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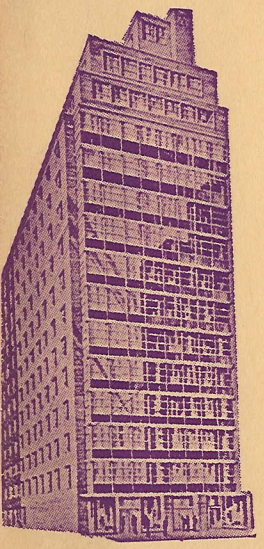

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SPECIAL CANCER ISSUE

AMERICANS CRUSADING FOR BETTER HEALTH

Volume IX—Number 11 **November, 1963**

BULLETIN

This Is a Call to Battle

by Fred J. Hart

The California Cancer Council and the State Department of Public Health have betrayed not only the California Legislature, but every resident of California. In our opinion this is such a miscarriage of justice and so uncalled for that we are devoting the major part of this issue of the **Bulletin** to advising you about the matter.

We are doing this for three reasons:

1. If this heinous act is not challenged in the courts or by the legislature, it will spread to every state in the Union, as well as set a precedent whereby any bureau of government may ban any substance for any reason, etc., and the American people will be the pawns of the bureaucrat, both Federal and State.

2. To provide amunition to Federation members in California for use in overturning this decision. This is a California fight for the rights of its citizens and Californians must win it. (See pages 3 to 22.)

3. To give our readers a sample of two of the presentations made to the State Department of Public Health and which, along with all the others, were ignored. And to show you that these cures were condemned even before the law was enacted, a decision based on opinion and not research. (See pages 17 to 22.)

To protect the people, it means that many Californians will have to dig down in their pockets and provide funds to battle this out in the courts and in the legislative halls at Sacramento.

The Federation intends to take this matter to court, so please read this issue and then send a liberal donation to the National Health Federation, P.O. Box 686, Monrovia, California, marked for this specific purpose and it will be used in that manner. The cost will be in the neighborhood of $5,000. The writer of this editorial will start this fund with a contribution of $100. No contribution can be too large and none can be too small. Every penny will help swell the fund. **This is a battle that can and must be won.** Don't wait; send your donation at once. Those in other states who want to remain free are invited to help raise this $5,000 fund.

Family Circle

Cleveland Convention was tops. We do not have the space to report the speeches in detail. Tapes were made of all speeches and are available at not more than $4.50 each speech. For information, write to this office and we will forward your request to the company making the tapes.

The Program for the Ninth Annual Meeting and Convention is about completed and the list of speakers is the best we have had to date. The place, Hotel Sheraton - Biltmore, Los Angeles; the dates, January 1, 2, 3, and 4. Plan now to attend. It is important to you and your children that you do. The entire program will be printed in the December **Bulletin.**

A Trip to Disneyland and Knott's Berry Farm. A special convention bus will make the trip. Room for 53 persons. Transportation per person, $3.00. All reservations will be taken in order of their receipt by this office. Only 53 can go. Send your reservation and money at once. If you find 10 days before January 1 that you cannot go and you

(Continued on page 28)

The
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VOLUME IX NOVEMBER
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12 Questions from the People of California Transcript of Public Hearing on Proposed Regulation of the Bolen Test, Koch, Lincoln, and Mucorhicin Agents in the Treatment of Cancer

Los Angeles, June 13, 1963

On September 20, 1963, the California State Board of Health did decide to ban these drugs upon the recommendation of the California Cancer Advisory Council. This decision was to be announced originally on July 19, but the increasing public protest in the form of letters, wires, telephone calls, etc. induced the Board to withhold its decision and invite further evidence. How can any decision on such a vitally important matter be reached without a complete clinical investigation?

A full, objective, scientific clinical evaluation of these drugs should have been made before any action was taken against them.

LAETRILE
KOCH AGENT
LINCOLN AGENT
MUCORHICIN
BOLEN TEST

Four anti-cancer drugs developed over the past 40 years have recently been investigated by the **California Cancer Advisory Council.** The Council has recommended to the California State Department of Public Health:

1. That all of these drugs (as well as a nonsurgical diagnostic test) be prohibited;
2. That the public refrain from using them;
3. That doctors not be permitted to prescribe or administer them, or "appropriate steps" shall be taken.

Upon what basis is this arbitrary decision made?

Question 1: DOES THE COUNCIL CLAIM THAT THESE TREATMENTS ARE TOXIC, POISONOUS?

Answer: No. The investigating authorities **have never clinically evaluated these agents for toxicity,** and they are generally considered nontoxic. (See official reports and transcripts.)

(Continued next page)

Question 2: ARE THESE DRUGS SPONSORED BY IRRESPONSIBLE, SO-CALLED "QUACKS"?

Answer: No. Distinguished medical men of national and international professional reputation in the field of cancer therapy have used some of these drugs, testified to their effectiveness, and submitted documented case histories for examination. **The Council has refused to recognize the validity of this evidence.**

Question 3: HAVE THE SPONSORS OF THESE DRUGS COOPERATED WITH THE INVESTIGATING OFFICIALS?

Answer: Yes. Information has been freely offered, hospitals and clinics opened to examination, and patients produced as witnesses.

Question 4: HAVE ANY SPECIALISTS IN THE FIELD OF CANCER THERAPY CONNECTED WITH EITHER THE CANCER ADVISORY COUNCIL, THE CALIFORNIA STATE BOARD OF HEALTH OR ANY OTHER STATE AGENCIES CONDUCTED ANY CONTROLLED, CLINICAL INVESTIGATIONS IN THE ACCEPTED SCIENTIFIC MANNER USING ANY ONE OF THESE DRUGS?

Answer: No. **This is admitted by all, and so written in the official reports of the Cancer Advisory Council** and published by the State Department of Public Health. These reports are open to public inspection in the following places:

BUREAU OF CHRONIC DISEASES, Room 412, 2000 Hearst St., Berkeley.
STATE DEPARTMENT OF PUBLIC HEALTH, Room 703, California State Bldg., 217 W. First St., Los Angeles.
BUREAU OF FOOD AND DRUG INSPECTIONS, 631 J St., Sacramento.
BUREAU OF FOOD AND DRUG INSPECTIONS, Room 7, B Street Pier Bldg., San Diego.
BUREAU OF FOOD AND DRUG INSPECTIONS, Civic Center Bldg., Room 209, 157 W. 5th St., San Bernardino.
BUREAU OF FOOD AND DRUG INSPECTIONS, 5545 E. Shields Ave., Fresno.

Transcripts of the public cancer hearings conducted by the Board are also available for inspection.

Question 5: ARE THERE DOCUMENTED CASE HISTORIES SUBMITTED BY REPUTABLE PHYSICIANS AND MEDICAL INSTITUTIONS WHICH INDICATE THAT IMPROVEMENT AND RELIEF OF PAIN HAVE TAKEN PLACE AFTER USE OF THESE TREATMENTS?

Answer: Yes. These drugs have been used on thousands of patients and detailed case histories were submitted on numerous cases treated over a period of years.

Question 6: DOES THE COUNCIL'S REPORT SUBMIT EVIDENCE THAT THE MEDICAL MEN AND SCIENTIFIC RESEARCHERS WHO HAVE INDEPENDENTLY PRODUCED THESE DRUGS ARE CHARGING EXORBITANT FEES FOR PERSONAL GAIN? (Continued next page)

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Answer: No. On the contrary, these treatments cost much less than the conventional therapies of radiation and surgery.

After studying the four reports on the anti-cancer agents written by the Cancer Advisory Council (and adopted by the California State Department of Public Health as its own), and the transcripts of the public hearings held in Berkeley on June 10 and July 19, in San Francisco on June 28, and others held in Los Angeles, **it becomes apparent that no matter how conclusive the evidence, almost all records submitted by practicing physicians which show improvement in the patient after use of any one of these drugs are summarily dismissed on one of the following grounds:**

1. Inadequate data was submitted.
2. An error was made in the biopsy.
3. The biopsy was not taken by an "approved" laboratory.
4. The doctors were uncooperative.
5. The improvement was only "subjective."
6. Spontaneous regression had occurred.
7. Any benefits were due to "delayed reaction" of previous conventional treatment (radiation and surgery).

ALL these drugs are dismissed as of "NO VALUE." Under this set of rules, could **ANY documented material be objectively evaluated?**

It appears that the Cancer Advisory Council has just one basis, a very questionable one, on which to defend its recommendation. To quote from the reports:

> "The use of one or more of these agents in early cancer to the exclusion of conventional treatment might well be dangerous, since treatment with acceptable, modern, curative methods [surgery or radiation] would thereby be delayed potentially until such time as metastasis had occurred and the cancer therefore might no longer be curable."

Question 7: DOES ANY CONVENTIONAL TREATMENT INSURE AN ABSOLUTE CURE OF ALL TYPES OF CANCER?

Answer: No. (See transcripts and testimony of members of the Board of Health.)

Question 8: HAS THE PUBLIC EVER BEEN INFORMED OF THE PERCENTAGE OF "CURES" OF INTERNAL CANCER EFFECTED BY RADIATION AND SURGERY?

Answer: Although members of the public have repeatedly asked this question at the public hearings, no figures were ever given, although a Board member said they were available. **Is not the relative effectiveness of all therapies pertinent to this issue?**

Question 9: HAS THE COUNCIL SUBMITTED IN ITS REPORTS ANY DOCUMENTED EVIDENCE TO SHOW THAT THERE HAS BEEN A SIGNIFICANT DELAY IN THE USE OF CONVENTIONAL TREATMENTS BECAUSE OF THE USE OF THESE AGENTS?

Answer: No. **On the contrary, these reports show that, in almost all of these cases, orthodox therapy was unavailing and the drugs were not used until the patient had reached the terminal stage.** (Continued next page)

Question 10: IS THERE COMPLETE UNANIMITY OF SCIENTIFIC OPINION REGARDING THE VALUE OF ANY OF THE CONVENTIONAL TREATMENTS WHICH WOULD WARRANT USING ONLY THESE FORMS AND PROHIBITING ALL OTHERS?

Answer: No. According to advanced scientific research, the most effective treatment may consist of multiple therapy to correct the diseased condition and to present the occurrence of other tumors.

Question 11: WHY IS SO LITTLE KNOWN OF THESE ANTI-CANCER AGENTS IN CALIFORNIA?

Answer: Busy doctors haven't time for independent research and must rely somewhat on official publications. A well-circulated report by the **Cancer Commission** of the **California Medical Association,** "for the Medical Profession Only," states that all of the above drugs (as well as others) developed by independent researchers have no value. To quote:

LAETRILE: "No satisfactory evidence has been produced to indicate any significant cytotoxic effect of Laetrile on the cancer cell."

LINCOLN: "Complete failure of the 'phage' in cases of cancer."

MUCORHICIN: ". . . it would appear that there is little, if any, antibiotic activity. . . ."

KOCH: "Found to be of no value in the treatment of cancer." By whom?

KREBIOZEN: ". . . the vials labeled 'Krebiozen' contained **only** mineral oil."

WHO PREPARED THIS REPORT AND UPON WHAT EVIDENCE WERE THE ABOVE CONCLUSIONS REACHED?

The public is uninformed because only a small fraction of the thousands of interested people see the small notices of cancer hearings which have appeared in the back sections of the public newspapers, and which included no notice of the availability of the official reports.

Question 12: IS IT NOT A DENIAL OF THE CIVIL RIGHTS OF THE PATIENT AND OF THE PROFESSIONAL RIGHTS OF DOCTORS TO FORBID THE USE OF THESE AGENTS BY QUALIFIED PHYSICIANS WHEN AFFIRMATIVE EVIDENCE HAS BEEN RECEIVED BY THE COUNCIL ON THESE DRUGS AND **NEVER CLINICALLY EVALUATED BY THE COUNCIL,** AND WHEN MANY REPUTABLE PHYSICIANS BELIEVE THESE DRUGS TO BE OF GREAT VALUE IN THE TREATMENT OF CANCER?

