

National Health Federation



BULLETIN

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**AMERICANS CRUSADING FOR
HEALTH LIBERTY**

Drugs May Damage a Baby's Brain

DALLAS, Texas, March 21, 1960—New methods for preventing brain damage, cerebral palsy and severe mental retardation - - by a more cautious use of vitamin K and anti-infection drugs in newborns - - were reported here this week.

The new concepts in prevention of kernicterus (severe jaundice of the brain in newborns) - - so fresh that most of them have not yet been published in the medical literature - - were outlined by Dr. Robert E. Cooke of Baltimore, Md.

Dr. Cooke is pediatrician-in-chief at Johns Hopkins Hospital. He spoke before the Dallas Southern Clinical Society's 1960 Spring Conference in the Statler Hilton Hotel.

The doctor pointed out to newsmen that Kernicterus is the cause of perhaps 90 per cent of the athetoid type of cerebral palsy. It is also a cause of deafness and extreme mental retardation. Kernicterus results, he explained, when Bilirubin (a yellow pigment of red blood cells) deposits in the baby's brain.

The cause of many cases of kernicterus has been one of medicine's big mysteries.

At Johns Hopkins, said Dr. Cooke, Dr. William Zinkham has shown that vitamin K, which is given routinely to newborns in most medical centers to prevent bleeding, can cause kernicterus if given in big doses. Even small doses of standard vitamin K can cause kernicterus in infants with certain red-cell enzyme defects, said the doctor. Negroes are especially susceptible to this defect, he said.

On the happy side, Dr. Cooke reported that his associates have been experimenting with a new form of vitamin K

. . . Kenekion, by name . . . which appears to have no kernicterus causing effects at all. "We think this will make it perfectly safe again to give babies the K they need to keep from hemorrhaging."

Bleeding is a particular danger to premature bodies, he noted, and can itself produce brain damage - - hence the use of vitamin K.

Dr. Cooke also reported that certain drugs given to prevent infections in newborns - - aspirin and some of the sulfas, and a drug used to stimulate a newborn's breathing - - act to increase Bilirubin and thereby boost the danger of kernicterus.

Another Johns Hopkins associate, Dr. Gerard O'dell, has shown how these drugs act to cause brain damage. Ordinarily bilirubin particles are carried around hitched to proteins in the blood. But the anti-infectious breath-stimulating drugs can loosen this attachment, permitting the bilirubin to leak from the blood into the brain.

"We must use these drugs with extreme caution in the first two weeks of life," he said. Dr. Cooke noted that the best known cause of newborn jaundice - - Rh blood incompatibility of parents - - has been brought under good control by giving the baby a complete transfusion of new blood after birth.

YOU CAN HELP BY . . .

1. Paying Your DUES
2. Making a DONATION
3. Getting a NEW MEMBER.

STAMP OUT Opposition to Health Liberty with N.H.F. LIBERTY STAMPS!

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The

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NHF Backs Gamble Appeal on Vaccination to High Court

The Tennessee Supreme Court having upheld the conviction of Ben Gamble who refused to permit his children to be injected with Salk vaccine, an appeal to the United States Supreme Court is planned by friends and supporters of the Gamble family.

National Health Federation was among the first to publicize this case, and at the time urged members to send Mr. Gamble a quarter—or more.

With this new development, National Health Federation has decided to act as a collection agency for funds to carry the Gamble case to the Supreme Court.

Demands upon the purses of those fighting for health freedom are manifold, we know. But here is an opportunity to perhaps obtain a ruling by the highest court in the land on the issue of compulsory vaccination.

National Health Federation believes this is a vital matter, calling for spontaneous, positive action on the part of every red-blooded citizen who cherishes the right to do with his body as he wishes, not as he may be told by an organization which stands to profit handsomely by the compulsory inoculation of millions upon millions of children.

The nation is learning, thanks to the Kefauver Committee, about the con-

scienceless pricing system of the big drug makers. This would seem to be an appropriate time to go before the high court with an appeal for justice—and the right of the individual to make his own decision as to whether he wants his blood stream tampered with.

We therefore urge that members and friends who are able, donate a dollar bill (or as many as you wish) to help pay the costs of appealing the Gamble case. Send contributions, identified "Ben Gamble Fund," to National Health Federation, 709 Mission Street, San Francisco 3, Calif., and we'll see that they get to Mr. Gamble in Edenwald, Tenn., or mail the money direct to him if you wish. *The important thing is raising the money.*

"I believe I am the first person to have been arrested for taking the stand I did," Mr. Gamble declares. "Were it not for the financial support of several thousand people over the country who believed in my cause, I never could have fought this battle. I would have had to raise the white flag of surrender. We were somewhat doubtful about getting justice here, and I am glad to say my friends tell me they'll help toward presenting the case to the U. S. Supreme Court."

About the time the Gamble case was making headlines, not only in the United States but in other parts of the world, the news came out that despite the compulsory vaccination law in North Carolina, polio quadrupled in that state in 1959. Morris Bealle's Capsule News revealed in a recent issue that in 1959 there were 4.23% times the polio cases in North Carolina than in 1958—before the compulsory vaccination law was in effect.

The State Board of Health in North Carolina revealed that in 1958 there were 74 polio cases, 37 of which were paralytic. In 1959 there were 313 polio cases, 270 paralytic.

Said Capsule News: "Dr. Fred T. Foard, chief epidemiologist, was frank and honest with us. His figures showed that 147 of the 1959 cases (47%) had 'had their shots.' This despite declarations of U. S. Public Health Service that Salk vaccine has 'wiped out polio.'"

"The North Carolina Salking law is drastic. It can jail or fine any parent or teacher who lets a child go to school that hasn't been Salked. (The same as in Tennessee.) Exceptions are the Amish, Dunkards and Mennonites whose religion balks against interfering with God's work by polluting blood streams. There are few in North Carolina. Or where the family doctor is intelligent enough to know what Salking can do to a child's health, and certifies to that effect. There are few of these in North Carolina . . .

"It has been published, time and again, that diet, and diet alone, causes polio, as pointed out by Ben Sandler, M.D., of the Oteen Veterans Hospital, in his book. He warned the Tarheel denizens to cut down on frozen sweets, soda pop, etc., in hot weather. The people did, and in 1949 (State Health Board figures) polio cases dropped to 229, a 90% decline from the 1948 figure of 2,498. But, sales of polio-causing sweets also dropped 90%. Could anything be clearer? In 1950 children again made garbage pails of their stomachs and polio cases came 'back to normal.'"

