes, what is at stake is the sick person, whether seriously ill or not, for whom accurate diagnosis is always beneficial and often imperative and for whom chiropractic manipulation can also be harmful.

Passing to the legal and social aspect of chiropractic, the College of Physicians emphasized the fact that even in places where chiropractic has been legalized, the legislator contrived to limit rather than to liberalize the practice, that these places were not truly convinced of its benefits, since during two world wars it had not been recognized by the armed forces, and that they did not subsidize the chiropractic schools in such a way as to allow for normal development. As for the three or four hundred chiropractors who have illegally installed themselves in the province, they have chosen illegality voluntarily. This could be a dangerous principle for society, to recognize the rights of those who associate themselves in order to disobey the law. The report of the College also underlines the disastrous consequences resulting from the chiropractors' treating the sick, possibly seriously ill and reassured by the false security conferred by legal recognition. Pushing this argument to the absurd extreme, it follows that if we believe in chiropractic, we should grant chiropractors the necessary subsidies for their education, to accord them beds in the hospitals, accept their death certificates, and include their diagnoses in the official statistics, etc... These points were developed in detail by the College of Physicians in a forty-nine page report that ended with these words: "The College of Physicians and Surgeons of the province of Quebec condemns chiropractic because:

- "1. chiropractic is a false theory
- "2. the education of chiropractors is below the acceptable standards
- "3. chiropractic is dangerous

"It is in no way intended, neither before the people nor before history, to share the responsibility of legally recognizing chiropractic in Quebec."

In his report, Judge Lacroix seemingly reproached the official professional body of the province of Quebec for having ignored the existence of treatment by manipulation applied to the vertebral column. However, the report of the College of Physicians dedicated several pages to this, detailing the indications, the contra-

indications, and the dangers involved, and comparing it with other methods of treatment. Obviously, this does not imply approval of chiropractic. Medical vertebrotherapy does not aim at curing any malady or malaise seated outside the treated area. The physician treats the sick by directing his efforts to the source of the disease.

The harm wrought by this false theory, and this must be borne in mind, is not to the physicians, but to the people, to the really sick. It is difficult to evaluate, but it is positive. There would appear to exist a lot of mistrust of the opinion of the medical profession in this matter. It is apparently believed the physician is protecting his own interests and his opinion is held suspect. On the other hand, the profession is liable to be reproached for neglecting any aspect pertaining to health. At this juncture, if it is felt that the problem is worth it, I think it would be advisable to interest some learned, renowned, non-professional societies in it, whose opinion could convince the people and the government. It is inconceivable that, in this day and age, shrewd politicians should, in all good faith, allow themselves to be deluded by such obvious sophisms.

According to chiropractic theory, there are some regions of the human body, particularly in the vertebral column, where nerve fibres can meet with adverse conditions, such as tractions and pressures. The nervous impulses distribution to tissues and cells would then be altered and the state of health would be decreased and establishment of disease favored. Chiropractic technique pretends to diagnose and correct those adverse conditions and bring the body back to a healthy condition. The dialectic argumentation of chiropractic is simple and straight forward but it is not according to the established facts. Judge Lacroix fell into the snare of making distinction between chiropractic theory and chiropractic technique. Chiropractic is a whole, a theory and a technique all together. Chiropractic technique is forwarded into chiropractic theory and proceeds from it. If chiropractic theory is denied, there is no more chiropractic.

Before ending, I may add that I was quite disturbed in seeing the list of very distinguished European doctors consulted by Judge Lacroix. I knew Professor De Sèze of l'hôpital Lariboisière and Dr. Kourilsky in Paris. So I wrote and asked their opinions on chiropraxy. Let me translate the last paragraph of Dr. De Sèze's letter in answer to mine.

"Anyway, I entirely approve the Quebec College of Physicians' opposition to the admission of chiropractors at the practice of their pseudo-science. If one gives chiropractors the right of treating patients, this right should also be given to radiesthesists, astrologers and fortune tellers."

Dr. Kourilsky's opinion is the same but said in other words.

CHIROPRACTIC—SLIDE FILM DOCUMENTARY

Joseph A. Sabatier, Jr., M.D.*
Member AMA Committee on Quackery



Louisiana State Medical Society has since 1918 looked upon chiropractic as a political problem. The Society has been asked to advise the legislature concerning chiropractic since 1918. I have had an opportunity to conduct a continuing study of the scope of chiropractic in order to evaluate and to advise the state legislature in recent years regarding licensure of chiropractic in our state.

About ten years ago the chiropractors apparently presented a different tack in attempting to obtain licensure in our state. They pointed out that since the origin of chiropractic, great advances had been made, that chiropractic is not the practice of medicine, that chiropractic is cried for by the people as is evidenced by the fact that they had obtained licensure in, at that time, 46 states and now 48 states. And they claimed that the people who sought chiropractic care were being deprived of their freedom of choice in selecting the health practitioner of their own discretion.

We therefore attempted to find out in what areas these people were right, in what areas these questions should be further questioned. In so doing, we attempted to find out not what is going on in the individual chiropractor's office, but we made a serious attempt to find out what is represented by the best in chiropractic, what is represented by chiropractic leadership, what does chiropractic education stand for, what is the doctrine of chiropractic, what is the scope of chiropractic, what do chiropractors claim to do, and what do they really do.