Editor's Note:

The foregoing set of questions prepared and distributed by inspiration of the San Francisco Chapter of the National Health Federation is very timely and important to the people of California. Reprints will be available in lots of 10 or more for three cents each. Single copy 25 cents. We urge our California members to purchase these and distribute as many as possible.

We suggest that each member write to his or her State Senator and to his or her assemblyman and enclose a copy of this issue of the **Bulletin** or this reprint and request that they do something about this flagrant abuse of the legislature's intent when it passed the Cancer Control Act under which this terrible, un-American and

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The Koch Remedy and Its Value

By Elizabeth Blaauw

Following is the excellent testimony given at the hearing held by the State Department of Public Health in Los Angeles and which testimony was ignored by said body, because, to all intents and purposes, it had already made up its collective mind. At least, this is the impression the audience got from listening to the proceedings of that meeting and the ones which followed.

Dr. Erickson: Is there anyone who would like to be heard on the Koch agents?

Mrs. Elizabeth Blaauw: I would like to speak.

Dr. Erickson: Would you come forward then and give your name. Would you give your name, address and any affiliation that you may have.

Mrs. Blaauw: As to affiliations, what do you mean?

Dr. Erickson: If you are representing any group.

Mrs. Blaauw: I see. My name is Elizabeth Blaauw and I am President of the San Diego Health Federation, Chapter II. My address is 5598 4th Avenue, San Diego. May I request that my statement be inserted in the records of these hearings when they are published?

Dr. Erickson: Yes, this will be done.

Mrs. Blaauw: Thank you.

Mr. Belasco: Is your organization a nonprofit or profit?

Mrs. Blaauw: Nonprofit.

I have chosen to center my discussion on the Koch treatment, but my general remarks apply equally to other agents—the Lincoln Bacteriophages, Laetrile, and Mucorhicin.

I have read the report by the Cancer Advisory Council on the Koch treatment and their recommendation that the treatment be prohibited. I disagree with this decision. I do not believe that new approaches to the treatment of cancer by therapies other than surgery or radiation should be made illegal without adequate testing. Passing regulations to prohibit the administration and distribution of the Koch treatment is, in effect, legis-

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destructive decision has been made. **It is important that each of our readers in California do this at once,** as the Federation plans to actively get into this matter. We shall attack the decision in the courts and through the next session of the legislature. When this bill was passed, members of the legislative committees which recommended the passage of it assured Don Matchan and the President of the Federation that, if the authorities misused the terms of this bill, they would work with us to put a stop to such abuses. It is important therefore that each member do as suggested in this note and in addition get others to send in reprints and request that legislative action be taken to remedy this evil deed.

We must and we can put a stop to such illegal actions if we will. **Let us do it and do it right now.** Please make this your number one project. Address your State Senator in care of Senate Office Building, State Capitol, Sacramento, California, and your Assemblyman, Assembly Office Building, State Capitol, Sacramento, California.

lating to prevent proper medical testing. It is the duty of the medical profession to test all new materials which may have value in the treatment of cancer.

In all the long, bitter struggle by the Wayne Medical Society, the U.S. Food and Drug Administration, and the Federal Trade Commission to discredit and prohibit Koch's treatments, his opponents have formulated no scientific arguments to refute his theories or presented any convincing evidence that his clinical results were not valid. If Dr. Koch's theories are scientifically unsound, then they can be scientifically disproved. If his clinical claims are false, then an honest test could disprove them. Rather than giving Dr. Koch's treatments an impartial investigation, medical societies and government agencies have relentlessly prosecuted him. Finally, Dr. Koch gave up the struggle and moved to Brazil.

No unbiased, careful, objective study of Dr. Koch's treatments has ever been made in the United States. Everything I am saying today is documented. Do you wish that I refer to my notes as I read?

Mr. Belasco: Would you like to offer in evidence a copy of that which you have?

Mrs. Blaauw: I beg your pardon?

Dr. Erickson: Would you like to offer in evidence a copy of this statement that you are making along with the footnotes?

Mr. Belasco: We will receive it in evidence and make it an official part of the record, if you so desire, when you finish your statement.

Mrs. Blaauw: Yes. All right. We are being asked here today to outlaw the use of these untested treatments. We recommend that these treatments not be banned, but rather that they be given a double-blind test conducted by the State Department of Public Health working together with the Christian Medical Research League, Inc., of Detroit, Michigan, who have the glyoxylide formula. Every year thousands die needlessly of cancer in California. In 1960 the total number of deaths due to cancer and cirrhosis of the liver totaled approximately 285,460 in the United States. The American public will not tolerate further delays in the testing of promising, bona fide cancer therapies.

Dr. William Koch has a distinguished background. He received his A.B. in 1909, M.A. 1910, Ph.D. 1917 at the University of Michigan, and his M.D. at Detroit College of Medicine in 1918. He taught histology and embryology at the University of Michigan from 1910 to 1918, and he was Professor of Physiology at Detroit Medical College from 1914 to 1919. He was the discoverer of the function of the parathyroid, which surgeons had previously carelessly removed. Parathyroids regulate calcium metabolism, and patients had therefore died of tetany. Dr. Koch developed three treatments, malonide, glyoxylide, and parabenzoquinone.

The basic theory behind the oxidation catalyst, glyoxylide, has not been disproved by any of the latest developments and findings in cancerology that have been published, to my knowledge. Dr. Koch believes that cancer is caused by toxins remaining in the blood system. He believes this is due to insufficient oxidation. Koch believes that glyoxylide acts as a catalyst to stimulate the body's capacity to oxidize toxins. He theorizes that a chain reaction is started that converts toxins into antitoxins by altering their molecular composition.

It has come to the attention of the lay public of late that many carcinogens commonly in use, such as the chlorinated hydrocarbon pesticides and petroleum distillates absorbed into the human system interfere with cell respiration, en-

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zyme reactions, and energy production within the cells. Dr. Otto Warburg, outstanding German medical researcher and Nobel winner, has emphasized that any poison which interferes with respiration of the cells causes damage and leads to degeneration of tissue and eventually to cancer.

Concerning the effects of deprivation of oxygen, Dr. Henry Goldblatt of Cedars of Lebanon Hospital, Los Angeles, in April, 1953, found that by intermittently depriving a piece of rat's heart tissue in a test tube of oxygen, the cells were gradually transformed until they acquired all the microscopic features of cancer cells.

I am not a physican. I am a lay person with an A.B. in biology and English, but is it not reasonable for anyone to suppose that, if oxygen deprivation can cause cells to become cancerous, increased oxidation by a catalyst, such as glyoxylide, could in turn cause cancer cells to revert or die? A former physician of mine who is a cancerologist explained to me that cancer cells are anaerobic. They live on fermentation and die in the presence of oxygen.

In connection with Dr. William Koch's early theories on oxidation, I should like to quote some pertinent material from Miss Rachel Carson's recent publication, **Silent Spring**, page 200.

"The extraordinary energy-producing mechanism of the body is basic not only to health but to life; it transcends in importance even the most vital organs, for without the smooth and effective functioning of energy-yielding oxidation none of the body's functions can be performed."

Many chemicals damage the body's oxidation system, disrupting its functioning mechanism, says Miss Carson. Only in the last decade has biological oxidation become part of the common knowledge of biologists. Medical doctors who received training before 1950 have had little opportunity to realize the critical importance of the oxidation process and the hazards of disrupting it.

Energy production is accomplished by every cell of the body. Most of the work of oxidation is performed in tiny granules within the cell—the mitochondria. It has only been in the 1950's, since the development of the electronic microscope, that the components of the mitochondria and their function has been known. It is now known that these mitochondria are tiny packets of enzymes necessary for the oxidative cycle. These are the "powerhouses" in which most of the energy-producing reactions occur. Miss Carson explains the coupling process by which ATP and ADP molecules produce energy in all organisms from microbes to man. She shows how substances which destroy enzymes cause uncoupling of the phosphate molecules, resulting in loss of mechanical or electrical energy in the cells. Toxic chemicals and radiation can cause the cycle of oxidation within the cell to stop. And this is a quote now again from Miss Carson:

"Oxidation progresses in a cycle like a turning wheel."

In view of the foregoing, some of Dr. Koch's clinical results from glyoxylide do not seem so incredible. In the 1920's and 1930's it may have seemed unbelievable that a substance could alleviate such diverse conditions as cancer, poliomyelitis, tuberculosis, leprosy, arthritis, eunuchoidism, et cetera. The latest biochemical findings with the electronic microscope bring Dr. Koch's claims within the realm of plausibility. Certainly, glyoxylide and the other agents to be discussed at these hearings should be given adequate, unbiased testing.

In 1923, two years before my father

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died of cancer in Michigan, Dr. Koch attempted to get a fair hearing for the Koch treatment before the Wayne County Medical Society for a second time. Professor W. A. Dewey, M.D., of the Department of Medicine of the University of Michigan, who was present at the hearings, wrote a letter to Dr. Koch to congratulate him on his presentation. Dr. Dewey said of the committee:

"For a studied intent to falsify, a premeditated determination to condemn everything, and an unscientific, un-American assumption to be judge, jury, and prosecuting witness, the report of this so-called committee outstrips in bias, unfairness, and mendacity anything that has ever been my lot to observe in a medical practice of 44 years. . . . The composition of the committee, being for the most part surgeons and radium or X-ray 'experts,' a class that assumes cancer to be curable only by these methods, was unfortunate in the first place, and in the second place, no member of the committee was, in my opinion, qualified to sit in judgment on your treatment, by education, experience, or by right."

Today, 40 years later, orthodox medicine still dominates research, therapy, publicity, teaching, fund-gathering and legislation. Medical societies are responsible for the widespread misconception that cancer is incurable and yields only to surgery or irradiation if caught in time. All other treatments are regarded as worthless quackery. Orthodoxy has imbued the public with a fear of cancer bordering on hysteria. Both surgeon and patient are under constant pressure to operate without delay.

By conforming to the creed of the medical society the surgeons are protected from malpractice suits, even though they operate on a benign growth, the surgery causes the growth to spread, or the patient is too weak to withstand the shock of surgery. I know of one case of cancer surgery in which the patient was operated on for seven and a half hours, and when he died 13 months later, the incision was partially open and unhealed.

The surgeons have always dominated the treatment of cancer, and only recently has their control of cancer treatment been loosened by a trend toward chemotherapy. Surgery and radiation are the only "approved" treatments for cancer. Why? Are they really the best? Why is it that doctors are permitted to use other therapies only on terminal patients?

One must assume from the widespread advertising and publicity that the American Medical Association, the various cancer societies, the National Cancer Institute, and other governmental health agencies are trying desperately to maintain the status quo of cancer as a surgical disease. They are constantly impressing upon the public that surgery and X-ray treatments are the only approved methods, and that any other treatment —the Koch treatment, Krebiozen, the Hoxsey treatment, Laetrile, and Mucorhicin—is useless quackery. Those in authoritative positions establish their own criteria for evaluating results of treatment by force of edict.

Author Maurice Natenberg, writing in **The Cancer Blackout**, says, "Cancer is big business, make no mistake about that. The treatments of choice are far and away the most lucrative."

When a physician uses treatments other than surgery and radiation, he eliminates expenses for narcotics, surgery, and X-ray, and reduces hospital expense. The opposition to the use of the Koch treatment, Lincoln and Mucorhicin agents, is, we believe, not based on scientific evidence that the treatments are worthless. We are

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Does an American Citizen Living in California Have Any Rights?