ANOTHER FUND?

United States Public Health Service says a new program of medical research is being aimed at Mongolism. They describe it as "a severe form of mental retardation which afflicts more than 35,000 infants born in the United States each year.

New pamphlet being published, "Mongolism - - Hope Through Research," reveals facts about these poor unfortunates, in the main, already quite widely known. It shows for example, that most "Mongoloid" births occur most frequently with mothers over 30. The rate rises with the increasing age of mothers and reaches as high as 2 or 3 per 100 births in women over 45. The proposed research indicates nothing more than the same typical, roundabout medical procedures. This syrupy sentiment embellishes the leaflet, "Investigators will be satisfied with no less than the conquest of Mongolism."

SUGGESTED WORDING FOR WILLS

For the convenience of those who wish to incorporate into their will a bequest for unrestricted use in research and the general work of the National Health Federation.

I give, devise, and bequeath to the National Health Federation, a corporation, located in San Francisco, California, the sum of \$..... (or property herein described) to be used by its Board of Governors, as they deem advisable for the benefit of said institution and its program.

Should the donor desire to create a Memorial Fund, insert after "Property herein described," *the same to be known and designated as "the Memorial Fund."*

Washington News

By HAROLD EDWARDS
Director N.H.F. Washington Office

CANCER CLAUSE DEBATE

What was intended as the final phase of the color additives hearings, April 5 and 6, before the House Commerce Committee under Chairman Oren Harris, has come and gone without a clear cut decision. The 2 days of panel discussion were arranged so as to hear from the "experts" on carcinogens.

This part of the congressional hearings procedure was arranged by the Chairman based on his stated desire to prepare the way for final action on the 2 color additives bills under consideration. The move was dictated by the necessity of providing dependable opinion on the crucial question of whether to permit known or suspected dangerous coal tar colors in food and cosmetics.

Here turned out to be an actual sample on display of the famous phrase, "when experts disagree"! Among the 12 authorities invited to participate in this important quest there were, at times, as many as 11 varying opinions on a wide number of technological points. The single example of consistent agreement was that of Dr. C. B. Mider, Associate Director of the National Cancer Institute, and Dr. H. L. Stewart of the same organization. Both expressed themselves clearly in favor of H.R. 7624 with the Delaney Cancer Clause included.

The lack of that consistent agreement on several vital carcinogenic factors seems to have moved Chairman Harris to consider calling back Secretary Arthur Flemming and his staff of cancer experts for further discussion. That, at least, appeared to be the final word at the closing session on the second and final day. (Flemming made lengthy statement in January).

In the widespread rumblings across the length and breadth of the "Chemical World," a new set of terms has been

invented to mould and reshape public thinking on the carcinogen question. Thus arrives on the cancer scene new offspring of the medical terminologist, "weak carcinogens" and "strong carcinogens."

Clever apologists have now been furnished new tools with which to attack the stability of the highly protective Delaney Cancer Clause. For them has been created another diversionary means by which they may be planning to inject indecision and uncertainty into the minds of the hard pressed deliberators. From such scientific confusion they may be hoping to revise or weaken what is considered by most to be a constructive advance in food protection.

Some Scientific Ruminations

Some scientists who claim to favor the Delaney cause, try to justify the use of weak carcinogens in special categories on several grounds. They insist, strong carcinogens are not in question. At the same time they admit that under our present state of knowledge, it is not possible to say with absolute assurance that even a small dose of a weak carcinogen will not incite irreversible cellular changes that can lead to cancer long after exposure.

Spokesmen are agreed on one point, that with an ordinary toxic substance, effects show up quickly, and are reversible. Thus a threshold of safety for such a substance can reasonably be determined, they say.

It is admitted that with a weak carcinogen, however, the long latent period and obscure response make the setting of a threshold practically an impossibility. They suggest that many more animals must be treated for much longer periods (7 or 8 years), before reasonable estimates of hazards may be made. But even in the face of so many uncertain-

ties, they are predicting this present scientific panel will be able to agree on satisfactory, revised versions of the Delaney Clause.

AGRICULTURAL ORTHODOXY

United States Department of Agriculture reports that self-annihilation of insects by chemical sterilization, which prevents reproduction, is being tried in experiments by their scientists as a means of controlling house flies and fruit flies. Compound being experimentally used to sterilize flies is a modified glutamic acid. Trials are reported to have shown that concentration of as little as 1/100th of 1% added to a food for laboratory reared house flies has prevented egg laying or hatching, and 1/2 of 1% in single feedings will cause permanent sterility in female flies.

Experiments indicate soil treatment may eventually replace tree spraying to control plum curculio in peach orchards. Department of Agriculture entomologists spread the 3 powerful chemicals, Aldrin, Dieldrin and Heptachlor on ground under trees in the Spring at rate of 2 pounds per acre and mix with top layer of soil. Treatment is claimed to control curculio (*Conotrachelus Nenuphar*), by killing pest before it could emerge from the ground.

In 1958-159, consumption of primary nutrients - - nitrogen, phosphate and potash - - rose 13.6% in United States during year ended June 30, 1959, according to U.S.D.A. Increase of 11.7% in tonnage of fertilizers used was also recorded. The 7,396,000 tons of primary nutrients contained in 25,143,000 tons of fertilizers used during year was 884,000 tons more than 1957-58. Mixed fertilizers made up 63.3% of total tonnage consumed - - first time since 1952 increase was recorded in use of mixtures.

Department of Agriculture reports that cash receipts to farmers from marketings were down 2% in 1959. The Commodity Chest Corporation program designed to strengthen farm income shows that as of January 31 government investment programs amounted to \$9,-

239,499,000. As of January 31, 1959, investment was \$9,020,101,000. Figures are investment and do not refer to cost of carrying the program.

During the recent White House Conference on Children and Youth, one topic of discussion was devoted to problems of children now growing up in rural areas. It was disclosed that with scientific advances that reduce need for manpower, less than 15% of young people growing up on farms today will stay there in an ownership or managerial capacity.