SLIDE The first thing we came across was this little insinuation in the Beaumont, Texas, Enterprise of December 18, 1955. As you see, it presents the "Chiropractic Answer to Cancer, Cancer Relief. . . Or Money Back Sensational Guarantee, Polio Treatments Free at Spears Unless Results Are Satisfactory, Multiple Sclerosis Being Mastered Through Research at Spears Hospital, Cancer Sufferers Finding New Hope Through Recent Discoveries", and then, the guarantee is presented in the upper right quadrant of the slide.

We presented this to the legislature as evidence of our concern regarding the licensure of chiropractic. It was pointed out by the chiropractors at that time that

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this is what they are against. They said licensure will upgrade chiropractic for our citizens. That this represents a serious act of an individual chiropractor and this is the type of thing they are trying to prevent.

We would like to point out that this is an ad for the largest privately owned hospital in the United States. Incidentally, it is the only chiropractic hospital existing, to my knowledge, at this time.

Among other things we have a textbook put out by a member of the staff of this hospital entitled Spears Painless System, which clearly delineates techniques for the adjustment of the skull bones of cerebral palsy children and adjustment of the skull bones of mentally retarded children.

SLIDE Chiropractors themselves claim that in 1960 there were 25,000 chiropractors in the United States. The Bureau of Census, however, showed that the actual number is 14,360. With this discrepancy, we felt that chiropractic deserved a degree of study, a degree of careful analysis comparable at least in some degree to the introspection and studies to which medical methods are subjected prior to their general adoption and application to human beings.

So we went further into the study.

SLIDE And we found out that Dean A. E. Homewood--at that time dean of the Canadian Memorial Chiropractic College, in February, 1961--had written that chiropractic had its origin in 1895 when "Daniel David Palmer adjusted the fourth thoracic vertebra of the Negro janitor, restoring hearing that had been seriously impaired for some 17 years... Palmer was a grocer and magnetic healer...." Now, of course, we are in favor of groceries and magnetism, but this is hardly a background from which to derive an entirely new system of the healing arts.

SLIDE Palmer himself states, "I am the Fountainhead of Chiropractic. I am the Discoverer, Developer and Founder of this, the grandest and greatest science the world has ever known...."

He stated this in 1910, which was reprinted in 1963 by chiropractor L. M. Rogers who, at that time, was executive director of the American Chiropractic Association, and validity of this statement was upheld in Rogers' foreword to his brochure, Forward in the Future Via Fundamentals.

SLIDE B. J. Palmer, the son of the founder, the son of D. D., in 1951 pointed out, "At one time my father studied, practiced and taught phrenology...."

SLIDE What are the basic principles of chiropractic? Upon what is founded this world's greatest science? Edwin H. Kimmel, a chiropractor, makes the clearest statement we have been able to find in 1961 in the National Chiropractic Association Journal. "The basic principle upon which chiropractic is founded is the principle of nerve irritation at the intervertebral foramen, which is caused by a subluxated vertebra."

SLIDE This is the front page of a brochure published in 1963. It was compiled by L. M. Rogers, who was at that time executive director of the American Chiropractic Association. It is entitled, Forward in the Future Via Fundamentals. In Rogers' brochure are published certain statements by D. D. Palmer out of a book published in 1910. (Incidentally, the Palmer book was republished in January, 1966. I saw this book at the Palmer Chiropractic College last month.) The Palmer book, entitled The Science, Philosophy and Art of Chiropractic is the original book from which these excerpts were made.

Rogers quotes Palmer as saying, "It must be remembered that while the basic principles of chiropractic are the same as in 1895..." and infers in the 1963 brochure that the statements in the 1910 book are valid at this time.

SLIDE Another Palmer statement, "I emphatically affirm, as I did 13 years ago, that about 95 per cent of diseases are caused by displaced vertebrae; the other five per cent, including corns and bunions, come from luxated joints other than those of the backbone." This is quoted by Rogers in his brochure.

SLIDE Again, from the same brochure, "The science of chiropractic has given us the cause of disease, a knowledge for which humanity has been hungering since the dawn of civilization." This is again Palmer being quoted authoritatively by Rogers in 1963.

I would like to point out that the chiropractors have occasionally accused me of quoting the statements out of context. I am here to assure you that if they are placed in context any more distinctly, they indict chiropractic even more severely. We think they are in context and are complete statements as such.

SLIDE One or two thoughts as proposed by chiropractor Hugh B. Logan. The Logan School is in St. Louis. This book was published in 1950, but it is in a recent catalog still used in several chiropractic schools. "Chiropractic philosophy provides that subluxation is the cause of disease...."

Incidentally, there are 13 chiropractic schools at this time.

Palmer has the biggest school; almost as many students attend the B. J. Palmer School as all the rest of chiropractic schools combined. Palmer does not list its textbooks, but this book was obtained at the Palmer bookstore. "Chiropractic principle has the vertebral subluxation as the cause of all dis-ease," and "chiropractic practice has the vertebral adjustment as the cure of all dis-ease."

SLIDE Palmer again, "The chiropractor pays little if any attention to symptoms of the pathologies. To the chiropractor there is only one disease, one cause, one cure."

SLIDE Joseph Janse, who at this time is the president of the National College of Chiropractic in Lombard, Ill., also the chairman of the Council on Public Health

of the American Chiropractic Association and in addition chairman of the Committee on Chiropractic Standardization, in the book, Chiropractic Principles and Technic, published in 1947 and used extensively in those chiropractic schools listing their textbooks, asks concerning typhoid fever: "What is the primary cause of this disease? "

He continues, later on, "The bacillus is not, however, the primary cause.... The primary cause is subluxation of the vertebrae." Janse, with chiropractors Houser and Wells, wrote this volume.