By Betty Lee Morales

Following is the excellent plea made to the State Department of Public Health for FREEDOM OF CHOICE in matters relating to health. You will note that her plea to this board is "Please don't condemn countless thousands to death and at the same time set a precedent which in the end will destroy our freedom, unless and until you have true scientific evidence, based on actual clinical research, that these remedies are HARMFUL or of no VALUE."

Dr. Erickson: Would you give us your name and address and any affiliation.

Mrs. Betty Lee Morales: Betty Lee Morales, Post Office Box 824, Topanga, California. I am here as an individual, a resident of this blessed State, and, thank God, an American.

That is really what I want to talk to you about today, but I would like to make a few remarks about what I have heard since I have been here and why I am motivated to be here.

I believe that the real issues before this committee are not the things we have been talking about, if you will allow me to state so. I think the real issues here are, doesn't the citizen of America and this State have the right of freedom of choice of what he wishes to do with and to his body if he happens to fall victim to that now political disease "cancer"? And that is exactly what we are permitting to happen in this country. I think we should not permit ourselves to become emotional because of cancer. There are other diseases that are just as bad as cancer, and why should we be preserved from certain other diseases if we are going to be more likely to get cancer?

We are told on billboards and by advertisements soliciting donations that one out of three of us must expect to get cancer before we die. As a mother, as a citizen, as a resident, as an American, I feel that if I fall victim to cancer, I have a right to choose what I should

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wondering if the opposition to these therapies may not stem from the possibility that if these treatments were used widely, the whole treatment of cancer would be revolutionized and the huge investments in hospitals, drugs, X-ray and cobalt equipment would no longer be necessary, and that surgery as a treatment for cancer might fall into disrepute.

At the present time, the cost of treating advanced cancer with conventional means—surgery, radiation and hormones —runs between $5,000 and $75,000. There are few, if any, insurance programs which really underwrite more than a small portion of the cost. In some cases, a few, if the cancer is detected very early and it happens to be the type that can be helped with surgery or radiation, the cost is less, but still exorbitant. All too frequently, life savings are swept away by medical expenses when a family member develops cancer.

We wish to reiterate that we are opposed to the prohibition of the above-named cancer agents without proper testing, and request that they be given a fair, double-blind test forthwith.

I wish to express appreciation for being permitted to make this statement. Thank you.

like to have done to my body in my fight to help to overcome this disease. There are thousands of known either worthless or harmful products on the market for various degenerative diseases, even for the common cold. The American people consume billions of dollars every year in tranquilizers, in drugs of all kinds, in nostrums to supposedly cure constipation, the No. 1 American disease.

Arthritis, we are told, is a degenerative disease which is incurable. You can't turn on your radio without hearing somebody beat the drums for another alleviation for arthritis. It has been proved that many of these things have harmful side effects, and later on who knows how much damage has been done by these things which are now sold very openly in drugstores across counters without any prescription, without the necessity to see a doctor, without even the knowledge perhaps of an incipient problem which some of these side effects might worsen? I feel if this committee is going to take the stand that because in the opinion of the consensus of medical opinion, which you are relying on, you say that these things are not proved to be helpful for cancer or even proved not to have any efficacy whatsoever, I feel that if you do this, you put yourself on record as setting a precedent of being morally and legally obligated to the taxpayers and residents of this State, and one by one doing this for every other similar product on the market. Just because we are talking about cancer does not make the real moral and legal issues any different than if you are talking about diabetes or any other degenerative disease—arthritis, neuritis, rheumatism, heart trouble. Fifty-one out of every 100 people die of heart disease. There are many things in our society which contribute to this. Are we going to have public hearings about each and every one of these things? If we don't, I don't see any justification for this proposed legislation.

I feel that if this proposed legislation is put into law, that we have helped to undermine the Constitution of the United States in a way that is perhaps more insidious and dangerous than what is going on in Alabama these days, of which I am sure everyone sitting here is heartily ashamed. Because of the emotional problems involving race today, and color, everybody is aware of the Negro's rights and how he has been held down for a hundred years, and this is causing trouble all over the country and going to cause a lot more trouble. Are we going to prevent the individual from doing with his body what he wants, as long as he doesn't hurt anyone else, and take his freedoms away until perhaps we cause other kinds of internal riots? If it has to come to that, and I am convinced it will, because mothers all over the country are becoming incensed over the things going on that I feel this Public Health Committee could better spend its time and energy and money on. I think the school lunch program is something that needs a dashed good overhauling.

I doubt there is one drop of commercial milk produced in the State of California that does not have residues of DDT in it, including mother's milk. This is something that I am concerned about, and I know there is a way to produce milk without having the residues of DDT and other ~~non~~-cancer-inciting chemicals in it. I have been up before the Public Health Commission in Sacramento recently, and I heard these things being discussed. I also heard a very positive program presented, but I didn't hear very much enthusiasm about looking into it, because it had not yet become a political issue.

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Cancer is a political issue, and a victim of cancer becomes a victim of a political disease before he has the physical disease.

I would like to tell you that I personally know many people who have been cured of cancer, people who have had biopsy and have been legally diagnosed as having had cancer. They were considered terminal cases. They were cured of cancer by methods that are not accepted as being conventional methods. Did they have a right to get well or should they have been good people and stayed at home in California where it is illegal to be cured by these means?

There is a doctor in Brownsville, Texas, whose name is Dr. I. N. Frost. He is 82 years old. He has a little cancer clinic down there, and he cures about 80 per cent of the cases of cancer that come to him that have not had radiation or extensive surgery. Dr. Frost has written to the Department of Health, Education, and Welfare of this State and of the Federal Government, and invited any and all qualified persons to come down, and he will even give them free bed and board while they study what he is doing.

I also appeared before the Public Health Committee as an individual when the Cancer Quack Legislation was being considered prior to the time it was put into effect, and I heard what went on there, and it made me sick. I have never had one single peaceful moment since then, because do you realize in that original proposed Cancer Quack Bill there was a clause that said if a resident of the State of California left this state for the specific purpose of being treated for cancer by any means other than radiation, surgery or X-ray, he could be extradited like a common criminal and brought back to California and forced to die under one or all of those methods, because, gentlemen, there is not one single documented case history of any internal metastasized cancer ever being cured by any one, two or three of those methods? So actually a person who has cancer is doomed to die by a legal means if he is not permitted to make a choice, have freedom of choice and try something else.

Now, no responsible medical doctor would ever give a victim of internal cancer one ounce of real assurance that he might be cured by radiation, surgery or X-ray. He will tell him it might prolong his life, might relieve his suffering, but no responsible medical doctor would give him any hope that he could be cured by those methods, because he knows in his heart and in his books that there is not one single documented case history of such a cure.

I would like to ask you soberly and humbly to recall that many advancements in the history of medicine have come not only from so-called unrecognized, unorthodox methods, but from lay people. History will show that Vitamin C was known to be the specific cure for scurvy for 231 years before the Medical Associations in Britain and America recognized it. There are many other such cases which I won't take your time to talk about today, because I'm sure you are aware of them, as I am. But I would like to say that this should be a sobering recollection for all of us, because if science is to be fettered and if we say that only what is medically recognized, or only what comes under the mantle of consensus of medical opinion is to have any kind of hearing or chance, what are we doing? We are killing all advancement except that which may come from those very few individuals who make up and dictate what the consensus of medical opinion is.

I don't know whether you are aware

(Continued next page)

of it or not, but recently there was a case in court where a man was marketing a vitamin food supplement made out of nothing but foods, concentrated foods, and he was given a very considerable fine—I think it was $7,000—and sentenced to a year in the penitentiary because he made a claim which he could prove scientifically, but because it was contrary to the consensus of medical opinion, and the judge who heard the case said, "This is a court of law and not of justice. I have no alternative but to find you guilty under the law, because you have done something that is contrary to the consensus of medical opinion, and the truth is not the determining factor."

Gentlemen and ladies, when we sit down and look at each other and say, "The truth is not the consensus of opinion, the truth is not the determining factor," what are we saying? We are scuttling everything that your forefathers and mine came to this country to establish. My forefathers came here from Scotland and settled in Virginia and Kentucky, and I am very proud of the fact, and I feel that I would not be worthy of my heritage if I did not come before you today and speak as I am speaking, because my father was a victim of brain cancer. After he went to the Cancer Board in San Diego, and his record is there—you can look it up if you wish to—he was cured by one of the so-called unorthodox, unrecognized methods which was, as far as I know, similar to the Hoxsey method, and he lived 15 good years after that until he passed away at 80, and never had any recurrence of this disease. But what he went through in the meantime is something that I wish I had never had to see.

I am happy, however, to have witnessed the fact that he did overcome cancer after he was diagnosed by biopsy, the only legal method of diagnosis, and afterward he did overcome this horrible disease.

What will you be doing if you fail to pass this proposed legislation? What will happen? Not one single person will be harmed, but there are many people who will be able to function in this wonderful land of ours under the rights given them by the Constitution. They will be able to choose in freedom what they wish to do with their aching, ailing, miserable bodies. Cancer has not been held to be a communicable disease. They are not going to endanger anyone else. This is the only thing you will be doing, you will be permitting victims to choose how they wish to die, if they die, or to take that one odd chance, maybe it is one in a million, for a cure by unorthodox methods. I plead for that one in a million chance. America was based upon the premise that there is such a thing as the right of the minority of one, and this minority of one has your consideration today before you.

By passing this proposed legislation, what do you do? You help to do exactly what the murderer did in Alabama who killed the Negro, the man Medgar Evers, the head of the NCAAP, and through his hate and through his blindness, and if I may say so, through his ignorance, because ignorance is something that comes to us from many channels, he

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took a radical method for what he thought would help to achieve his emotional end. Actually what he is doing is serving the purpose of the people he was fighting. This is the way things work in history. Right wins out in the end, but we can hold it back for a long time, and we can cause a lot of unneeded surgery. By passing this proposed legislation today, each one of you wears a mantle of guilt, in my opinion, if you pass this, for helping you undermine the encroaching loss of freedom of choice of the individual in matters in which he should be an individual.

I ask you today to consider these things soberly and seriously before you ever help to lend one single word or deed within your power to stop, to put legislation like this into action. There is absolutely no justifiable cause for it, legal, moral or any other way. I feel that it is a disgrace upon the escutcheon of this State and upon a committee such as yours to take time, energy and money to do this, when in our State there are problems so acutely needing your attention—the production of pure food is one of them.

We are feeding our children who are, we know, the coming generation, and are the ones we are handing over this terrible world mess to, and you and I are responsible for the condition that we have permitted ourselves to get into through complacency. I worked for the FBI for four years, for the Army and Navy Intelligence during a time before and after we went into the war, and I am a knowledgeable person, a trained investigator. I am here as an individual, but I am a qualified individual or I wouldn't be here taking your time. I say to each one of you, examine your conscience and see if every word I have said is not true.

You have absolutely nothing to do here today except to defend the Constitution of the United States and the freedom of choice of an individual, including yourselves, because one out of three of you will have cancer before you die, too, and you may want to choose a method where you have a one in a million or a thousand chances to get well instead of being forced to take one of the three methods that you know will help you to the grave and rob you of at least $7,000 before you die.

But that is not the issue at stake with me. The issue at stake is simple and clear and basic: Do we or do we not have freedom of choice where we are not encroaching upon the rights of others? This, gentlemen and ladies, is what you are here today to decide, in my opinion, and I hope that you take it as seriously as you have taken anything in your life, because wherever one man is deprived of any of his freedom, all men are deprived potentially of their freedom. Thank you.

Dr. Erickson: Thank you, Mrs. Morales.