Some Falls on Ground

Weed Society of America in annual meeting in Denver, February 25, entertained Mr. Justus C. Ward as speaker, coming from his post as head of the Pesticide Regulation Division of United States Department of Agriculture. Theme of his talk was on the need for careful and wise use of herbicides as valuable chemical tools.

The speaker warned, there are still unresolved problems in the use of some herbicides because of the places where they must be used, types of formulations in which they are available, and means by which they are applied. Example of the first is the need to develop chemicals to kill weeds in dairy pastures that won't leave residues in the milk.

Herbicides must be registered with United States Department of Agriculture under the Federal Insecticide, Fungicide, and Rodenticide Act of 1947, Mr. Ward explained, and registration is withheld if tests show they leave residues in milk. Perhaps the outstanding problem facing users of herbicides as well as other classes of pesticides, is how to apply them, according to the speaker.

(How about training and licensing farmers, same as pharmacists, doctors and others who deal in lethal poisons?)

Dwindling Freedoms

Secretary Benson of Agriculture recently stated before the convention of the National Peach Council, in Washington. (Continued on Page 15)

With N.H.F. Washington Counsel

CHARLES ORLANDO PRATT

1012 - 14th Street N.W., Washington, D.C.

Aims and Purposes of The National Health Federation

The aims and purposes of the National Health Federation are, and always have been, to promote the public health; to further the best interest and general welfare of the doctors engaged in all of the healing arts professions, the health food stores, the health organizations, drugless practitioners, physical therapy organizations and all industries producing and selling good legal health products, which are willing to cooperate with National Health Federation programs.

The National Health Federation has for one of its objects the elevation and maintenance of high ethical standards in the healing arts professions, in the distribution of dietary food supplements, natural foods and the adherence and compliance with applicable health and food laws, rules and regulations, state, local and federal.

National Health Federation will always direct and foster a correct and enlightened public opinion on the value and need for many methods and procedures in the practice of the healing arts.

National Health Federation will provide for united and frequent expressions of the views of its members. It will encourage friendly emulation and social intercourse among the members; secure prompt and concerted action in all matters of common interest to the members and the professions.

National Health Federation will encourage further education of those in their professions and related health activities.

National Health Federation will provide a forum in which the views of its members can be expressed effectively.

National Health Federation has for one of its aims the encouragement of

scientific research in all the fields of health.

National Health Federation will maintain a close and friendly liaison with governmental agencies charged with the enforcement of Federal, State and local food, drug and health laws and with the administration of laws affecting professional licenses to practice a recognized healing art and licenses to carry on business relating to health foods.

It will attempt to work out broad programs for facing problems confronting the doctors in national and state legislative matters, and in advising when practical, with persons and groups concerned with court actions, state and federal.

The National Health Federation will cooperate with all legitimate groups and organizations for the purpose of coordinating health activities.

National Health Federation will, when requested, help to acquaint the doctors and others with the importance of their knowing the laws under which they practice, and of their knowing the legal significance of the absence of state legislation concerning their professions.

Defense Policy

It is the policy of the National Health Federation to cooperate in the defense of those subject to civil or criminal actions on the theory that an unfavorable or unreasonable court decision in one state sets a serious roadblock or legal precedent that could be unnecessarily harmful to those engaged in the same healing arts field or profession in other states.

Request for Aid

It is necessary that any individual or state organization of National Health Federation present the request for advice to an official of the National Health Federation together with all the facts

involved. The National Health Federation official will then consider the advisability of submitting the problem to its Washington counsel for consideration and recommendation.

Compliance With Letter and Spirit of Applicable Laws

It is of course necessary to carry on your business or profession under and in compliance with the applicable federal and state food and drug laws, health laws, and professional license laws; but when there is an honest and practical difference of opinion concerning a legal or administrative action by governmental agencies, then, in that event, your officials and your Washington counsel will aid you in every legitimate and legal manner to sustain your position.

Cooperation With Government Officials

However, it is the policy of our officials to cooperate with government officials in a friendly and courteous manner, even in matters of disagreement, on the ground that we can accomplish more effective and favorable results for our members by doing business with these officials on a friendly and firm basis pending the outcome of the decision on the matter.

We must show respect for the government position to which we disagree, in order to obtain and retain the government's respect for our honest, contrary position.

Difference in Practice Theories Cause Legal Action

Recently in the State of Wisconsin, and more recently in the State of California, chiropractors, their officials and boards have caused other chiropractors to be brought to court on charges of practicing medicine without a medical license; and frequently, the blame for the court action is placed on medical associations and societies who cooperate with the prosecution at the request of the chiropractors and their boards who desire to restrict the practice of chiropractic by their professional competitors. In Wisconsin, the Supreme Court

decided the rules of the Wisconsin Board of Examiners in chiropractic should govern. In California the Court affirmed the finding of the Board of Chiropractic Examiners.

In view of the foregoing, it is urged that all professions in the healing arts field work together for a common cause with a program of high ethical practice and procedures.

The most efficient way in which to broaden the professional rights under a license is to request the top doctors to work for higher educational requirements and standards, and at the same time work for state legislation that would provide for a broader practice license. **Work on a positive program of betterment—STOP the negative, defensive or hate program.**

Wisconsin "Grayson" Case

The Circuit Court in the Grayson case in Wisconsin upheld the chiropractors' right to dispense in original packages food supplements and vitamins for nutritional purposes to balance the patient's diet.

California "Sheets" Case

The municipal court restricted the chiropractors use of drugs listed in *Materia Medica* for which therapeutic claims were made. Nutritional supplements used only to balance diet were not prohibited.

Charles O Pratt
National Health Federation
Washington Counsel

Ready for Early Birds!

"We're starting early to gather articles for the 1961 NHF Bazaar," says Mrs. Al Rainey who again will have charge of the event to be held in connection with next year's Los Angeles convention. A "big success" this year, many said they would have contributed something had they known about it earlier. Packages for the 1961 Bazaar should be mailed in care of Charles Crelius, 142 East Altern, Monrovia, Calif.

Statement of Dr. Haskell J. Weinstein to Anti-trust and Monopoly Sub-committee of the Judiciary Committee of the U. S. Senate

(Dated February 25, 1960)

I am a physician, 38 years old; director of the Chest Hospital at City of Hope Medical Center, Duarte, California. For approximately one year preceeding this I was employed by a large pharmaceutical company.