SLIDE Janse again, "Vertebral subluxations, therefore, are the cause of the production and continuance of disease. "

We think these are fairly overt statements.

SLIDE This is an interesting volume called, Anything Can Cause Anything. It is written by W. D. Harper. Incidentally, most all of these books are privately published by the author. Practically none of them is available in any public library, any medical library, any municipal library, any university library. This little volume was published a little over a year ago by Harper, who has a master's degree in engineering from Massachusetts Institute of Technology. He teaches pathology. He is the dean of the Texas College of Chiropractic.

This involves the mathematical formula you see up on the right side. It designates the proposition that disease equals health.

SLIDE This is some more mathematics. Harper points out it is obvious that disease could be any combination of symptoms or lesions arising out of any environmental irritation of the nervous system. Therefore, it could be anything. Or obviously, it could be anything. Or obviously, it could be anything over anything. Some people don't understand this.

SLIDE What is the scope of chiropractic as it is actually taught in the schools and professed by the leaders and the best of chiropractors? Speaking to legislators who have been lauded by chiropractors, speaking to patients who consult chiropractors, we have the general impression that these people have the feeling that a chiropractor is a kindly, benevolent individual who will occasionally rub a painful back or listen to the complaint of a patient who has been rebuffed by the physician and who finds solace therefore in going to a chiropractor where he can get his symptoms relieved.

What do they believe in? What do they try to do?

SLIDE This little book, Science and Logic of Chiropractic, published in 1956 but used in several chiropractic schools, as shown in 1965 catalogs, points out the indications and applications of chiropractic, "...post-traumatic cases, surgical shock, obstetrical cases (mother or child), prenatal care, the infections, the

neuroses and psychoses and all other acute and chronic conditions.... There is some kind of chiropractic care for every conceivable problem of health or disease."

SLIDE This interesting little book, put out by chiropractor Konstant Koski in 1953, contains a treatment of acute appendicitis. "First, flush the large intestine. Second, vibrate the appendix area with a heavy vibrator, and third, palpate the lumbar spine very carefully and adjust the rotated lumbar vertebrae."

SLIDE Logan, the St. Louis boy. "Inflammatory conditions such as appendicitis, ovaritis (this is a new word) or even neuritis, in their acute stages may be instantly relieved or entirely corrected by a few adjustments."

SLIDE B. J. Palmer, 1955, had the busiest typewriter in the chiropractic field. Sometimes he used it to what some people call excess. He said, "Patient can come to the B. J. Palmer Chiropractic Clinic in Davenport, Iowa, and be deaf, dumb and blind--not telling or indicating anything--and we could and would locate the cause of whatever he had; adjust him, and send him home well. It is as simple as that."

This statement astounded and dumbfounded the medical profession. To them it is impossible.

SLIDE Logan again, concerning diabetes. "More can be done to improve body chemistry by a lift strategically placed on the side of deficient support of the body... [This is a heel lift, something you slip under the heel in the shoe or outside the shoe] ...and by adjustments properly applied, than through the administration of any foreign material... [Insulin] ...in an attempt to compensate for the disturbed function of affected glands...." This is currently used in chiropractic.

SLIDE Logan again. "Double chins, pendulous abdomens, heavy, vibrating buttocks or toneless, sagging mammary glands are all due largely and primarily to distortion resulting in atony of supporting softer tissue." And further on down, "...it is a certainty that all cases of atony and prolapsis will respond to Basic Technique in the proper time."

SLIDE This is an interesting book entitled, Rational Bacteriology. I think two more letters should be added. This is apparently used in several schools. The statement is made, "Artificial immunity is both worthless and injurious." This is written by chiropractors J. R. Verner and C. W. Weiant. Weiant was quoted here this morning, as well as R. J. Watkins, who was also an author. Weiant is a very prolific spokesman for chiropractic.

SLIDE In this book he points out, "Both gonorrhea and cerebro-spinal meningitis respond readily to nonmedical methods." It doesn't say how they respond.

SLIDE In the same book, "Typhoid, diphtheria, tetanus, rabies and tuberculosis, these five inoculations should be prohibited!"

Further on, "This is all done for the sole purpose of furthering the financial prosperity of Pasteur Institute."

SLIDE This same book, "...toxoid has no effect on tetanus or its progress... tetanus, antitoxin and toxoid, along with diphtheria, antitoxin and toxoid, ought to be outlawed since they are not only worthless, but injurious."

SLIDE Getting back to Anything Can Cause Anything, and its material about psychic irritation, there is the statement, "Chiropractic corrects abnormalities of the intellect as well as those of the body." Why stop at the body?

SLIDE Back to Janse, the president of the school and important chairman of the national organization, "Careful circular finger tip manipulation over the precordium results in a definite relaxation of the coronary arteries and has been advocated in the treatment of angina and other conditions."

Also, "Contact at the base of the right big toe is frequently employed in reflexly treating the liver and the gall-bladder."

SLIDE Back to Logan. "We would say that its application is specifically indicated in pregnancy." This is Basic Technique.

SLIDE B. J. Palmer asks, "What can chiropractic do for venereal disease?"...

He answers, "We can do nothing 'for venereal disease,' but we can drive it into vertebral subluxation and we are hell on subluxations."

"What has chiropractic done for leukemia?"

"Answer: Answer 64 (the one above) applies here with the same effect." We are hell on subluxations.

SLIDE At a trial in 1949 in New Orleans, at which a chiropractor was being prosecuted for practicing medicine without a license, Ben Parker, who is identified as dean of the Texas Chiropractic College at that time, was asked, "I ask you if chiropractors would undertake to treat a case of diphtheria by adjusting the spine?"