EDITOR'S NOTE

The Federation's attorney, at its request, studied the record on which the Cancer Council based its findings and found nowhere any evidence of any clinical research done by the Council or at its request which would prove or disprove the value of the remedies in question. Both the Council and the State Department of Public Health chose to ignore the bona fide testimony of many cured cancer patients, in fact refused to even hear many of such.

The only statement they used to justify this miscarriage of justice was "Some folk might rely on these remedies in the first stages of cancer when they could be cured" ???? etc. etc. When asked to produce the statistics to justify such statements, they failed to do so. This is so, because they know it is not true and that people seek these so-called unorthodox treatments after they have had the so-called orthodox treatments and after such treatments have failed to cure them, and have exhausted their financial resources.

Executive Secretary's Page

By Howard Long

They Did It Again

Friday, September 20, seemed like any other day, but our "friendly experts" were planning a surprise day for us in Los Angeles. In a whirlwind "public meeting," the Cancer Advisory Council of the California Department of Public Health BANNED the use of Koch, Laetrile, Lincoln and Mucorhicin for use by M.D.'s or others in ALLEVIATING or treating cancer. List those on a sheet of paper beginning with X-ray, Radium, Surgery and Cobalt, and then add Arginase, Electronics, Gerson, Gregomycin, Hoxsey, IAB, KC-49, and Nicholas. Now, cross out the ones that are not permitted—the so-called unorthodox—and you have left ? ? ?

Next graphic step—if you please. List M.D., Homeopath, Naturopath, Herbalist, Osteopath, and cross them all out but M.D. It is true that some osteopaths, naturopaths and chiropractors are still hanging on, but the "experts" who are guardians of your life are cutting away at the rope here, too.

What you have left is just what the AMA and the FDA and the states want you to have. When in the name of heaven are we going to wake up? Can't you see what is happening? At this second hearing there weren't even a hundred persons present out of a realistic possibility of 2,000 from Los Angeles County alone. Of those present, over 90 per cent were from N.H.F. and the majority of those were from San Diego.

Litigation Our Only Hope

Now, litigation is our only hope, and again we have the dollar involved. We are carefully considering the matter and will advise our members as soon as possible. We have just 30 days to appeal in Superior Court. Be ready! California is just the first state; maybe yours is next?

The evil thing is that these banned agents used in the treatment of cancer are not harmful or toxic and do alleviate pain. Further, there are hundreds of case histories indicating absolute cures according to the discoverers and their patients. Very simply, I ask you, is it conceivable that in America we are approaching a police state? Surely in America that isn't possible, but I am having trouble reconciling so many acts of state and federal offices! Could you help me? Remember, if you try, that I do not "brainwash" easily and I am not apathetic.

Ninth Annual Meeting

Remember our big Annual Convention in Los Angeles, also. This should be excellent as we already have Adele Davis, Dr. Martin, Dr. Knight, Pamela Mason, and, it is anticipated, the Mayor of Los Angeles and Agnes Toms for the program, and we have just barely started. Make every effort possible to be with us, won't you? We have a lot of good educational programs lined up for you and we must martial our forces, spread the truth and **fight**! Special rates are available at the hotel and details will be forthcoming.

Stuff, Anyone?

We still have very few books of stamps. As my wife tells me, they are dear to the heart of the housewife. I know this, but how do you feel about N.H.F.? Without your continued help we **cannot** do the job we **must**. We need your green and blue stamps for our letter stuffer, please!

Unproved Cancer Treatment Methods

A summary presented by the June 1956 Cancer Commission of the California Medical Association

EDITOR'S NOTE

The following note was printed in this booklet in 1957 by the National Health Federation to show that all cancer remedies except X-ray, radium and surgery were condemned by the C.M.A., the A.M.A. and the Cancer Society before the Legislature was asked to pass a cancer control bill to make legal these vicious condemnations made without any clinical, animal or human experiments and made by men who had never used or experimented with said remedies.

You will note that the Federation pointed out to the Legislature that these same men or some of them would be on the Cancer Council and the result would be the same kind of condemnation as recorded in this booklet.

The only reason for the Cancer Bill was to enable these men to have a legal screen behind which to enforce these unfair, unscientific decisions. THE CANCER COUNCIL AND THE STATE DEPARTMENT OF HEALTH HAVE NOW PROVED WE WERE RIGHT.

In 1957 We Made This Statement

This booklet is reproduced by the National Health Federation in order that you, as a legislator, may know that if the Thompson or Chappel Cancer Control Bills are adopted by the Legislature the only remedies that are approved by the California Medical Association are X-ray, irradiation, and surgery. Further, you will note that all of these other known beneficial methods **have been condemned on the basis of opinions and not bona fide research.**

You will further note that the California Cancer Commission which made these findings will no doubt be the same men who will be the members of the Cancer Control Council provided for in these bills. What chance, therefore, has a poor California cancer victim if the Legislature approves these bills?

To prevent this being done the Legislature amended the bill to require that substances had to be tested to show their efficacy (or lack of efficacy). Those on the Senate Committee who inserted this language stated that this would mean that clinical experiments would have to be made.

The present Cancer Council and the State Department of Health have ignored this requirement and therefore their recent action is illegal. The Federation expects to take this matter to court.

(The balance of this presentation is an exact reproduction.)

Quote—

INTRODUCTION

The following is a summary of the more prominent unconventional cancer treatment methods that have come to the attention of the Cancer Commission. It is hoped that this will serve as a ready reference when you are asked questions by your patients.

Included in this summary are those methods investigated directly by the Cancer Commission of the California Medical Association and those investigated by other organizations, mainly the

(Continued next page)

Bureau of Investigation of the American Medical Association and the Committee on Cancer Diagnosis and Therapy of the National Research Council.

The California Senate Interim Committee on Public Health conducted hearings during 1957-1958 on the problem of misleading or unscientific practices in the treatment of disease. New information has been obtained as a result of these hearings and is included in this revision.

In order to keep the Cancer Commission up-to-date on unconventional cancer treatment methods, it will be appreciated if every physician in the state will make it his personal responsibility to report new or old unconventional methods which he encounters to the Medical Director of the Cancer Commission.

If information is desired concerning a cancer treatment method not discussed in this brochure, the Cancer Commission can supply you with the available information or investigate it if information is not already in the files.

June 1956

Revised January 1959

General Information

"The Pursuit of the Unorthodox," **Journal of the Michigan State Medical Society,** Vol. 57: April 1958.

"Unorthodox Cancer Remedies," **Medical Annals of the District of Columbia,** Vol. XXIV:1955.

"Proceedings, Senate Interim Committee Hearings," Oct. 21 and 22, 1957, Dec. 7, 1957 and May 6 to 8, 1958.

"Beware the Cancer Quack!" **Cancer News,** American Cancer Society, Summer (1955) issue.

"The Truth About Cancer," by Charles S. Cameron, M.D., Prentice-Hall Publishing Co., New Jersey, 1956.

ARGINASE (Hepasyn)

Nature of the Treatment Method

Arginase is an enzyme which occurs in the liver and other mammalian tissues. It is said to split arginine into urea and opnithin. It is apparently of relatively low concentration in malignant tissues. Material is given intravenously and intramuscularly and sometimes directly into the cancers.

Proponents of the Treatment Method

Persons currently prominent in arginase treatment are:
MR. LEO W. HOSFORD, San Francisco

Conclusions of the Cancer Commission

There is no evidence to date that arginase (or hepasyn) has a beneficial effect on patients with cancer.

References

California Medicine, Vol. 79: 1953, p. 248.

California Medicine, Vol. 81: 1954, p. 422.

Proceedings, Senate Interim Committee Hearing, May 6-8, 1958, Vol. 2, pages 277-294.

BERNARD FOUNDATION FOR MEDICAL RESEARCH

Nature of the Treatment Method

Mercury—indigo—sulfonates. Administration by injection, either intramuscular or into the cancers.

Proponent of the Treatment Method

JAMES E. DAVIS, Ph.D., of Los Angeles and Chicago.

Conclusions

See reference cited.

Reference

Canadian Medical Association Journal, Vol. 48: 1943, p. 443.

CANCER RESEARCH AND HOSPITAL FOUNDATION

(Continued next page)

(See "Institute of Applied Biology," p. 5)

ELECTRONIC MEDICAL FOUNDATION

Nature of the Treatment Method

A variety of instruments known as Oscilloclasts, Oscillotrons, Depolatrons, Electropads and numerous others.

Proponent of the Treatment Method

FRED J. HART of San Francisco

Conclusions of the Food and Drug Administration

In March 1954 a court injunction against out-of-state sale of the instruments was granted, following action by the Food and Drug Administration.

Reference

Stanford Medical Bulletin, Vol. 12: 1954, p. 145.

Proceedings, Senate Interim Committee Hearing, May 6-8, 1958, Vol. I, pp. 65-141.

GERSON

Nature of the Treatment Method

Based primarily on dietary intake. Animal protein, use of aluminum cooking utensils, spice, tea, coffee, tobacco and all preserved foods are prohibited.

Proponent of the Treatment Method

DR. MAX GERSON, New York, N.Y.

Conclusions of the Bureau of Investigation, American Medical Association

It is the opinion of the Bureau that the Gerson method of treating cancer is of no curative value.

References

J.A.M.A., Vol. 132: p. 645.
J.A.M.A., Vol. 139: 1949, p. 96.

GREGOMYCIN AND GREGOCIN

Nature of the Treatment Method

The material being used is reported to be isolated from the soil, and to be effective against the cancer-producing virus. Administered "by injection."

Proponent of the Treatment Method

JOHN E. GREGORY, M.D., Pasadena, Calif.

Conclusions of the Cancer Commission

Laboratory tests by qualified consultants indicate that "Gregomycin" has no antibiotic or antiviral activity, and that it fails completely to control certain animal neoplasms and types of leukemia which respond readily to chemotherapeutic agents of some established value.

Reference

California Medicine, Vol. 80: 1954, p. 327.

HOXSEY

Nature of the Treatment Method

Analysis by chemists disclosed that Hoxsey's brownish-black internal "Cancer Medicine" contained about equal parts of potassium iodide and cascara and about 96% water. External "Cancer Medicine" is an escharotic.

Proponents of the Treatment Method

MR. HARRY HOXSEY
TAYLOR CANCER CLINIC, Dallas, Texas.
FREMONT CHRISTIAN CLINIC, Los Angeles, Calif.
DEFENDER HEALTH RESEARCH FOUNDATION, Monrovia, Calif.

Conclusions of the Bureau of Investigation, A.M.A.

"Any person possessing a modicum of knowledge of the pharmacological action of drugs should know that . . . (Potassium Iodide and Cascara) . . . is without any therapeutic merit in the treatment of cancer."

References

J.A.M.A., Vol. 133: p. 774
J.A.M.A., Vol. 137: p. 1242
J.A.M.A., Vol. 145: 1951, p. 252.
J.A.M.A., Vol. 146: 1951, p. 736.

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J.A.M.A., Vol. 150: 1952, p. 54
J.A.M.A., Vol. 154: 1954, p. 1303
J.A.M.A., Vol. 155: 1954, p. 667
J.A.M.A., Vol. 157: 1955, p. 1319
California Medicine, Vol. 81: 1955, p. 90 (adv. section of No. 5)
Med. Ann. Dist. Col., Vol. 24: 1955, p. 73.
Public Warning, Federal Food and Drug Administration, 1957.
Proceedings, Senate Interim Committee Hearing, May 6-8, 1958, Vols. I and III, pp. 141-142, 276.

INSTITUTE OF APPLIED BIOLOGY
(Cancer Research and Hospital Foundation)

Nature of the Treatment Method

A great variety of acid and alkaline chemicals and materials are used, and may be given orally or by injection.

Proponent of the Treatment Method

EMANUEL REVICI, M.D., New York, N.Y.