A major justification for the high prices of many prescription drugs has been the well publicized expenditures of funds by the pharmaceutical manufacturers for what has been labelled "research." This activity has been emphasized to the public and to the medical profession by rather grandiose, self-serving slogans, such as, "Science for the World's Well Being," and "Research in the Service of Medicine." It is difficult to escape the apparent fact that many of these research activities are directed toward promoting private gain.

How It's Done

An example of such questionable research has been the molecule manipulation intended to by-pass patents and other priority rights, which has resulted in a flood of "me-too" products. Many examples of such molecule manipulation are available. It must be granted, of course, that occasionally some slight improvement in a drug has been achieved, but most often the only change has been an increase in potency or "horsepower." The actual added benefit to the patient has been negligible.

Another type of doubtful research has been the development of a multiplicity of drug combinations. Rarely has good medical rationale been the basis of these combinations. Indeed, such combinations can be detrimental to the patient because they lack flexibility and can compound the problems of dosage and toxicity. Despite advertising to the contrary, it is rarely possible to achieve an ideal drug regimen with a fixed combination of drugs.

Still another type of activity which has been called research but is even more remote is the "battle of the additives," particularly prevalent among the tetracycline (another of the mood drugs) manufacturers. Fantastic amounts of effort and money have been expended in attempting to prove that the addition of certain chemicals, such as citric acid or glucoseamine (a type of sweetener) are of significant benefit to the patient. The "proof" has frequently been in the form of tortured statistics or vague "clinical reports." These expenditures are probably legitimate expense, however, in fairness to the public they should be classified not as research but as product development, process development and promotion.

Slick Sales Methods

In reference to promotion, it should be mentioned that a great many clinical studies are carried out and extensively supported financially for the sole purpose of producing allegedly scientific articles at regular intervals. These articles are published and actively keep the name of the drug before the medical profession. Reprints of such articles are considered invaluable for detailing the product to physicians. I suspect that the sales manager and his detail men feel naked if they don't have reprints available to give the physician. It is considered essential to have, whenever possible, a steady stream of reprints appearing at regular intervals long after the drug has been originally studied and marketed. Unfortunately, few competent investigators will bother studying a drug which has been available for a long time, unless some unusual or unsuspected application comes to light. There are too many new drugs clamoring for attention.

It may be of interest to the Committee to know that a substantial number of the so-called medical scientific papers that are published on these drugs are written within the confines of the pharmaceutical houses concerned. Frequently the physician involved merely makes the observations and his data, which sometimes are sketchy and uncritical, are submitted to a medical writer employed by the company. The writer prepares the article which is returned to the physician who makes the overt effort to submit it for publication. The article is frequently sent to one of the journals which look to the pharmaceutical industry for advertising and rarely is publication refused. The particular journal is of little interest inasmuch as the primary concern is to have the article published any place in order to have reprints available. There is a rather remarkable attitude prevalent that if a paper is published then its contents become authoritative, even though before publication the same contents may have been considered nonsense.

Science On The Double

I was involved in a situation which will, I believe, describe the relations between the pharmaceutical house and the publisher. I was assigned the task of writing a paper on a new formulation of a broad spectrum antibiotic. I was informed that this paper had been accepted for publication and the 100,000 plus reprints were ordered before I finished the writing assignment. The paper, of course, was published exactly on schedule, which incidentally was within a few days of the introduction of the product on the market. In contrast, scientific papers I have written have waited many months for publication.

Of further interest, may be the existence of a journal recently founded, called "Current Therapeutic Research" which appears to be devoted entirely to pharmaceutical promotion. It accepts no advertising as such, however, there is a fee per page for any article published and publication is very prompt. The

publisher's major source of income, presumably is the lucrative reprint market.

No Freedom of Choice

The consumer of drugs, the patient, has no free choice whatever as to whether or not he will purchase the drugs that have been prescribed for him by the physician. He can decide not to buy the prescribed drugs but then he isn't following the advice he is paying for. The law usually requires that the specific drug described be the one sold by the pharmacist. As a result we cannot apply the same logic nor rules of the market place when we talk of drugs as we can for refrigerators. It is impossible to conceive of anyone specifying the particular brand of refrigerator one must purchase.

The entire promotion and advertising program has been directed at the physician in recognition of his special role. He has been taught, one might almost say brainwashed, to think of the trademark name of the drug at all times. Even new disease states have been invented to encourage the use of some drugs. He has been exposed to remarkably little information concerning the efficacy of the drugs he is asked to prescribe. He is given practically no information as to the cost of the drugs to his patients. Instead he is seduced with gimmicks of all sorts in an attempt to make him loyal to a particular company or a particular drug, relatively little attention being paid to the merits of the drug in question. Thus the patient, who not only must buy the drug, but is also expected to use it, is often exposed to drugs which have been incompletely evaluated, and which not infrequently are hazardous.

Magazine Prescription

In addition to the constant stream of promotion applied directly to the physician, there is a rather intense effort made to reach him through the patient. It is an unfunny joke in the medical profession that the very latest information on new advances in medicine most often appears in the eminent medical

journals such as "Reader's Digest," "Time" and the "Wall Street Journal." Some of this is legitimate good reporting. However, much of what appears has in essence been placed by the public relations staffs of the pharmaceutical firms. A steady stream of magazine and newspaper articles are prepared for distribution to the lay press. These may take the form of so-called informative or background articles on conditions such as allergies or edema. Buried within the article there is often a brief paragraph mentioning that a great new drug has been discovered and manufactured by Company X, and the name of the drug is supplied. The article doesn't say the reader should rush to his physician and demand the drug, but the implication is usually clear. And, of course, there is nothing to show where the article originated.

Sales Come First

There is no reason to believe that physicians are any less susceptible to the delicate arts of advertising and public relations than the average intelligent citizen. To make matters worse, physicians are subjected to an almost unbelievable barrage from these sources. Their problems are further multiplied by the fantastic number of new drugs appearing constantly. Many of these are marketed before definitive information about them is available. The physician's problems are complex and it is unfair, even impossible, to demand that he bear almost the entire brunt of the defense of the patient from such an overwhelming onslaught. The pharmaceutical manufacturer should assume the burden of proof that his product is exactly what he says it is, and further that it will do what is claimed for it.