The answer is, "Yes, sir."

In another question to Parker at the same trial, "So you have in your clinic a person who has a malignant growth and you are treating him by adjusting his spine?"

The answer is, "Yes, sir."

It is cancer they are talking about. And the answer is by a leader, a dean.

SLIDE James Drain, identified as president of the Texas Chiropractic College, was asked, "What is your theory about tetanus, Dr. Drain? Is it due to subluxated vertebra? "

Answer, "Which one are you talking about? "

"I am talking about lockjaw, the kind you get through stepping on a nail or something of that kind. "

Answer, "If you step on a nail that shocks you and subluxates the vertebra and that locks the jaw. The adjustment relaxes the subluxation and relieves it and unloosens the jaw. "

The president of the Texas Chiropractic College in 1949 said this.

This trial shown next occurred last year. Incidentally, this trial was brought by the chiropractors. The suit was filed by the chiropractors against the Louisiana State Board of Medical Examiners charging the State Board of Medical Examiners with being arbitrary, capricious and discriminatory in interpreting the Medical Practice Act in such a fashion as to require chiropractors to take the same examination as is required of practitioners of medicine. I might point out there is no law against chiropractic in Louisiana. There is a requirement, however, that those who hold themselves up to practice medicine must qualify for licensure by demonstrating the validity of their teaching in completing their education at an approved school; and secondly, by taking the licensing examination. But I would like to re-emphasize that this was their trial. They had every opportunity to present everything they had at their discretion, at their time. And in this trial, Janse showed up again.

SLIDE "What is your capacity at the National College of Chiropractic? "

"I happen to be the president of that college. "

SLIDE Question: "How does the chiropractic treat meningitis? "

The witness, Janse: "I must again resort to the explanation I have previous to this; namely the approach to the condition through the vertebral aspect, the giving of a chiropractic adjustment. . . ."

SLIDE The Court, Judge Christenbury: "What do you do with a patient while you are making up your mind as to whether he has meningitis? "

Janse again: "I would, if this patient--I would give this patient a careful chiropractic adjustment. "

This is last year. This is the chairman of the Council on Public Health of the American Chiropractic Association. This is the president of the National College of Chiropractic speaking.

SLIDE "What is the chiropractic treatment for polio? "

Janse speaking, "The chiropractic treatment for polio, in the initial stages of polio, in the prodroma, is the adjustment primarily. "

SLIDE This is again Janse. Question: "You mean you hesitate to use immunization? "

Janse: "I think persons hesitate to use the heroics of artificial immunization, especially in tetanus. "

"Well, do you use tetanus toxoid or polio vaccine on your patients? "

Now listen to this answer: "No, we do not use it. Personally, we do not use it."

This is not a ludicrous matter. This represents in the minds of many people a significant health hazard. We think that it represents it in your minds.

SLIDE "What specific centers would you adjust for tetanus? "

Answer, "To normalize the vasomotor extension, of course, you would adjust in the lower lumbar spine. "

Today's thought, today's teaching by an official chiropractor.

SLIDE Dr. Drain was asked about spinal meningitis at the 1949 trial. He said that spinal meningitis was inflammation of the spine. "It is nature's misalignment of the spinal cord which makes the inflammation. We find that chiropractors can adjust them with good results, " he said.

"Is that your recommended treatment? " was the question put to Dr. Harper at the 1965 trial.

"Yes, " Dr. Harper replied.

SLIDE Dr. Harper again. "Dr. Harper, did you hear Dr. Janse testify? "

Dr. Harper, "Yes, sir. "

"Do you agree with his testimony that he gave? "

"Basically, yes, sir. "

SLIDE Harper again. He is asked by an attorney, "In other words, I could think myself into a subluxation? "

Answer, "You could. Now, pardon me, may I say one thing. That is one of the, as a perfect example, I have suffered today from the irritation of being up on this stand. This is my first experience. I am demonstrating the fact today."

Question: "You mean you think I am giving you a subluxation? "

"Yes. "

SLIDE Again Harper. He is asked, "Could you tell us what vertebra is affected by cross-examination? "

Answer: "All of them. "

"So that the gamut of diseases is possible as a result of being a witness? "

Answer, "Chronic irritation of the nervous system. "

Question, "You could get polio? "

Answer, "It's possible. "

SLIDE This is a page from the catalog, 1965, of the Texas College of Chiropractic, showing at the top Harper as the dean. He has a master's degree from Massachusetts Institute of Technology in engineering, and he teaches pathology. There are a total of ten people on this faculty. They teach obstetrics, gynecology, pediatrics, infectious diseases, the broad gamut of human diseases. They hold themselves out to practice what we call medicine.

There is one advanced degree in this whole crowd, one recognized degree above a bachelor's degree and that is the master's degree in engineering.

SLIDE Now about chiropractic education. We hear from the chiropractors it takes longer and more study and they are more scientific than the old-fashioned medical doctors, but how long does it really take?

B. J. Palmer pointed out, "We have said before, and we repeat: Give us a student who has straight-line thinking, and in 30 days we can make him into a simple chiropractor who can and will go forth and get more sick people well than any physician, surgeon or practitioner of any other so-called 'health' profession."

We point out that whether they go to school 50 years, that aiming in the wrong direction doesn't get one closer to the target.

SLIDE This is a picture from Logan's book pointing out the before-and-after conditions in a patient who had a heart condition and ear and throat abscesses. Of interest is the fact that the heart is not shown on the X-ray, but we do know that the patient has ears by virtue of the presence of earrings.