Conclusions

Investigation by various persons in the United States disclosed no evidence of objective benefit in cancer.

References

J.A.M.A., Vol. 128: 1945, p. 1186.
J.A.M.A., Vol. 139: 1949, p. 96.

KC-49

Nature of the Treatment Method

Potassium rhodizonate, triquinoyl, polycarbon sub-oxide and a polymer prepared from sulfuric acid and acetaldehyde. Administration chiefly by mouth but occasionally intravenously.

Proponent of the Treatment Method

MR. JAMES V. SHERIDAN of Detroit.

Produced by the WINSLOW LABORATORIES, Alpine, Calif.

Conclusions

No investigations published. No proven effect on animal or human malignancies.

References

Files, Committee on Cancer Diagnosis and Therapy.
Detroit Institute of Cancer Research, Personal Communication.

KOCH

Nature of the Treatment Method

The material is known as "Glyoxylide" and is labeled as "a one to a trillion aqueous dilution of partially oxidized INOSITOL and the reaction product of acetaldehyde, ethyl alcohol and sulphuric acid." Administered by injection.

Proponents of the Treatment Method

CHRISTIAN MEDICAL RESEARCH LEAGUE, Detroit, Mich. (producers)
LUTHERAN RESEARCH SOCIETY, INC., (promotion)
AMERICAN ASSOCIATION OF PHYSICIANS (promotion)
DEFENDERS, INC. (promotion)

Conclusions of the Bureau of Investigation, A.M.A.

Found to be of no value in the treatment of cancer.

References

J.A.M.A., Vol. 107: 1936, p. 519
J.A.M.A., Vol. 140: 1949, p. 1352.
J.A.M.A., Vol. 153: 1953, pp. 647, 665.
J.A.M.A., Vol. 155: 1955, p. 1522.
Med. Ann. Dist. Col., Vol. 24: 1955, p. 73.
Proceedings, Senate Interim Committee Hearings, May 6-8, 1958, Vol. II, pp. 171-194.

KREBIOZEN

Nature of the Treatment Method

Described in vague terms by the proponents as a "regulator of proliferative activity which controlled the permeability of the body cell or its enzyme systems." Source of Krebiozen was

(Continued next page)

shrouded in the following terminology: "Dr. Durovic stimulated the reticuloendothelial system of the horse and separated from the serum by a chemical process the 'Krebiozen' in a pure or almost pure state." Administered by injection.

Proponents of the Treatment Method

ANDREW C. IVY, M.D., Chicago, Ill.
DR. STEVAN DUROVIC, Chicago and Argentina
KREBIOZEN RESEARCH FOUNDATION, Chicago, Ill.

Conclusions of the Committee on Research, Council on Pharmacy and Chemistry, A.M.A.

"Ninety-eight of the 100 patients studied were reported as failing to show objective evidence of improvement. The other two showed temporary improvement only and went on to rapid progression." Testimony was given by Paul Kirk, Ph.D., and Arthur Furst, M.D., at the Senate Interim Committee Hearings that the vials labeled "Krebiozen" contained **only** mineral oil.

References

J.A.M.A., Vol. 147: 1951, pp. 864, 1297.
J.A.M.A., Vol. 148: 1952, pp. 843, 929.
California Medicine, Vol. 81: 1954, p. 359.
"KREBIOZEN," G. D. Stoddard, Beacon Press, Boston, 1955.
Proceedings, Senate Interim Committee Hearings, May 6-8, 1958, Vol. I, pp. 195-259, 374-393.

LAETRILE

Nature of the Treatment Method

Laetrile is supposed to affect malignant neoplasms by "focally triggering off lethal quantities of nascent hydrogen cyanide." The term Laetrile is derived from the fact that the chemical is a laevo-rotary-nitrile, essentially amygdalin. Administered by intramuscular injection.

Proponents of the Treatment Method

Chief proponent, Mr. E. T. Krebs, Jr., and associated with him is his father, ERNST T. KREBS, SR., M.D., of San Francisco, and B. A. KREBS, D.O., of Los Angeles. Laetrile produced and distributed by John Beard Memorial Foundation, 642 Capp St., San Francisco.

Conclusions of the Cancer Commission

No satisfactory evidence has been produced to indicate any significant cytotoxic effect of Laetrile on the cancer cell.

Reference

California Medicine, Vol. 78: 1953, p. 320.

LINCOLN

Nature of the Treatment Method

A bacteriophage and is labeled as follows: "H.S.A. Hemolytic Staphylococcus Aureus (Lincolnii) Alpha (or Beta)." The material is inhaled and is supposed to be effective for cancer, tuberculosis, multiple sclerosis, sinusitis and "all the diseases the cause of which is unknown." Administered by nasal inhalation and sometimes given by mouth.

Proponents of the Treatment Method

The son of the originator, MR. ROBERT E. LINCOLN, JR., Medford, Mass.
LINCOLN FOUNDATION, Medford, Mass.

Conclusions of a Special Committee of the Massachusetts Medical Society

Complete failure of the "phage" in cases of cancer.

References

J.A.M.A., Vol. 148: 1952, p. 850.
J.A.M.A., Vol. 149: 1952, p. 284.
N.E.J.M., Vol. 246, 1952, p. 514.
J.A.M.A., Vol. 155: 1954, p. 1522.

MUCORHICIN

Nature of the Treatment Method

Mucorhicin is apparently prepared

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from a yeast; it is marketed by Standard Process Company of Milwaukee, which is operated by E. ROYAL LEE, D.D.S. Administration is oral. Is said to be an active antibiotic against cancer.

Proponent of the Treatment Method

DROSNES-LAZENBY CLINIC, Pittsburgh, Pa.

Conclusions

Testimony was given by Paul Kirk, Ph.D., at the Senate Interim Committee Hearings on "Mucorhicin" — ". . . it would appear that there is little, if any, antibiotic activity. . . ."

References

Files, Committee on Cancer Diagnosis and Therapy.

Proceedings, Senate Interim Committee, May 6-8, 1958, Vol. I, pp. 384-392.

NICHOLAS

Nature of the Treatment Method

The material used is an escharotic, probably its main ingredient being zinc chloride.

Proponent of the Treatment Method

THE NICHOLAS SANITARIUM, Savannah, Mo.

Conclusions of the Bureau of Investigation, A.M.A.

Can be dangerous, and of no value in internal cancers.

References

"Cancer Cures and Treatment"— **A.M.A.,** 1933.

J.A.M.A., Vol. 101: 1933, p. 1182.

J.A.M.A., Vol. 139: 1949, p. 94.

SPEARS CHIROPRACTIC SANITARIUM AND HOSPITAL

Nature of the Treatment Method

Chiropractic "adjustments," combined with colonic irrigations, a modified "grape cure" diet, and massage.

Proponent of the Treatment Method

SPEARS CHIROPRACTIC SANITARIUM AND HOSPITAL, Denver, Colo.

Conclusions

No objective evidence of cure of cancer has been published in scientific medical journals.

References

Denver Post, Denver, Colo., Sept. 22, 1955.

Note: The American Cancer Society, Inc. maintains an active Committee on New and Unproved Methods of Treatment of Cancer. This Committee has at its disposal most of the material pertaining to alleged new cancer treatment methods published anywhere in the United States and Canada. Members of the Cancer Commission of the California Medical Association are represented on this Committee.

UNQUOTE

Editor's Note:

Having read the foregoing, you will see how badly the California Cancer Council has betrayed the California Legislature and the people of California.

If you are at all interested in your future or that of your children, you will not stop until you have written to or called on your state Senator and Assemblyman and requested them to take the needed action to remedy this matter.

Reprints

Reprints of the foregoing article may be had from the National Health Federation, P.O. Box 686, Monrovia, California, at the following prices: 25¢ for one copy; in lots of ten or more, seven cents each.

The price of the complete **Bulletin** is 25¢ for a single copy. In lots of seven or more, the price will be $1.00 for each seven ordered.

N.H.F. Washington Report

By Clinton Miller

Enovid and Krebiozen

An interesting comparison can and should be made between the Food and Drug Administration's double-standard law-enforcement of the two drugs, Enovid and Krebiozen. Both drugs were introduced in America in the early '50s. Both have come up before the FDA for re-evaluation of safety and efficacy since June 7, 1963. This was the deadline set by the FDA to enforce the Kefauver-Harris drug law of 1962. Enovid is manufactured by the giant pharmaceutical firm of G. D. Searle Co. Searle has just announced a forthcoming merger with super giant Abbott. Krebiozen is manufactured by the small Promac Laboratories. Both companies are in Illinois.

FDA Says: "Enovid—Yes; Krebiozen—No"

Enovid has just been blissfully blessed by FDA, then cleared for interstate commerce. Krebiozen has just been bitterly blasted by FDA, then banned from interstate commerce.

Enovid is used as an oral contraceptive; Krebiozen, for the management of cancer. Enovid has now been used by well over 1.5 million women. Krebiozen was administered to over 5,000 men, women and children. Dozens, perhaps hundreds of women have been unnecessarily killed by using Enovid, not to count the thousands who have been injured or have suffered from its other side effects. Dozens, perhaps hundreds of men, women and children have had their lives extended, pain relieved, and their suffering stopped by using Krebiozen, not to count the hope and happiness it has given friends and relatives.

Side Effects

Krebiozen has no side effects. Its bitterest enemies admit this.

Enovid has many drastic side effects. Its staunchest supporters freely admit this. One out of four women have such severe nausea and vomiting that it requires discontinuation. Other serious side effects are edema, weight gain, changes in thyroid or adrenal function, thyroiditis or toxicosis, hair loss, unwanted body hair growth, dermatitis, cholestatic jaundice, chlossma, toxemia of pregnancy, sporadic bleeding, and breast tenderness. Women with diabetes should be warned that it might become more difficult to control if they take Enovid. Attacks of migraine, asthma, epilepsy, and premenstrual tension may be aggravated by Enovid.

Must Be Fatal to Count

The FDA takes an official position that the only side effect that is of any importance is death. It has made no tabulation, no study, no evaluation of any kind of the thousands of instances of side effects reported in the 75-volume Enovid drug application. "We just aren't concerned with other [than death] side effects," an FDA official explained to this writer.

Permanently Pregnant

It is supposed that Enovid "tricks" the body into believing it is pregnant by tripping the delicate biochemical mechanism that would ordinarily be activated in the case of a normal pregnancy. This suppresses ovulation. It should be no surprise then that the woman should

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react with symptoms peculiar to pregnancy. Enovid has all of these plus a few of its own. It is a pitiful paradox that a woman who seeks to avoid pregnancy by taking Enovid has her body triggered to a perpetual pregnancy. No one has any answers as to just what effect it might have on a woman who keeps her body in this perilous synthetic pregnancy year after year. FDA has extended from two to four years the time which it says it is safe to continue Enovid without interruption. When they are carefully questioned about deaths and severe reactions, the FDA and industry spokesmen justify their decision by admitting any deaths and injury, but strangely justify it by arguing that "on the other hand, women using Enovid are avoiding the dangers of pregnancy."

Dangers of a Synthetic Pregnancy

It would seem that Enovid may have the power to expose a woman to all the dangers of pregnancy without its safeguards. (Continued in next column)

Beginning in 1961, reports began to appear from numerous sources of thromboembolic (blood clot) conditions, including thrombophlebitis and pulmonary embolism, occurring in women who had taken or were taking Enovid. Many of these patients died. After two years, the FDA reluctantly, in January of 1963, established an ad hoc committee to "review and analyze this situation." Dr. Irving S. Wright, of New York, was chosen as chairman of the nine-man committee of specialists who, according to the FDA, were "representatives with broad interests but especially experienced in the fields of gynecology and obstetrics, vascular diseases, thromboembolism, hematology (especially coagulation), statistics, and epidemiology."