The final responsibility will always be the physician's and cannot be shared. However, it is essential that he be given the best possible information in a reasonable, adult manner.

Efficacy of drugs is a very difficult area of study. There is a common misconception that under our present laws the Food and Drug Administration de-

termines efficacy of drugs before they are put on the market.

The Food and Drug Administration does not attempt to verify the claims made for any particular drug if the indications have been studied and the broad tolerance and safety limits have been established. The manufacturer is required to carry out the efficacy studies and this he does through the services of medical centers and physicians throughout the country. Of course, frequently excellent investigators are involved and careful objective studies are done. On the other hand, a number of drugs have been put on the market with efficacy claims based on extremely meager and unobjective observations by people not truly qualified to make such observations. Also, there is absolutely nothing in the law to prevent the manufacturer from completely ignoring unfavorable reports.

One company in its advertising for one of its products blithely states that there have been over 200 reports in the literature about this particular drug. They neglect to say that 60% are not entirely favorable or pertinent. Food and Drug does not determine the qualifications or objectivity of the individuals who provide the data on which the drug applications are based. Very meager and uncritical observations have been allowed to serve as justification for granting permission to advertise and market drugs for life threatening conditions. Such uncritical action is potentially dangerous, especially if it encourages the use of an inadequately studied drug to supplant a proven and effective agent.

(To be continued)

Save These Dates

JULY 14, 15, 16, 17

The National Health Federation will hold on these dates its 4th Annual Eastern Convention. The program planned will be the best you have ever attended. The place will be Toledo, Ohio, at the Hotel Commodore Perry. The speakers are the best in their field.

GOOD BOOKS

FOR YOU . . . FOR FRIENDS

TITLE	List Price	TITLE	List Price
American Fluoridation Experiment— Dr. Waldbott & Exner	\$3.75	New Light on Cancer (A)—F. DeCaux Nutrition & Physical Degeneration— W. A. Price, D.D.S.	3.00 7.50
Applied Nutrition—H. F. Hawkins, D.D.S.	4.50	Nutrition and Soil—Dr. L. Picton	4.00
Are Doctors Really Inhuman—G. B. Shaw	2.00	Open Door to Health—F. D. Miller, D.D.S.	3.95
Bacteria, Inc.—Cash Asher	1.50	Our Daily Poison—L. I. Wickenden Philosophy & Science of Health— E. Rogers, M.D.	3.00 5.00
Bats, Mosquitoes, and Dollars—Campbell	4.75	Poison on the Land—J. Wentworth Day	6.00
Better Bread For Better Health—J. I. Rodale	50	Practical Endocrinology—Harrower	7.00
Bipolar Theory Of Living Processes— G. W. Crile	6.00	Primer of Cardiology (The)— G. E. Burch, M.D.	5.50
Birth of a Science— Dr. Wehl, Rewinkel, Reilly	3.00	Protomorphology— Royal Lee, D.D.S. & Wm. Hanson	8.50
Body Chemistry in Health & Disease— Dr. M. Page	3.00	Pulse Test (The)—Arthur F. Coca, M.D.	4.95
Body, Mind, and Sugar—E. M. Abrahamson	2.95	Raw Juice Therapy—J. B. Lust	3.00
Cancer Blackout (The)—M. Natenberg	4.00	Soil Fertility & Animal Health— Wm. A. Albrecht	3.98
Cancer Therapy (A)—Max Person, M.D.	8.50	Studies in Deficiency Disease— Sir R. McCarrison	3.00
Case History of Sigmund Freud—M. Natenberg	3.95	Three Years of HCL Therapy— B. Ferguson, M.D. & Guy	3.00
Cider Vinegar—Cyril Scott	1.00	Tomorrow's Food—Rorty & Norman	3.95
Cooking With Whole Grains— Ellen & Vrest Orton	2.00	Triad Disease (The)—N. Philip Norman, M.D.	4.75
Degeneration—Regeneration— Dr. M. Page D.D.S.	4.50	Ulcerative Colitis—N. P. Norman, M.D.	3.50
Doctor Business (The)—Richard Carter	4.00	Vitamins in Medicine— Drs. Bicknell & Prescott	13.00
Don't Eat That, It May Be Poison— John Cullen	50	Web of Life (The)—John H. Storer	3.00
Drama of Fluorine (The)—Leo Spira, M.D.	2.00	Wheat for Man—Why & How— Rosenwall, Miller, Flack	1.00
Electro Radio Biology Excerpta	2.00	Wheel of Health—G. T. Wrench	2.00
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NATIONAL HEALTH FEDERATION BULLETIN

'Voice of Patient' Speaks Out, and Doctors Take It

By GEORGE DUSHECK
News-Call Bulletin Staff Writer

A Ford Foundation official gave the medical profession polite hell at the opening of dedication ceremonies for the new multi-million-dollar Stanford Medical Center near Palo Alto today.

Faculty members, staff physicians, and Stanford administrative officials listened meekly—if for no other reason than that the foundation has given the university \$3,100,000.

The speaker, who called himself "spokesman for the patient," was William McPeak, vice president of the foundation.

He was invited to speak by the dean of the medical school, Dr. Robert H. Alway.

Amid the din of public campaigning for medical research, of quarrels over medical education and medical economics, of claims by organized medicine to be the final arbiter of all things medical, McPeak invited his audience to listen for "the small, frantic voice of the patient."

The patient, he said, has too little voice in his own medical care. This has led to ills that mar the U. S. claim of "the finest medical care in the world."

Said McPeak:

"In medical care the patient is always the layman, dealing with the expert on the expert's own ground.

"Furthermore, he acts alone.

"He has no platform and is a member of no organized group that could lend weight to his questions and doubts.

"Furthermore, he is limited in choosing his doctor. With the present supply of physicians, he is a buyer in a seller's market.

"As he is buying services rather than goods, his choice is confined to the local market . . .

" . . . this weakness in the patient's voice, together with the corresponding dominant voice of the doctor, can result on occasion in substandard medical care, and certainly produces frequent dissatisfaction in the patient."

McPeak bolstered his argument this way:

Doctors manage their offices so inefficiently as to waste millions of hours of patients' time.