SLIDE Occasionally, chiropractic has evaluated itself in print. Kimmel in 1964, in the Journal of the American Chiropractic Association, states, "There has not been any major contribution in chiropractic for at least 25 years, in the opinion of this writer."

SLIDE In the same article, he points out, "There is a general attitude of mistrust, fear and hostility toward the betterment of chiropractic education."

SLIDE And he further states, "Frequently to rationalize, we hear that 'chiropractic is so far ahead that we don't need to do research. Our profession is waiting for the rest of the scientific world to catch up to us.'"

Kimmel recognized this as being fallacious. He said, "Nothing could be further from the truth."

SLIDE And he points out, "If you study too much an attitude persists . . . if you study too much or know too much about the basic sciences, you can't be a good chiropractor because you will become confused by too many facts."

Dewey Anderson, Ph.D., who was director of education of the American Chiropractic Association, gave a report to that association on the issues confronting the delegates and members of the American Chiropractic Association as they seek to solve the problems of education.

SLIDE He pointed out, "At least three things are necessary: One, more adequate financial support; two, more time in which to make the necessary improvements in plant, staff and student; three, more and better research to explain and establish the nature of the chiropractic as a science and art."

SLIDE He also pointed out in the report, "Accreditation is one thing which distinguishes all the other healing arts professions from chiropractic, for it is the only one among them which does not enjoy that status."

Shortly after submitting this report, Dr. Anderson was otherwise employed. Subsequent to this, he published another book on the art of chiropractic, which was quickly bought up and circulation stopped by the chiropractors themselves since it clearly delineated the chiropractic, even more clearly than some of their other books, that today chiropractic is practicing medicine.

Is comment really necessary? Well, several specific questions, we think, have been posed by the chiropractors themselves. And we say that chiropractic

is the practice of medicine or at least attempts to be the practice of medicine, and in those areas in which it is not the practice of medicine it follows fundamentally unrealistic doctrines. Chiropractic is the practice of medicine, and the person who holds himself out to practice chiropractic as shown by these few slides practices medicine. We have hundreds of examples which are just as severe as these. This pervades their whole writing, a person who practices such a healing art actually should be licensed and qualified to practice medicine. And as far as the question of licensure in the 48 states, we can only look upon this as Dr. Blasingame pointed out when submitting testimony to a congressional committee, that licensure statutes in the several states are an attempt to control rather than a legislative recognition of the validity of chiropractic.

SLIDE We would like to point out, in addition, we must remember that any licensure carries with it perhaps an unintended but nonetheless implied endorsement of chiropractic and is in itself an additional danger. Therefore, we think that Louisiana is justified in being one of two states that does not grant the dignity of licensure to chiropractors.

I would like to point out also that there are no scientific advances in chiropractic according to our knowledge. That in spite of the fact that at this time health sciences turn out about 30,000 pieces of information a month, according to the Index Medica, practically none of this is of a chiropractic nature and the only area on which we can find any chiropractic subject matter is those areas that concern the report of calamities resulting from chiropractic treatment.

I would like to point out that the principal danger of chiropractic is not so much in what these people can do to the human spine; the human spine is a pretty tough organ if it is in a fairly decent condition. The diseased spine is indeed in danger of serious damage as has been shown by manipulations of individual chiropractors.

But we think the real objection is the fallacious philosophy with which these people are equipped, and the delay in obtaining adequate, accurate early diagnosis in people who have conditions in which early diagnosis and prompt institution of treatment can determine life or death. This does occur.

We would like to point out that chiropractic is based on testimonials rather than testimony. At this time, the educational institutions to which chiropractors have access--the only educational institutions on record for the education of chiropractors are present on the North American continent--are indeed substandard. The faculties of these educational institutions are far below the standards required of an institution holding itself out as being in a position to teach students competency in the diagnosis and treatment of human disease.

We would like to point out that it is chiropractic's job to verify the validity of its claims, to come forth with research with which to back up in some degree or total degree the validity of its claims and not rely on testimonials. I think the main

problem is a clear recognition of the fact that chiropractic is a political problem, not a scientific problem. It has not reached the scientific stage. Chiropractic is the greatest tribute to the efficacy of technically applied public relations the world has ever known. These people have been delivering a package since 1895, the sale of which depends entirely on the wrapping. The contents are not there.

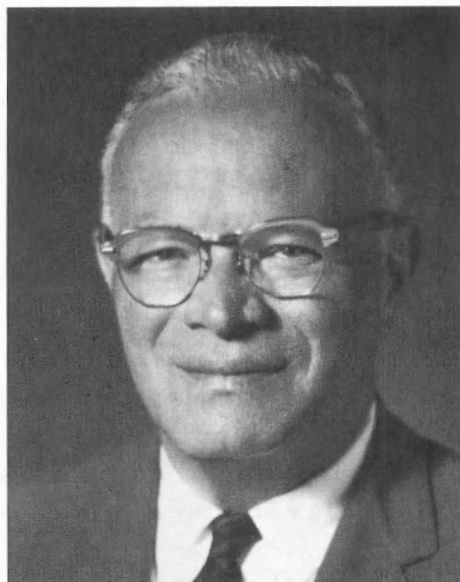
I would like to get back to this lawsuit to which we just alluded. As a result of this lawsuit, the court held, and this decision was upheld by the United States Supreme Court, that a state does have the right to demand that an individual holding himself out as being competent in diagnosis and treatment of the broad gamut of human disease should demonstrate this competence by examination, the same examination as is given to the practitioners of medicine.