In August, 1963, they completed their report. They warned that all women over 35 should not take Enovid. For some unexplained reason, the death rate went up sharply at 35, and even more sharply at 40. At this time they issued the following chart:

Comparison of Age-Specific Mortality from Thromboembolic Phenomena Among White Enovid Users and the White Nonpregnant U.S. Population—1962

Preliminary Report*

	ENOVID USERS			GENERAL POPULATION			
Age Group	Number of TE Deaths	Population White Females	Rate per Million	Number of TE Deaths	Pop. White Nonpregnant Females	Rate per Million	Probability Values
15-19	0	67,200	0	10	5,556,000	1.8	0.89
20-24	4	329,600	12.1	20	2,759,000	7.3	0.22
25-29	2	268,900	7.4	30	2,861,000	10.5	0.47
30-34	2	177,100	11.3	37	4,015,000	9.2	0.49
35-39	2	106,300	18.8	40	5,037,000	7.9	0.0021*
40-44	2	43,500	46.0	66	5,374,000	12.3	0.0010*
TOTAL	12	992,600	12.1	203	25,602,000	7.9	0.14

* In the final report .0021 was changed to .21 and .0010 to .10. These were the only errors that were found and corrected.

It will be noticed that the death rate for women in the 35-39 age group was 140% greater for Enovid users than for nonusers, and the death rate for women in the 40-44 age group was 280% as high for users as for nonusers.

This means that if a woman over 40 goes to a doctor for advice on contraceptives, and if he prescribes Enovid, that she has increased her chances of dying by following his advice by 280%.

THE FIGURES ARE PROBABLY MUCH HIGHER—The Problem of Under-reporting

Staggering as these statistics are, they are probably much higher. Doctors for

(Continued next page)

a variety of reasons **under-report.** Not the least of the reasons for this is the fear of malpractice suits. A doctor who would report a death from Enovid is the exception rather than the rule! In effect, he is saying to the husband, "Your wife has died. She took the drug (Enovid) that I prescribed. It killed her. I did not warn her that her chances of death were increased by taking my prescription. I did not encourage her to use other contraceptives that have no fatal side effects. In short, your wife is unnecessarily dead, and I am responsible."

Reporting of adverse reactions to drugs is admittedly a risk to a doctor. No matter how sorry he may be, it doesn't bring back a life. The safest thing to do is to remain quiet. No one can estimate how many deaths go unreported for every one that is. Estimates have been made that there are 10 or more unreported deaths and side effects to every one that finds its way into the literature. Even when a doctor has the intellectual courage to report, it doesn't mean his report will be turned over to the proper authorities for evaluation.

There are many eyebrow raisers in the Wright report. For example, ". . . more than 350 case reports of both thromboembolism and death were considered from the files of both [FDA and G. D. Searle Co.] sources." Yet they finally considered only 12 deaths. (See column 2 in chart above.) More than 338 cases were discarded "because of the impossibility of obtaining solid comparable statistics."

Puerto Rican Deaths Don't Count

The G. D. Searle Company carried on its most comprehensive controlled clinical test in Puerto Rico. Evidence of the efficacy of Enovid from these tests is a prominent part of the advertising material distributed by the company. Yet the deaths don't count. The Wright Committee excluded from consideration three sudden deaths known to have occurred among a relatively small group of users of Enovid in Puerto Rico.

"Women Users"—or "Women Years"

Elinor Langer reports in **Science,** September 6, 1963, that "Edmond Kassouf, M.D., a New Jersey physician, has been a particularly vigorous critic of the report, and has prepared a refutation of it with the help of a cousin-mathematician, Sheen Kassouf, of New York."

For some unexplained reason, the Wright Committee used "women-users" of Enovid as the basis for their statistical computations. Under the "woman-user" concept, no attempt was made in this analysis to distinguish a woman who had taken Enovid for 20 days from one who had taken it for 240. A woman who had taken Enovid for only one month was thus assumed to incur the same risk of thromboembolism as a woman who had used Enovid over a 12-month period. When a patient starts taking Enovid, she must take it every day from day 5 to day 25 following the onset of menstruation. It must be taken for one month before its contraceptive effect registers. By their own admission, 25% of the women trying Enovid have such severe nausea and vomiting, etc., usually during the first month, that they must discontinue taking it. Yet the Wright Committee has used all these one-month users to dilute the statistics by assuming they ran the same risk from death from thromboembolism as women who used it a full 240 days. Sheen Kassouf, mathematician, points out that if a "woman-year" concept had been used, the death rate from thromboembolism among **all** Enovid users would have been 22.3 per million per year, or nearly 200% higher than in the general population. Under the "woman-year" concept, 12

(Continued next page)

women who used Enovid one month only would be counted as one "woman-year." Under the "woman-user" concept employed by the Wright Committee, they were counted as 12 "women users."

It certainly cannot be denied that the committee used a "woman-year" concept to apply to the general population, and a "woman-user" concept to apply to the Enovid users, and then compared the death rate figures.

Elinor Langer again reports in **Science,** "Although there have been several attempts to discover why the woman-year concept was abandoned in the Wright Committee's analysis, so far there has been no explanation." Previously, the woman-year concept was employed by a conference of experts employed by Searle in September, 1962 to evaluate the same problem.

FDA: "We Made a Mistake"

Following the August, 1963 Wright Committee report that women over 35 should not take Enovid, there was a sharp public reaction. G. D. Searle Co. quickly discovered an error in the Wright Committee report. It had reported a probability value of .0021 and .0010 instead of .21 and .10 for death rates of women between 35-39 and 40-44. It was an honest error, a misplaced decimal point. It meant that the statistics which were formerly regarded as highly significant were now just barely **not** "statistically significant." Immediately the August report was called a "preliminary report." A "final report" was issued September 12, 1963, which corrected the error, and prompted newspaper headlines — "AGE FACTOR INSIGNIFICANT IN ENOVID USE, FDA SAYS." Actually, FDA said no such thing. It is noteworthy, however, that they seemed happy that this misinterpretation was given by the press. The FDA Wright Committee only said the figures were not "statistically significant," not "insignificant." There is a tremendous difference between the two terms.

"Statistically Significant"—What Does It Mean?

Statisticians have a rule-of-thumb that a probability value must be less than .05 to be regarded as "statistically significant." This means that there must be more than 95 chances out of 100 that the situation couldn't have happened by accident. There were only 90 chances out of 100 that the Enovid figures for women of 40-44 couldn't have happened by chance. This means that although, nine times out of ten, a 40-44-year-old woman user of Enovid will have a 280% greater chance to die by using Enovid, because there is one possibility in 10 that the figures could have happened by chance, this is not considered "statistically significant." There must only be one possibility in 20 (or more) that the figures couldn't happen by chance in order to be "statistically significant." This was not a misuse or invention of the term by the committee. It is just a misunderstanding of the significance of the term by the press. Actually, the Wright Committee made a very careful report, and were extremely careful to qualify every observation. They were careful to state that all calculations were based on six assumptions. One of these was "Assuming that all 1962 cases of fatal TE—pulmonary embolism—are known to us." Of course they weren't.

The final report only changed the two probability factor mistakes. It didn't change the basic alarming fact that there is increased death risk of 140% among women from 35 to 39, and an increased death risk of 280% among 40-44-year-old Enovid users. The probability is that, in 80 and 90 chances out of 100, these figures didn't happen by chance. Certainly these figures are **"medically significant,"** and should have prompted immediate warnings and seizures by FDA. Enovid users of **all** ages have a 300% higher death risk than nonusers if Dr. Kassouf's criticism is valid. This correction would boost the death rate of women users of 40-44 to 480% greater than nonusers, which would then be also considered "statistically significant."

(Continued next page)

FDA: "We Are Scientifically Unimpeachable" Concerning Krebiozen

The FDA unashamedly admitted an error with Enovid. It was immediately corrected in their final report of September 12, 1963, just one month after it was brought to their attention. Not so with Krebiozen. On September 7, the FDA publicized that it had discovered that Krebiozen was nothing more than creatine, an inexpensive substance. Dr. Durovic noted, not one, but several errors and drew them to FDA's attention. He pointed out, among other things, that the National Cancer Institute had positively identified the carbon content of Krebiozen March 7, 1962 as 21.7%. The FDA, 18 months later "unequivocally" declared that the carbon content of Krebiozen was 36%. (The carbon content of creatine is 36%.) Obviously a mistake had been made. This error was pointed out by Dr. Stevan Durovic in a letter to Secretary Anthony J. Celebrezze, Secretary of Health, Education, and Welfare, who is over **both** FDA and NCI. He was answered by Boisfruillet Jones.

A Ukase

The letter said, in effect, "Your government has spoken! Now tremble and obey."

Mr. Jones said "The [government] results are conclusive. . . . The FDA analyses are themselves **scientifically unimpeachable.** . . . The FDA identification of 'Krebiozen' as creatine was conclusive; there was nothing speculative about it."

Any hope that was held that under the Kefauver-Harris Law the administration of the FDA would be improved is smashed. It has only made it possible for FDA to "get" Krebiozen.

For those who wish to be ruled by arrogance, that's it. Tremble and obey! Your government has spoken! For those who don't, turn to the legislative workshop under Krebiozen. Contact your own Congressman and see that he is made aware. He is most anxious to have the facts you have just read. Send them to him.

Summary

This writer has serious doubts whether or not the "statistically significant" term and concept should ever be used when death or serious side effects are being tabulated. When a death rate of 12.3 per million in the general population is compared to a death rate of 46 per million, it is of such tremendous medical significance that the very use of the term "statistically significant" becomes criminally misleading. Most lay people assume that the difference between a death rate of 12 and 13 would be "statistically significant," especially if it was their own mother, sister, or daughter who was the 13th fatality, but it isn't. To report a difference in death rates of women from age 35 to 39 of 7.9 compared to 18.8 and of women from age 40 to 44 of 12.3 compared to 46 as not "statistically significant" is terribly misleading to anyone but a statistician who gives a special rule-of-thumb definition to the term that is not shared by the general population.

If other drugs have been and are being cleared with this basic mathematical flaw, then a re-evaluation of all drug safety should be immediately instigated. The safety factor should be on the side

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of the user, not the drug company. There should be less than one chance in 100 that a person would be increasing a risk of side effect or death by taking a drug, rather than, as at present, 95 chances out of 100 that he is.

It is obvious that the FDA is both unfair and unbelievably hostile to Krebiozen and just as improperly and unbelievably friendly to Enovid. This is not generally known. Ask everyone you know if they know anything about Enovid, or are taking it. Then give them this information. They will learn about Krebiozen at the same time. Above all, see that you get the information to your Congressman.

See page 34 for KREBIOZEN LEGISLATION

Family Circle

(Continued from page 2)

notify this office, your money will be refunded.

The hotel can take no reservations for the night of December 31, New Year's Eve, but will take reservations for January 1, 2, 3, 4, and 5. Send your reservations at once. You can cancel at any time but not later than three days before January 1. The rates: single, $8.50 to $9.50; double, $13.00; twin beds, $14.00. At Cleveland many did not make reservations in advance and as a result had to seek lodging at other hotels. Do not be caught in the same boat. The $8.50 rooms are scarce, so we suggest that you write at once for reservations.

Reprints of "Who Murdered This Girl?" are available. Price: 15 cents for single copy, 10 or more copies at three cents each. Send orders direct to National Health Federation, P.O. Box 686, Monrovia, California 91017.