"Altogether too typically doctors make appointments for as many as 20 patients to come to the office at 2 o'clock on Wednesday. Such practices save the doctor little time or trouble and therefore signify only his selfishness or his carelessness."

Doctors records are kept for the convenience of the doctor, not the patient.

"By the time the average person arrives at middle age he has had several different types of medical treatment for different ailments by different doctors in different localities."

Yet records do not easily follow the patient from doctor to doctor.

"It is even difficult for a TB patient to get into his private possession enough of his old X-rays to permit check-up by a doctor at a new location."

Today's doctors won't make House calls.

"Too frequently real disasters occur as a result . . . Busy doctors must rest . . . but rules should not be so binding as to deny attention to the cases which seriously need it."

Medical care is concentrated in hospitals and offices—to the advantage of the doctor but seldom the patient.

"One result of this is that patients are hospitalized unnecessarily.

"When he is . . . given only a series of routine tests which might be given in

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Voice of the Patient

(Continued from Page 13)

the doctor's own office, he suspects his physician of arranging things largely for his own convenience."

And, McPeak added, the patient also suspects his doctor of helping the hospital fill empty beds.

The doctor is only partly to blame, however.

"The blame rests more upon our present system of health insurance, which so frequently provides no benefits . . . unless hospitalized."

McPeak cited two recent studies showing (1) that in Michigan the Blue Cross found 25 pct. of hospitalization unnecessary and (2) that in New York the Health Insurance Plan, which does not require hospitalization for benefits, reports its members go to the hospital only two-thirds as often as other insured patients.

"One of the attitudes . . . that pains and frustrates the patient is one implied by the doctor's air of knowing all the answers. The more this seems a pretense, the more worried and offended is the patient."

Two doctors, said McPeak, give different diagnoses with the same air of omniscience. The patient may follow one prolonged, expensive and futile regimen after another.

When doctors are not incompetent, they are apt to be less than frank about the limits of medical science. **Everyone would be better served if doctors more often acknowledged that they don't know the answer.**

"The doctor has to recognize that to the extent he gives an impression of omniscience, to that extent the patient has the right to call on him for omnipotence."

Is not medicine guilty of following fashions like a giddy woman? McPeak asked.

"When a mother is instructed to care for her baby not like her mother did, but rather as her grandmother did, she also wenders . . ."

And when hospitals are accredited by the Joint Commission on Accreditation, McPeak noted, it is not unusual to find the number of appendectomies falling off promptly and significantly.

Nor do doctors sufficiently advise patients of their right to consultation with other physicians.

"The fact is . . . the average patient with the average doctor is reluctant to request confirming opinion."

And underlying all these patient complaints, said McPeak, is something wrong with the basic attitude of today's doctor toward his patients.

"A recent survey showed that . . . almost two-thirds of the patients complained they missed the human warmth and personal responsibility of the old-time general practitioner. As one young matron put it, 'If we could feel we mean something to our doctor, I'd be happy with him'."

McPeak made it clear he does not recommend resurrection of the "old-time general practitioner," with his poor education, poor equipment, and general scientific inadequacy. But modern physicians could and should combine their science with his compassion.

McPeak offered some advice to those who will run and staff the new Medical Center:

Shorten the training time of doctors.
Improve the systems of medical care.
Give students realistic vocational training.

The long training period, he said, discouraged youngsters from studying medicine and encourages young doctors to exploit their patients to make up for long years of semi-poverty.

The improvement in medical care systems, he said, should be based upon "a simple hypothesis"—

"The quality of a doctor's medical care is in large part a measure of the extent to which his work is subject to scrutiny by his professional peers."

In short, doctors should practice in groups instead of alone.

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Washington News

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ington, "Some of the price supports programs have the effect of controlling certain segments of farm life and the farm economy, and, to an alarming degree, controlling the farmer himself."

"There are 21 price-supported commodities. Sixteen of these get mandatory supports required by law. Five commodities are under acreage control. The biggest single commodity problem we face today is the bankrupt price support acreage control program as it applies to wheat."

"We have nearly \$3,500,000,000 worth of federal funds tied up in Commodity Credit Corporation inventories and loans on wheat. Wheat program expenditures amount to approximately 30 per cent of the total expenditures, yet wheat accounts for only 6 per cent of cash receipts from total farm sales. Stabilization of wheat under the present program costs the government \$1,000 a minute, or nearly \$1,500,000 per day."

(Note: Recent Senate hearings to investigate monopolies in the baking industry, disclosed that average consumption of bread is steadily declining.)

Rare Medical Courage

A Washington physician, Dr. Jack Levin, M.D., has courageously exposed the lie created over Senator Neuberger's death, allegedly of cerebral hemorrhage.

Dr. Levin has publicly revealed that many doctors in Washington knew last year the Senator had serious metastatic disease (spread of cancer cells in body). In view of this he felt quite confident death was due to a cerebral metastasis rather than a hemorrhage.

A Constructive Congressman

Congressman King of Utah has reassured his constituents in a regular newsletter, regarding his position on the matter of additives to foods and beverages, by referring to the bills introduced by him last Fall, (H.R. 9150 and H.J. Res. 523).

He advised:

1. He sponsored a bill to launch a broad scientific study on the possible harmful effects on consumers of the chemical additives which are being used in our foods, beverages and water supplies. Both the producer and the consumer are entitled to know exactly what the effects are, if any. Some medical experts have suggested the additives could play a major role in the degenerative diseases. If they have no role in the rising incidence of these diseases - - as other experts believe - - then the public should know it. "My aim is to stimulate accelerated and broadened research to solve this disturbing medical puzzle."
2. He is giving public support to the Delaney Amendment - - the provision in the 1958 Food Additives Law which forbids the use for consumption of any substance which induces cancer in man or test animals.

Caution! Fluoridators at Work

The fluoridation pushing agency, the National Institute of Dental Research, is trying out a new approach. In recent hearings before the Appropriations Subcommittee under Mr. Fogarty (D., R. I.) as Chairman, announcement was made of the trial use of bread enriched with calcium dibasic phosphate minerals. The trials were set up in four North Dakota boarding schools after 3 years of "very promising" tests on rats, according to Dr. Francis A. Arnold, director of the Institute. The tests are to run for 3 years.