On the whole chiropractic problem, I think perhaps B. J. Palmer, that extremely voluble chiropractor, summarized it much more succinctly than you or I could find anywhere else when he stated, "There can be no merger between medicine and chiropractic," and in addition he pointed out in a book of his entitled, Answers in 1952: Question, "What are the principal functions of the spine?"

Answer, "To support the head, to support the ribs and to support the chiropractor."

QUACKERY IN REVIEW

Henry I. Fineberg, M.D.*
Member
AMA Committee on Quackery



Summarizing the discussions and the deliberations of a group of experts on any subject is not an easy task. Usually the presentations are of such high quality and contain so much pertinent data that it is difficult to select the more important items. This Congress has been no exception. The papers were delivered in fine style, well conceived and replete with facts. Therefore, I find it difficult to separate the wheat from the chaff, and there has been very little of the latter.

I will attempt to pick out the highlights. I would suggest that you read the papers in toto.

It was only proper and fitting that the presidents of the two organizations co-sponsoring this National Congress on Medical Quackery should present the addresses of welcome. John Knutson of the National Health Council pointed out that since the last Congress there has been some progress.

Great emphasis, he declared, must be placed on education and efforts must be aimed at bringing appropriate information to the attention of the decision-makers. We have talked of the legislators. Governmental agencies, our allies in this fight, must be strengthened and supported strongly. This isn't easy, but these are facts well known in our fight against the quack.

Charles Hudson, of whom we are very proud at the AMA, reminded us of the two earlier Congresses on Medical Quackery. The first was held in the nation's capital in 1961 and primarily was a review of the situation at that time. And the second one, held in Washington in 1963, was predominantly a progress report. This Third Congress was designed to state specifics, the theme being, "Quackery, 1966," to inform the public that the quacks and the phonies did not go out with the river boats and the horse-drawn wagons of the medicine men.

Dr. Hudson stressed one fact, that at this congress we would have a discussion of chiropractic. Those of us who have struggled long against the quack, the cultist, the charlatan, are pleased by this turn of events.

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Dr. Goddard talked about the Food and Drug Administration, the protector of the people against fraud. The fight against quackery will continue and the folks in his agency will attempt to find new methods and intensify their ever-growing campaign to make quackery as uncomfortable and unpopular as possible.

He described various quack devices and the accomplishments of the FDA, the accomplishments against the instruments of evil, the elimination of the sources of quackery, the continued supervision and regulation of quack drugs violating the drug abuse control law and the amendments. And he described the exposure of false and obsolete advertising, improper medical practice, knowingly exploiting for profit, false clinical investigations, misrepresentations of the effect of drugs.

Mr. Deutsch talked about nutritional nonsense and fanaticism. He traced the history of food quackery which has been with us for a long time. Despite the increased knowledge of the true problem of nutrition and better education of the public, the American people continue to pour untold sums of money into needless supplements and special foods.

He pointed out that the federal agencies which have regulatory jurisdiction have been hampered by laws which permit endless footdragging. Unfortunately, for some reason or other, even the respectable public elements in our society seem not to be impressed by the convictions that have occurred. Our largest book publishers appear merely intrigued by the success of health food best sellers. The same is true of magazines and newspapers.

It was Mr. Deutsch's contention that to make an impression it takes tremendous effort and repetition. And he gave examples of what should be done.

Mr. Flemming concentrated on fluoridation. His address was delivered in a stirring manner in keeping with his high position in academic circles. He pleaded that in the fluoridation campaign, if we have to reach our citizens, we must continue to have an intensive program against our opponents and for fluoridation.

We must run advertisements in newspapers, go on radio and television, not at the time when the crisis arises, but throughout the year. We must have expert speakers who know their subject. We must develop special programs for schools.

Mr. Flemming said, let's not keep all this to ourselves and just pour it out to the folks we are trying to convince; let's talk to our opponents. I think that is important . . . if they are reasonable opponents who have some scientific knowledge of the situation and who are willing to give and take. We have to conduct a crusade, and we should let the folks know what the experts are talking about and how they think, the U.S. Public Health Service and people of that sort.

And we should tell the folks what research is being conducted by legitimate agencies.

Dr. Tullis covered a great deal of ground. I can't go deeply into his talk. It was a very scientific discussion. It reminded me, when he was talking, that everything in life that is enjoyable is either illegal, immoral or fattening.

He said the immediate cause of fat reduction was a positive caloric balance. The obese person does show a number of physiological and chemical changes, of course.

He talked to us about the weight of the human body that is the sum of all of its components, the bone, the lean tissue and fat and water. And the control of body fat is most difficult for those people who are already obese.

Devices and drugs which do not take into account the facts that he related to us lead to quackery.

Dr. Gordon was the dessert after lunch. He discussed the problem, why do people go to quacks? He showed us there is no common denominator that is applicable to all or even a portion of those who are susceptible to the lure of quacks.

He quoted from a scientific investigation conducted by Dr. Cobb, a psychologist at Texas Tech, who came to the conclusion that patients who have been detoured from conventional medicine, conventional care, fall into four categories: the miracle seeker, the uninformed, the restless and the straw-graspers.

He also talked about those who are always against something, and you know them as well as I do. The ones who intrigue me particularly are the straw-graspers, because for them I have sympathy. I don't know whether any of you ever read John Gunther's book, Death Be Not Proud. It was beautifully written.

He had a son, a brilliant son at Deerfield Academy who developed a brain tumor. Naturally, with the means at his command, he took his son everywhere and visited all the scientists we have and the men of medicine available for that type of disease.