A Christmas Suggestion

Dr. Walter Hodson, the last speaker on the program of the seventh Midwestern Convention of the National Health Federation, recently held at Cleveland, Ohio, stopped in the middle of his inspiring speech and said, "A thought just came to me and I want to pass it on before I forget. The Washington Office is in great need of funds to keep on with its work, so why does not each member sacrifice and make a Christmas gift of $5 in addition to regular dues? This would show our appreciation of the great work the Washington Office is doing for the people of America. This money would be used to provide Clinton Miller with the continued use of a full-time secretary and thus enable him to accomplish a great deal more work."

Editor's Note: We think this a great idea so we are passing it on to you. It would be a great inspiration to us to receive a thousand or more letters stating that the writer had found $5 under the Christmas tree or wherever gifts are found and that it was a present to the Washington work of the Federation. We shall see to it that $5 is under our own tree for the Federation. As we write this item we know that many of our members cannot spare $5, so to these we say it would gladden our hearts if they found only a 10-cent piece under their tree for the Federation.

One out of each four condemned to death.

Unless the Federation is able to overcome the decision of the State Department of Public Health, that could well be true of all Californians.

To take this matter to court and to the legislature will require at least $5,000.

We need 1,000 more members in California to win this battle. Subscribe for some prominent official or individual. DO IT NOW.

N.H.F. Legal Report, Etc.

By Charles Orlando Pratt
Washington General Counsel, Suite 712, Barr Building
910 Seventeenth St., N.W., Washington 6, D.C.

FDA Prohibits Adding "Intrinsic Factor" or "Intrinsic Factor Concentrate" to Foods, Including Health Foods

FDA issued a statement to the effect that it prohibits the adding of "intrinsic factor" or "intrinsic factor concentrate" to foods, including **health foods,** because there is no covering food additive regulation.

Intrinsic factor is a substance prepared from the intestines of food animals which increases vitamin B-12 absorption in the human. FDA said orally administered preparations of vitamin B-12 and intrinsic factor may sometimes mask symptoms and interfere with the diagnosis of pernicious anemia. Only vitamin B-12 by injection is generally recognized as a wholly reliable treatment of this condition, the Agency said.

All drugs containing or purporting to contain "intrinsic factor" or "intrinsic factor concentrate" will have to be labeled for sale only upon prescription, the Food and Drug Administration has announced.

Dietary Food Supplements Can Be Sold to Anyone Under the Federal Food and Drug Laws

Sell your food supplements only as foods, and you will have no trouble with federal and state enforcement agencies.

The Federal Food, Drug and Cosmetic Act and applicable regulations provide for the manufacture, sale and distribution of foods for special dietary uses.

Concentrated foods, vitamin-mineral products, and dietary food supplements can be sold and used to overcome the dietary deficiency for which given.

Do not make any therapeutic claims for the dietary food supplements that they will cure, prevent, treat, mitigate or diagnose any disease of man. Such therapeutic claims make the food products "drugs" under the Act.

Food supplements may be used to fortify the ordinary or usual diet.

Sale-Price Catalogue May Misbrand the Dietary Food Supplements

Recently, your Washington Counsel attended FDA hearings in several cities.

The cases involved alleged misbranding of the products because the sales-price catalogue referred to several diseases and indicated the formulas which were suggested for use in connection with the diseases. This reference to specific diseases and to specific products constituted labeling of the product and such labeling reference constituted expressed and implied therapeutic claims for the products or formulas. This resulted in misbranding the products.

FDA Notice of Hearing Issued to Give Shippers Chance to Explain Why Case Should Not Be Sent to Justice Department for Criminal Prosecution

Reference was made to the procedure and significance of the Notice of Hearing issued frequently lately. As stated last month, this preliminary criminal action is taken without first going through the civil action procedure in the courts to determine whether the products involved are misbranded.

Ingredients in Formula Which FDA Believes to Be of Insignificant Nutritional Value Cannot Be Named on the Label or in the Labeling

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FDA, in effect, is enforcing the proposed food supplement regulations by requiring that any and all ingredients in the formulas of products which it believes are of insignificant nutritional value must not be named on the label or the labeling of the products.

Ingredients of insignificant nutritional value must be grouped under the title of **Excipients for Food Base.** They cannot be mentioned on the label or in the advertising of the product.

FDA says that to mention a long list of ingredients on the label, some of which are in insignificant quantities, constitutes misbranding on the ground that the mention of the names of such ingredients is false and misleading in that particular.

FDA is enforcing this restriction of the naming of such ingredients in cases involving civil court actions to seize the products and in the Notice of Hearing, preliminary to possible criminal actions in the federal courts.

Reference to Recognized Research Reports Concerning Therapeutic Value of Certain Vitamins or Minerals Could Convert Food Supplement into "Drug" Product Based upon Therapeutic Implied Claims

It is no protection under the Federal Food, Drug and Cosmetic Act to say that any therapeutic claims are based upon recognized authority, because the question of misbranding is not based upon the truth of the statement; it is based upon the making of implied therapeutic claims based upon the research or scientific reports which point out therapeutic value in certain diseases of certain vitamins and/or minerals. Remember, your product is a food—not a drug.

Oral Statements About a Product Show Intended Therapeutic Use

The U.S. Court of Appeals has held that oral statements concerning therapeutic claims for a product do constitute evidence "showing the intended use" of the product and could lead to the allegation that the product was misbranded based upon such statements, even though oral statements do not constitute labeling of the product.

Labeling of a product includes any written, printed or graphic matter describing the product or its uses.

In view of the foregoing, **do not make any oral therapeutic claims** in a lecture or a sales conversation about your dietary food supplement.

FDA Said the Nutritional Requirements of the Elderly Are the Same as for Adults Generally

FDA seized in Detroit, Michigan, "geriatric vitamin tablets."

Among other things, FDA said that the nutritional requirements of elderly people are the same as for adults generally. In this connection, FDA said in a Pittsburgh seizure case, in reference to a product bearing the label containing the word "geriatric," that the word "geriatric" implies that the product has unusual value as a special diet supplement because the nutritional requirements of the elderly are different from those of adults generally.

Safflower Oil Capsules Seized

A federal court in New York City ordered a quantity of capsules containing safflower oil and linoleic acid seized.

The Government charged that the capsules were misbranded because of false claims in the labeling that they are effective for weight control without regard to the total number of calories consumed in foods. Other false claims charged included one that the capsules are good for special dietary supplementation because of the presence of safflower oil and linoleic acid.

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NHF Has Confidence in the Mentality of the Consumer to Wisely Use "Freedom of Choice" in Purchasing Dietary Food Supplements and Foods

The FDA has on occasion conceded that U.S. consumers can rely on a food supply that is "safe and reliable." However, it certainly seems to indicate a considerable contempt for the mentality of the consumer when the Government frequently alleges misbranding of "health foods" and dietary food supplements which list on the label the names of all the ingredients in the product and the quantity of the ingredients therein in the nature of a quantitative analysis or formula for the product.

As stated in a previous article, a federal court in Florida said, in effect, that Congress did not, and could not, authorize any governmental agency to determine what the American people can or can not eat, provided the product involved is not dangerous, deleterious, adulterated, or fraudulently labeled.

FDA Reports that the Oral Contraceptive "Enovid" May Cause Cancers, Liver Diseases, Pulmonary Embolism

FDA, in its August issue, "FDA Report on Enforcement and Compliance," stated that a committee (The Advisory Committee of Medical Experts) found need for additional studies regarding the possible effects of Enovid. Such studies are now under way and others will be undertaken.

FDA further said, "Statistical evaluation indicates that there is an apparent hazard from the consumption of Enovid by women 35 years of age or over. Commissioner Larrick said this apparent hazard must be weighed by the physician against the demonstrated hazard of pregnancy in determining whether to administer the drug to women of that age group."

Because of the foregoing hazard in the use of Enovid, FDA has requested the manufacturer to change the labeling to advise physicians of certain contraindications and of an apparent hazard in women over 35. Principal contraindications for use of Enovid as a contraceptive are

1. Certain cancers.
2. Liver disfunctions or diseases.
3. Patients with a history of thrombophlebitis or pulmonary embolism.

Washington General Counsel Speaks on Aims and Purposes of NHF Before the Sertoma Club of Washington

Your Washington General Counsel got the opportunity to speak, as the Sertoman of the day, to the members of the Sertoma Club of Washington, D.C. This is an international service club, the aims and purposes of which are to serve mankind.

The talk was concerned primarily with the need for freedom in health matters. The membership received with enthusiasm the discussion of the aims and purposes of the National Health Federation to protect the rights and privileges of U.S. citizens in their choice of the use of various kinds of healing arts professions; and the right to have and use dietary food supplements, concentrated foods, foods for special dietary uses and so-called health foods provided no therapeutic claims are made for the products and provided the products are good and wholesome, and not dangerous in any respect. The audience consisted of leading businessmen in this community, and some high-ranking officials in the civil and military branches of our government.

Washington General Counsel Speaks at First Annual Convention of Naturopathy, Inc. in Washington, D.C.

Your Washington General Counsel dis-

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cussed before the members and friends of Naturopathy, Inc. the aims and purposes of the National Health Federation to work for the rights of U.S. citizens to practice and to use naturopathy in connection with their program to seek better health. It was pointed out that if naturopathy is practiced without using drugs, narcotics or dangerous electronics, there is no reason why this profession should not be permitted to operate and progress in the healing arts field.

It was pointed out that this profession has been stopped or curtailed in some states only because some doctors of naturopathy abused the practice or exceeded the rights conferred upon them in their licenses as provided in the statutes concerning this profession. It was pointed out that a good public relations program, without hate or vindictiveness, can in the foreseeable future create an image of respectability in the eyes of the public and governmental officials and thereby aid greatly in the possibility and probability that the legislatures will enact new laws providing for the licenses of doctors of naturopathy. This profession is needed, and with a good public relations program, the public will demand it.

Washington State Adopts Restrictions on Some Pesticides

OLYMPIA, Sept. 21. — (A.P.) — The State Agriculture Department has adopted restrictions to prevent home and garden use of 27 types of poisonous pesticides, Director Joe Dwyer said yesterday.

The new regulations, which will go into effect in 30 days, will allow the sale of the chemical compounds only for commercial use. Included are such chemicals as Tepp, 2, 4-D and sodium arsenite.

Dwyer said the pesticides could be harmful to humans if used in home or garden and sometimes drifted over to damage adjacent crops. He said available substitutes were safer and just as effective for home use.

DANGER

When using garden or household pesticides, the Chemical Specialties Manufacturers Association suggests:

1. Read the label directions before opening the container.

2. Do not inhale the vapor from a concentrated pesticide. Avoid sprays and dust clouds when using.

3. Never smoke while spraying. Wash hands and face after using and before eating or smoking.

4. Do not use sprays near food, dishes or cooking utensils. Cover birdbaths, pet dishes and fish pools.

5. Do not plant edibles such as strawberries or tomatoes near ornamental plants which may be sprayed with pesticides frequently.

6. Use protective clothing, such as gloves or masks, when they are called for in the directions.

REPRINTS of the Koch article may be secured from the Federation for 25¢ for one copy and three cents per copy in lots of ten or more.

REPRINTS of the Betty Lee Morales presentation may be had for the same prices as for the Koch article.

REPRINTS of the Question and Answer article can be had from the Federation for 25¢ for a single copy and three cents per copy in lots of ten or more. May we again suggest that you secure copies of these questions and answers or extra copies of this **Bulletin** to send to your Senator and Assemblyman.

Sea Water

Abstract

A study of 400 obstetrical patients was made in which 5.5-gram tablets of Macrocystis pyrifera (sea water), fortified with cobalt and folic acid, were the only source of trace elements used.

It was found that the majority of these young patients were suffering from well-established secondary anemia when they first presented themselves for care. Within six to eight weeks on three tablets per day, the haemoglobin levels had reached an average of 12 mg (85%). Furthermore, in patients who stopped this food supplement during a period of time, there was a rapid drop in haemoglobin levels which rose again with resumption of the tablets.