Dr. Arnold doesn't appear to be as unhappy over the current poor showing of the fluoridation program as his boss, Secretary Arthur Flemming. On being questioned by Chairman Fogarty of the subcommittee, he said the trend is toward increasing the number of communities. Later he confessed, "We are not gaining as well as we would like to in relation to population growth." The

chairman then gave him encouragement with the remark, "I am for it, you know that."

Arnold claims the fluoridation program nationally is saving the public \$50 million per year in dental bills. This, he said, is made possible by the outlay of one-half million dollars. (Source of his figures not disclosed). The total cost to Americans in dental bills was said to be \$1,700,000,000 annually.

The Dental Institute's 1961 budget figures supply, under the heading 'Professional and Technical Assistance,' the sum of \$1,192,000 and this is admittedly the money to be spent by this branch of the United States Public Health Service, on local projects to force the fluoridation issue.

The Cosmetic Colors

Continuing the hearings at Food and Drug headquarters, reported on last month, with regard to the removal of the suspected or proven harmfulness of the 14 colors, they finally broadened out into 11 full days of testimony from color, drug and lipstick representatives. This legal strategy was arranged by the in-sistent lipstick and cosmetic industries.

The issues:

1. Whether the government's test results on colors constituted an adequate scientific basis for the conclusion the colors were not harmless; and, 2. Whether 5 colors which had not been tested were sufficiently related chemically to the tested colors to warrant including the untested colors in the order.

The government testified in substance that the colors were found toxic to rats at the levels fed and are, therefore, not harmless colors. While agreeing to this fact, industry witnesses (all lawyers) contended the concept of **harmless** or **harmful** could only be applied to the amount of lipstick color that normally reaches the stomach. Government says this is valid argument for a permitted safe use based on tolerance, but the law does not provide for limits on amounts used, in this instance.

Industry was given thirty days for filing written argument.

The Constant Increase

Food and Drug Administration has recently announced that there is assurance of better flavor for, "Enriched Parboiled Rice," resulting from recent regulation change. The change allows a small amount of "harmless" chemical preservative - - butylated hydroxytoluene - - to be used as an optional ingredient in the rice product. Food and Drug Administration said the same chemical has been used for several years in other foods such as, breakfast cereals and shortenings.

They explain that parboiled rice is whole rice that is steamed and vacuum dried before it is milled. It was said that, an undesirable flavor sometimes develops through release of oils that may become rancid on exposure to air. The chemical is expected to retard the rancidity and maintain flavor.

It is said, that consumers can expect to find the following required statement prominently displayed on package, "Butylated hydroxytoluene added as a preservative." Amount used may not exceed 3/1,000 of one per cent by weight of the rice.

Liberty Stamp Drive

The Fourth of July Liberty Stamp Drive already looks like a great boost for the National Health Federation. Let's make it the greatest ever.

Send us at least five stamped envelopes addressed to people to whom you feel the N.H.F. message should be sent. Then, on or about the anniversary of our declaration of political and religious liberty they will receive our appeal for cooperation in obtaining health liberty for our people.

We prefer the long envelopes as they can more easily contain the material we are preparing. But send them promptly, not less than five—and as many more as you wish.

Voice of the Patient

(Continued from Page 14)

"Most medical care takes place in the private office and is not subject to review. In the law, there is usually the discipline afforded through possible scrutiny by the counsel for the other side or by the courts."

Only doctors are their own judges, McPeak suggested.

"This might not be so serious except that each choice (to treat or not to treat) is (also) a business decision. Frequently the choice of procedure involves . . . a higher or lower fee, or none at all."

This is particularly true in solo practice, he said.

To offset this, he said, the Medical

Center should frankly confront young students with the occasional venality and frequent arrogance of practicing physicians.

It should emphasize, however, that this is true because of the way medicine is practiced in America, not because doctors have poorer characters than other men.

The medical student should be confronted at every turn with the injunction encribed upon a Boston hospital: *Primum non nocere*:

The word 'patient', too, is from the Latin—meaning one who suffers or endures. **"But the physician should always remember that what was meant to be suffered or endured is pain, not medical care,"** said McPeak.

Overtreatment of the Dying

Of late, I have received several thought-producing letters from trained nurses who said that they were so distressed over the way in which some old persons, dying with a terrible stroke or cancer, were being over-treated, that they keep wishing something could be done to moderate the zeal of some of us physicians who like to keep treating strenuously, long after all hope for a cure has gone.

The nurses said they often felt ashamed to do the sort of work they often were ordered to do for these dying old people.

Just now my secretary brings me a letter from a nurse who says she is unhappy because she just came off the case of a senile man of 95. He was rushed to the hospital, unconscious and dying with a heart attack.

As the nurse says, 30 years ago, when she was in training, such a man would have been allowed to die in peace in his bed at home with his family around him.

This man was put in an oxygen tent, and given two transfusions of blood. What these transfusions were supposed to do is hard to say. Expensive labora-

tory tests were ordered. It is hard to say what these tests were supposed to show—that could possibly have helped in the diagnosis and treatment. Often today, we see extensive laboratory tests ordered routinely without any reason—when the diagnosis already is obvious.

Then an x-ray machine was wheeled in and films were made of the man's heart. Electrocardiograms were made. Large amounts of heart stimulants were given; and the patient was started on heparin with the idea of keeping him from getting another heart attack—if he could live long enough to have it!

Then, several drugs were given with the hope of waking the man out of his unconscious state. The nurse had no patience with this because, as she said, the smell of the old man's breath told her he was dying. The next morning he was dead.

About this time the patient's only daughter arrived after a long airplane trip. This woman, who was in only moderate circumstances, got bills amounting to \$450!

From Dr. Walter Alvarez daily column.

Treating Mastitis in Cows Presents Health Problem

Steps are being taken to reduce the amount of penicilin found in milk.

The most recent survey of the nation's milk shows the amount of the antibiotic is down to approximately the same level reported back in 1954.

Food and Drug Administration officials, concerned over the health problem in which one in ten persons is highly sensitive to penicilin, are studying ways to reduce further the contamination.