Of course, there was disappointment after disappointment. Finally this intelligent man took his son to a quack in my own county who fed this little youngster, this brilliant boy, vegetable juices and prescribed coffee enemas. He died while he was in his freshman year at Harvard. It was very pathetic. It shows you what can happen and why you turn sometimes to the man who promises you health, promises you some results.

Dr. Gordon pointed out what some of us have known for many, many years: that when you deal with the sick and their families, it is not enough merely to make a diagnosis and prescribe treatment. You must consider the patient himself, and his disease, and the family. Unless the physician reaches that patient and unless he establishes a rapport, there are few good results he is going to get.

When I was in private practice and also recently, I always preached that a physician doesn't treat a disease, he treats an individual with a disease. There is a great difference. Because, as doctors know, patients react differently to the same stimuli, the same germ, and each case must be considered on an individual basis. This is what makes the practice of medicine so complex.

Dr. Holland had a difficult assignment, krebiozen. After listening to him I feel the problem is not over, despite the fact that the Commissioner of FDA has described krebiozen as a false tool of hope. He made this quote, that each day a person with treatable cancer relies on krebiozen is the day that brings him closer to his death.

Despite the statement of this great agency, there are some who still believe krebiozen is of great value, despite the chemical analyses and everything else.

Then we come to that very fine lady, Mrs. Rockefeller. Mr. Brice delivered the paper for Mrs. Rockefeller, in which she pointed out the basic types of quackery--two types of quackery--that are involved in the broad fields of mental health and psychological counseling. The first is concerned with moronic human behavior involving people with emotional problems who seek advice and guidance from such obvious quacks as fortune tellers, palm readers, faith healers and what have you.

It was her feeling that the only way to attack this kind of hocus-pocus is to continue education. Notice that all through the whole Congress program there is a story of education, long-range education.

Another concern is the dispensation of advice by newspaper columnists and the use of hypnotism by unqualified people. There also is the tendency of certain professions to extend their patient responsibility into areas of activity for which they are completely untrained and unskilled. She included chiropractic in this category.

Dr. Samp, the doctor of medicine, exhibited a delightful sense of humor and a keen platform presence. I must give him credit. He went where some angels fear to tread, in the field of self-analysis, the area of "physician, heal thyself."

I am reminded of what William Osler had to say about seven decades ago, as reported in Harvey Cushing's The Life of Sir William Osler. At a ceremony at which a new medical building was dedicated at McGill University in January, 1895, this man, the great disciple of the superb bedside manner, in an address, "Teaching and Thinking, the Two Functions of the Medical School" made these sage observations:

"Tis no idle challenge which we physicians throw out to the world when we claim that our mission is of the highest and of the noblest kind, not alone in curing disease but in educating the people in the laws of health,

and in preventing the spread of plagues and pestilences; nor can it be gainsaid that of late years our record as a body has been more encouraging in its practical results than those of the other learned professions. Not that we all live up to the highest ideals, far from it--we are only men. But we have ideals, which means much, and they are realizable, which means more. Of course there are Gehazis among us who serve for shekels, whose ears hear only the lowing of the oxen and the jingling of the guineas, but these are exceptions; the rank and file labour earnestly for your good and self-sacrificing devotion to your interests animates our best work."

This was the statement from the man whom many of us did not have the privilege of knowing, but who has taught us anyway.

Dr. Ladimer reviewed quackery in the areas of literature and advertising. He showed us that Americans are beset by both books and public presentations of questionable value and usefulness. If you add the newspapers and the magazine columns, you can understand why consumers are left bewildered as to what to believe and what to do.

We should not lose track of the fact that many books and articles for the layman can be truly helpful. People crave for scientific knowledge now more than they ever have in the history of our country. People want to know what is going on. They are interested, and we should play a role in telling them what is going on, telling what the purposes of our existence are.

We know there are going to be organizations and publications filled with mis-statements, falsehoods and wrong information.

Dr. Ladimer gave us a message. He feels that in the area of quackery the medical and health professions cannot just sit by and accuse. That is easy. To some degree we share the blame. There are a few licensed physicians among those who persuade people away from standard medicine. We have sinners among us and we understand that, but don't visit the sins of the few upon the many.

He pointed out that professional organizations have been lax in condemning publicly the patent falsity and the actual dangers which such books and materials and lectures may produce. He said to us, "What is the positive approach?"

We can and should share information. We can speak out, and indeed we must speak out, as Dr. Ladimer said. This takes time, interest, courage and willingness to be the subject of controversy, if such controversy is necessary.

As respected professionals, we should make ourselves freely and courteously available to publishers, advertisers and media. We must conduct an aggressive public information campaign to combat health literature quackery.

Next was a very delightful speaker, John Miner, who delivered a paper on the costs of quackery, and you know it is amazing to learn he is the only prosecutor in our country specializing in medical crimes, of which he considers quackery to be one. He probably has helped investigate and prosecute more quacks than any other prosecuting attorney in this country, or maybe in the world. His jurisdiction is Los Angeles County, which he calls the mecca of quackery.

He is well known in legal circles throughout the country, especially because of his activities in the murder case of the People vs. Phillips, to which he referred in his talk.

Mr. Miner feels that the cost of quackery can be assessed in three words-- fraud, theft, death. The word "fraud" speaks for itself. The meaning of theft is also self-evident. There is no doubt that medical quackery represents a tremendous loss to our economy. It channels an amount equal to more than 2 per cent of our national budget into the pockets of criminals.