In all patients studied there was a spectacular drop in the incidence of colds. In those colds which were contracted, the intensity and the duration were so much reduced that the annoyance of the infection was minimal. The factor or factors responsible for this effect are not clear but it is supposed that the general improvement in the body metabolism is responsible.

In all patient groups, and particularly the geriatric group, there was a noticeable improvement in physical stamina ("4 o'clock fatigue" being ameliorated), this probably being due to the beneficial effect of the iodine content on the functioning of the thyroid gland.

In the practices of both authors, the rate of miscarriage is well below that of the population at large. In patients who came with a history of miscarriage, the use of this supplement has apparently been successful. The combination of manganese and cobalt in the tablets is thought to be a major factor in this observation.

The functioning of the G.I. tract was very much improved: digestion, elimination, lack of scouring or constipation from the iron content, etc.

There is in the various organs of the body an unusual concentration of essential elements and the authors are convinced that future research will show the same relation to the glands involved as that of iodine to the thyroid.

Discussion

Dr. Aleem, Egypt, asked if the people taking part in the experiment were specially chosen from different classes of the community. Dr. Seifert replied that the experiment was based on an average American population from an industrial district.

Mr. Richardson, Scotland, inquired about control groups given dummy tablets. Dr. Seifert denied that they had used any controls this time. Earlier tests had given effects corresponding to a five to six per cent earlier rise than the controls. Dr. Young wanted to know what amounts of trace minerals might have been given during these experiments. Dr. Seifert stated that no arsenic was present as the formula of these tablets had been accepted by the Food and Drug Administration. Analyses for fluorine had also given negative results.

Mrs. Kylin, Sweden, asked if any vitamins were added to the diet, to which Dr. Seifert replied that no other growth substances were given.

Dr. Aleem inquired about the psychological effect in such an experiment and if it had been thoroughly eliminated. Dr. Seifert said that this part of the problem had not been taken into account. He then pointed out the importance of the trace minerals and indicated that

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KREBIOZEN REPORT

Legislative Workshop by Clinton R. Miller

Abbreviations used: H.R.—A bill in the House of Representatives. H. Res.—A resolution in the House of Representatives. H.J. Res.—A joint resolution in the House of Representatives. S—A bill in the Senate. S.J. Res.—A joint resolution in the Senate.

GOOD "GREEN LIGHT" BILLS

	GREEN LIGHT Bills with: Number — Sponsor — Description	COMMITTEE or SUBCOMMITTEE and Chairman and present status of the bill.	INSTRUCTIONS and SUGGESTIONS DO THIS AT ONCE
KREBIOZEN	S.J. Res. 101 (Now substitute Amendment No. 157). Douglas (D., Ill.); Kefauver (D., Tenn.); Bayh (D., Ind.); Case (R., N.J.); Williams, Jr., (D., N.J.); Javits (R., N.Y.); Keating (R., N.Y.); Scott (R., Pa.); Pell (D., R.I.); Proxmire (D., Wis.); Engle (D., Calif.); Holland (D., Fla.); Smathers (D., Fla.); Symington (D., Mo.); Williams (R., Del.); Yarborough (D., Tex.). The bill directs the Food and Drug Administration to withhold action on Krebiozen's drug application until completion of a fair test by the National Institutes of Health. Authorizes $250,000 for the test. Amendment No. 157 was introduced August 7th. It is an improved version of S.J. Res. 101. Note: 16 co-sponsors.	Senate Subcommittee on Health. Senator Lister Hill, Chairman. Members of the subcommittee are Senators Yarborough (D., Tex.); Williams (D., N.J.); Pell (D., R.I.); Javits (R., N.Y.); and Tower (R., Texas). It is significant that Senators Williams, Pell, Javits and Yarborough are co-sponsors of the bill. 2/3 or 66 2/3rds% of the six-man subcommittee have now co-sponsored the bill. Only Senator Tower (R., Tex.) and Senator Hill (D., Ala.) have not. Hearings will not be held until Senator Lister Hill agrees to them. The only Hill in the way of the bill is the distinguished Senator from Alabama.	1. Phone, person to person, to Senator Hill and urge him to hold hearings, or report out the bill at once. WRITE if you don't phone. 2. Call your own Senator person to person, and urge him to urge Senator Hill to take immediate action. KEEP CALLING OR WRITING UNTIL ACTION IS TAKEN! REFUSE TO TALK TO ANYONE BUT YOUR SENATOR. THIS IS A MATTER OF LIFE OR DEATH. YOUR CALL TO YOUR SENATOR MIGHT TURN THE TIDE. 3. Whether Dr. Durovic files or not, there **must** be congressional hearings on Krebiozen. If your Senators claim they are with you, request a copy of a letter by your Senator to Senator Hill and his subcommittee asking for immediate hearings. Then forward a copy of your Senator's request to this office.
	House Krebiozen Resolutions (identical to S.J. Res. 101), H.J. Res. 563, Pike (D., N.Y.); H.J. Res. 564, Libonati (D., Ill.); H.J. Res. 567, O'Neill (D., Mass.); H.J. Res. 570, Halpern (R., N.Y.); H.J. Res. 573, Lindsay (R., N.Y.); H.J. Res. 574, Whalley (R., Pa.); H.J. Res. 577, Wydler (R., N.Y.); H.J. Res. 578, Minish (D., N.J.); H.J. Res. 588, Joelson (D., N.J.); H.J. Res. 589, Dulski (D., N.Y.); H.J. Res. 598, Multer (D., N.Y.); H.J. Res. 601, Rosenthal (D., N.Y.); H.J. Res. 605, Clark (D., Pa.); H.J. Res. 606, Multer (D., N.Y.); H.J. Res. 609, Lindsay (R., N.Y.); H.J. Res. 615, Farbstein (D., N.Y.); H.J. Res. 618, Rogers (D., Colo.); H.J. Res. 628, Addabbo (D., N.Y.); H.J. Res. 635, McDowell (D., Del.); H.J. Res. 639, Fascell (D., Fla.); H.J. Res. 640, Gilbert (D., N.Y.); H.J. Res. 642, Pillion (R., N.Y.); H.J. Res. 647, Ryan (D., N.Y.); H.J. Res. 649, Grover (R., N.Y.); H.J. Res. 655, McDade (D., Pa.); and H.J. Res. 659, Grabrowski (D., Conn.) Note: 26 sponsors.	House Committee on Interstate and Foreign Commerce. Representative Oren Harris (D., Ark.), Chairman. Rep. Kenneth Roberts of Alabama is the Chairman of the Subcommittee on Health. The subcommittee will act first on the bill. Members of the subcommittee are: Representatives Roberts (D., Ala.); Rhodes (D., Pa.); O'Brien (D., N.Y.); Rogers (D., Fla.); Schenck (R., Ohio); Nelsen (R., Minn.); and Brotzman (R., Colo.) It is important that each member of the Senate and House Health Subcommittees receive your letters and all the literature and books you have on Krebiozen. While 2/3rds of the Senate Health Subcommittee has co-sponsored the Krebiozen resolution, not a single member of the House Subcommittee has seen fit to do so. However, Rep. Rogers of Fla. has been very kind and helpful in trying to work out a solution. Chairman Roberts has also shown a very sympathetic interest. The other five members are open-minded, need and	1. Phone, person to person, to Representative Roberts and urge him to hold hearings, or report out the bill at once! WRITE if you don't phone. 2. Call your own Representative, person to person, or write and urge him to sponsor the Krebiozen joint resolution. 3. Ask him to request Rep. Roberts to take immediate action. KEEP CALLING OR WRITING UNTIL ACTION IS TAKEN! REFUSE TO TALK TO ANYONE BUT YOUR REPRESENTATIVE. THIS IS A MATTER OF LIFE OR DEATH. YOUR CALL TO YOUR REPRESENTATIVE MIGHT TURN THE TIDE. 4. It is significant that 16 of the House sponsors are from New York State. Seven other eastern states furnish nine. Colorado is the only western state. California is conspicuous by its absence of a single sponsoring representative. [Sen. Engle (D., Calif.) co-sponsored S.J. Res. 101.] More work is indicated from entire west coast, central and southern states.

will welcome more information and literature. If your Congressman tells you that Dr. Durovic should file, agree with him, but insist that, with or without filing, there **must be** CONGRESSIONAL HEARINGS ON KREBIOZEN.

Sea Water

(Continued from page 33)

some of the effects caused by vitamins might possibly be due to the trace elements present. This ought to be further investigated.

Reprints can be secured from National Health Federation, P.O. Box 686, Monrovia, California, in lots of five or more at 5¢ each.

San Diego One-day Convention

Residents of San Diego and members of the National Health Federation are in for a treat on November 9 at the El Cortez Hotel. On that date the National Health Federation will present a complete one-day convention.

These one-day conventions have been outstanding successes and the list of speakers lined up for this one means that it, too, will be outstanding. The registration fee is $2.00 for the entire day and evening, or one dollar for one particular session. You will miss very valuable information if you fail to be there.

Howard Long will be there and will bring you a first-hand report on the Federation's two-day Congress on Health Monopoly and Restraint of Trade which will be held October 25-26 at Washington, D.C. This will be the first group to get a direct report of what transpired.

IMPORTANT

If you are now paying your 1964 dues in advance and if you are not now a subscriber to **Let's Live** magazine, you may, by adding an additional one dollar to your dues, receive this wonderful health magazine for six months for only one dollar. Those of you who have already sent your dues in advance may take advantage of this offer by sending in an additional one dollar.

THANKS

The Akron and Cleveland chapters of N.H.F. did a yeoman's job in advertising and handling details of the Cleveland Convention. They are to be congratulated. We sold out our booth space, which is most gratifying. These booth displays help us greatly and bring new products to the attention of the consumer.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946 (Title 39, United States Code, Section 233) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

National Health Federation Bulletin, published monthly, except that the July-August issues are combined.

1. The names and addresses of the publisher, editor, managing editor, and business manager are:

Publisher, Fred J. Hart, 211 West Colorado Blvd., Monrovia, Calif.
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2. The owner is National Health Federation (nonprofit organization) 211 West Colorado Blvd., Monrovia, California #91017. (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual member, must be given.)

No stockholders.

3. The known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)

None.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: 12,250.

FRED J. HART.

Sworn to and subscribed before me this 7th day of October, 1963.

(Seal) Patricia A. Backes.

(My commission expires April 19, 1965.)

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NOTICE: Regular Membership Dues have been raised from $3.00 to $5.00 per year as of June 1, 1962.
Mail direct to NATIONAL HEALTH FEDERATION
211 West Colorado Boulevard, Monrovia, Calif.

Renewal ☐ New Member ☐

N.H.F. HEALTH MONOPOLY CONGRESS

1. **The situation has become so serious** that the National Health Federation is sponsoring a National Congress on Medical or Health Monopoly. The date is October 25 and 26.
2. **The purpose is to provide a forum** where citizens who have evidence which could indicate a monopoly in the field of health or a conspiracy to create such a monopoly can present the same.
3. **The further purpose is** to have such evidence considered by a panel of able lawyers and prepare resolutions in keeping with the evidence presented.
4. **If the preponderance of evidence presented** indicates either that a monopoly already exists or that there is a conspiracy to form such a monopoly, the Federation will launch an all-out drive on January first, at its annual meeting, to have Congress investigate the matter, or appeal to the Attorney General to conduct such an investigation or institute such other action as is indicated.
5. **The time has come for action** and the Federation is now strong enough to move forward and not continually be on the defensive.
6. **Plan now to attend the N.H.F. Ninth Annual Meeting and Convention** to be held January 1, 2, 3, and 4 at the Hotel Biltmore, Los Angeles, California. Our 1964 program will be launched at that meeting.