The penicilin gets into the milk when cows are treated for mastitis, a costly cattle disease. Dairy men are warned to wait 72 hours—by which time the penicilin is eliminated—before marketing milk from doctored cows. Additional warnings to abide by this waiting period and a reduction in the penicilin dose are credited with bringing the percentage of contaminated milk down to 3.7. The previous high was 11.6% in 1955.

Discovery of a marker compound that could be added to penicilin, indicating its presence in milk, would help solve this public health problem, Dr. William R. Jester of the FDA said.

Other ways of reducing the penicilin contamination in milk would be to increase inspection of interstate milk shipments, seizing those not meeting the antibiotic regulations, or to limit the use of penicilin in treating cows.

Dr. Jester and two other FDA researchers, William W. Wright and Henry Welch, report results of the survey in "Antibiotics and Chemotherapy" (July). —Science News Letter, August 15, 1959.

Osteopaths — A Twist

Will M.D.'s ever have a good word to say about osteopaths?

Many have long believed that this question has rankled more than any other in the osteopathic breast. Yet last week when the House of Delegates of the American Osteopathic Association

met in Chicago to face up to the question once again, the surprising answer seems to be: "Who cares?"

Ever since 1874, when a Kansas doctor named Andrew T. Still developed osteopathy—which views disease as the result of derangement of the body structure, and treats ailments by manipulating the bones, the august American Medical Association has branded the practice as cultism, "not based on scientific fact."

Recently, however, the AMA has somewhat softened its position toward the 13,000 U. S. osteopaths. Last June, it laid down conditions under which M.D.'s could ethically associate with osteopaths (such as permitting M.D.'s to teach in some osteopathic schools).

In view of the AMA's mellowing attitude, the action the AOA delegates took last week came as a surprise to many. They voted 95-22 to oppose any effort to bring osteopaths into the AMA. As outgoing president Dr. George W. Northrup put it: "Far too many people believe that the osteopathic profession wants to be absorbed into the AMA. This misconception has affected the entire future of osteopathy." Incoming president Dr. Galen S. Young added: "I think it will be well, indeed, if our educators will vigilantly guard our house of knowledge to keep its foundations firmly imbedded on the solid unshakeable rock of osteopathy . . . the only healing art presenting a complete view of man and his health." — Newsweek, July 27, 1959.

(EDITOR'S NOTE: We say God bless the osteopaths for voting to preserve osteopathy for the American people. To have accepted the AMA's terms would have meant the osteopathic schools would have had to abandon the Theory of Osteopathy as a basic principle.)

"The secret of success is pluck — all you need is pluck."

"Yeah, but nowadays it's so hard to find anyone to pluck." — Ohio State Sundial.

Write a Letter to Your Legislator

This list will appear in each issue of the Bulletin while Congress is in session. Your pen, or pencil, is the most powerful weapon in America. USE IT. When you write a letter to any legislator be sure and put an N.H.F. stamp on your letterhead. Try the upper right hand corner. As Congressmen and Senators continue to receive such, they will take notice you have an organization to represent you.

Here are the names of the Health and Safety Sub-Committee of the House: Hon. Kenneth A. Roberts, Anniston, Ala. Hon. George M. Rhodes, Reading, Penna. Hon. Leo W. O'Brien, Albany, N.Y. Hon. Paul G. Rogers, West Palm Beach, Florida

Hon. Paul F. Schenck, Dayton, Ohio
Hon. Samuel L. Devine, Columbus, Ohio
Hon. Ancher Nelson, Hutchinson, Minn.

Address these letters to the above at: House Office Bldg., Washington 25, D.C.

Names of the Senate Sub-committee on Health:

Hon. Lister Hill, Ala., Chairman
Hon. James E. Murray, Montana
Hon. Ralph W. Yarborough, Texas
Hon. Harrison A. Williams, New Jersey
Hon. Clifford P. Case, New Jersey
Hon. John S. Cooper, Kentucky
Hon. Jacob K. Javits, New York

Address above to Senate Office Bldg., Washington, D.C.

The two committees listed above control the destiny of bills relating to health. Let the members know your views.

One gentleman talking to another at a bar had the following to say: "My wife is the most wonderful woman in the world and that is not just my opinion, it's hers." — The X-change.

Coed: "No, daddy, I won't need a bathing suit this summer."

Father: "Ye Gods! I was afraid it would come to this." — The X-change.

This Man Thinks for Himself

I wonder, said he, as the Obit page he read —

But for a slight shift of statistics, I might even be dead.

In this year of our Lord, 1959 —
The really healthy people are on the decline.

Of cancer they die, now its one out of three.

What degenerative disease has got hold of me?

My body's a Temple of God I've been told.

The wrong kind of "building blocks" make it grow old.

The "ads" say use this, TV says use that —

I glance at the Pet Foods counter —
zounds, I'm fed worse than the cat.

Feed your Doggie on wheat germ, it gives him nice hair —

From my wife's modern kitchen—Gosh, my own head is bare.

Get natural foods they tell you—where oh where can they be?

Out there in the space ships—or in the deep sea?

Where in this great nation can wisdom be found —

To slow down our mad rush to that six feet of ground.

—By Ione Starkey, Sept 9, 1959.

YOU MIGHT NOT GET AS MANY GAIN-BOOSTING FEED ADDITIVES in the future, now that the Food and Drug Administration will be demanding tighter tolerances. Manufacturers that already have clearances may be allowed to continue using additives under the old regulations—Washington hasn't decided yet. But newcomers will have to meet the tougher standards. New additives that are in the works will be slowed up.

Billy: "Mother, Bobby broke a window."

Mother: "How did he do it?"

Billy: "I threw a rock at him and he ducked."

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SPECIAL BULLETINS

1.—Thanks for the many stamped addressed envelopes you folks have sent in for our 4th of July Liberty Stamp Drive. We still need about 30,000 more to reach our 100,000 goal. We urge each of you who have not sent in five or more stamped addressed envelopes to join the parade to victory. The long envelopes are best. Please do it now so we will have time to have the envelopes all stuffed and ready to deliver to the postmaster on June 28th.

2.—This year's goal of each member giving a gift membership, or getting a new member is moving along, but not as fast as it should. Have you sent in your gift membership? **Do it now.** This is a great crusade and we are moving on to victory.

3.—Plan now for the big National Health Federation Convention at Toledo, Ohio, on July 14, 15, 16 and 17. It will be the best you have ever attended.