As far as death is concerned, it is Mr. Miner's contention that, except for the public executioner, only the medical quack is permitted to earn his living by killing people. This is what he has to say:

"Whenever a quack guarantees to cure a person who must have proper medical care to prolong or save life, he endangers that life. If his false representations keep the victim from the needed treatment until it is too late, he takes that life."

Mr. Miner pleads with us that there are two areas in which we can do some good to avoid crimes of this type, legislation and, of course, education. Long-range efforts are needed, not fly-by-night efforts.

Then, we come to the program of this morning, chiropractic. These papers were grand, truly great. Undoubtedly they are still fresh in your memory. They were dynamic. I hesitate even to summarize the papers and repeat them.

Dr. Ballantine had a grand paper. You heard his definition, which he obtained from Dorland's dictionary, of what a quack is. And you know it is not much different from the one in Webster. Webster says a quack is a boastful pretender of medical skill, a medical charlatan, an ignorant and dishonest practitioner following a somewhat empiric system of the treatment of disease. Hence, he is one who professes skill and knowledge in a matter of which he knows little or nothing.

I like one statement of Dr. Ballantine's, that the confrontation between medicine and chiropractic is not a struggle between two professions, and he had the professions in quotes, rather it is more in the nature of an effort by an informed group of individuals to protect the public from fraudulent health claims and practices.

He talked about the various diseases these chiropractors treat. It is a tragic

thing that we have a law in our state of New York, and it has its limitations. But not one week passes that I don't find on my desk advertisements about what the chiropractors can do and what they can treat. They can treat diseases from A to Z. They not only treat diseases, but symptoms, cold feet, constipation, headaches, bed wetting. Wonderful, isn't it....Never worrying about the diagnosis that produces the symptoms and signs. But that is what they treat, and they get away with it.

Dr. Robillard, our friend from across the border in Canada, pointed out that this cultism is not recognized in the Province of Quebec. For over 40 years these people have been trying to gain recognition, trying to get that cloak of respectability. They have been beaten back on two occasions. The government of today considered that the question warranted further investigation. So they named a commission. That commission consisted of a judge, a doctor and a chiropractor. You know what the results were. A majority vote of two and a minority vote of one. Dr. Robillard explained to us about Judge Lacroix and what he did. Of course LaCroix came back with an answer [license them to control them] which we have seen in this country year after year.

What was important was this, that the College of Physicians and Surgeons of the Province of Quebec still condemns chiropractic because it is a false theory, the education of the chiropractors is below the acceptable standards, and most important of all, chiropractic is dangerous.

There was some discussion about the place of judges and commissions of this type. The destiny of our people is determined more by the legislative bodies and the judiciary, as Dr. Ballantine has pointed out, than by the scientist. When we were battling chiropractic licensing in New York, in the Empire State, I made the following statement and I quote:

"After watching the legislature for many years it is my firm conviction that matters of health and medicine should not be intrusted into its hands because of the specialized knowledge that one must have to adjudicate medical problems. Rather, these enigmas should be assigned to a blue ribbon council of public health, composed not only of doctors of medicine, but consisting of men of science, educators and other intelligent and informed professional people."

I still feel that way today.

I am not trying to minimize the efforts of good lawmakers; some of my best friends are lawmakers. It reminds me of the story about the rabbi who learned that five members of his congregation had been converted. They had become Quakers. And the next morning he made a very brilliant observation. He said, "Some of my best Jews are Friends."

There was Dr. Sabatier's extraordinary slide documentary. I don't think it has an equal anywhere. If that can't convince people, something is wrong. I am not a lawyer, but here we are confronted with a situation where the chiropractors, by their own words, their own text, their own expressions of philosophy, their own teachings, indict and convict themselves.

They prepared the finest case anybody could prepare against themselves. They have done everything but pass sentence, and I hope some day the people will do that for them.

Everybody in the health field knows that medicine consistently has been opposed to all bills and laws which would license chiropractic. We have been fighting against this type of quackery for many years, both politically and scientifically. Is it not the duty of the medical profession to protect the health and welfare of all our people? This is preventive medicine. We should be interested in prevention as well as cure.

What we have done in our battle everywhere is not a struggle for self-aggrandizement of the doctor. This is one area where we can't be accused that we are doing something because we are going to lose money. This is the people's fight, not our fight. But we have to be a part of it.

Now, the time is here to summarize the summary. Quackery is as old as time. Someone, and I don't know who it was, once called it the world's second oldest profession. If you can call it a profession, I don't know. But today there is still a great need to inform the people about the dangers of cultism and quackery.

It is a sad commentary that in this modern age of medical miracles fraud and deception still persist.

It is difficult, of course, to obtain accurate figures, but the experts tell us, and Mr. Miner remarked about it, that it is estimated that the American public spends billions and billions of dollars each year on useless cures, mechanical gadgets, food fads and other quackery devices.

No one can claim immunity from quacks. But when the mechanics of quackery are understood, the often dangerous and always expensive merchants of deceit usually can be avoided.

The war is still with us. We must be ever vigilant against quackery, cultists, charlatans, call it what you will. We can't stop, we must be alert always, all of us. Medicine, the allied professions, the voluntary health agencies and informed people everywhere must unite to thwart the efforts of a common enemy whenever and wherever it rears its ugly head.

Against a quack, our best offense is attack. Our major weapons are two, education and enforcement. We must make continuous, effective use of both of these.

There is no doubt that the purpose of Congresses of this type is to continue to conduct a nationwide campaign dedicated to the exposure and the eradication of the menace of quackery. This is a very simple expression of purpose. It is only a few words. But packed in it is a declaration of noble intention which should not be taken lightly. It can be as important to the health and welfare of our people as our fight against disease.

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