

Dr. Green rejects 'trial' verdict

# The Critical List

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Vol. 1, No. 2  
1976

Health & the illness business

## Herbicide in Canadian food new 'thalidomide' threat?

*The dread chemical that links Canadian and Vietnamese children*  
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IVAN ILLICH WARNS  
OF MEDICAL NEMESIS

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# The Critical List

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*'The Critical List  
for critical times'*

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## The critical viewpoint

### *Patients, public & doctors share health fight*

*The Critical List* is a journal with — quite candidly — a mission. That mission may be defined in few words. Profits of the food, medical and drug interests are up — and rising; the health of most Canadians is down — and dropping. It's because we object to these anomalies and intend to expose them — hopefully, to correct them — that our publication came into being. The goals of *The Critical List*, both short and long-range, are thus perfectly clear. Yet several things need specially to be said.

Our magazine is not, for instance, a mercenary hype wired to cash in on a national problem — as so many are. We're not even a "health" magazine in the usual sense, though health is what we're about. In no way are we a trendy newcomer to a field choked with trendy newcomers. Light-years separate us from that noisy bazaar of idiot "therapies" — medical, mental, "spiritual" — whose collective con clogs the media. *The Critical List* is nothing like these — not even close.

Ours is a concerned standpoint, grounded in the real world, in sane priorities. Our journal distinguishes between science and its cash-minded exploiters, between medicine and health; between doctors and healers. Though concerned with health, we scorn the stunt men of modern medicine. Despite PR hoopla — in a world jammed with the sick and dying — we're unimpressed with the mini-marvels of the newer  
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## The critical viewpoint

# Patients, public and doctors must share health fight

continued from page 3

technology: transplants, microsurgery, cancer "research" and the rest of it. By the same token super-chains and super-service, miracle drugs and miracle marts – the whole bag of tricks – leave us cold. Our focus is elsewhere.

We at *The Critical List* – its publishers and sponsors – are involved basically with two things:

Firstly, with asserting the rights of working Canadians to enjoy the best health possible within existing conditions, oppressive and rotten though these may be;

Secondly, with attacking the pathogenic nature of our over-medicated, under-privileged society – with replacing it, in fact, with something healthier, saner.

"*The Critical List* for critical times."

Fair enough, you say? We thought so, too. Our illusions were short-lived.

Even before our first issue we found ourselves wedged into a collision course with big-time operators committed to the fast buck. Because we'd fingered their stake in public victimization, questioned their right to carry on "business as usual" in face of tragic human need, they came out swinging. From Day One some of medicine's most sanctified sacred cows signified their eagerness to stomp us into the dirt – sooner the better. Or put another way: Our fight had barely begun when the well-heeled screwers of the people declared their readiness to screw the democratic process as well. (See page 6 for further details.)

From this experience we learned one important lesson. We learned that the goals we'd set ourselves – the work to be done, issues to face, battles to engage in – simply couldn't be achieved by us alone.

So before we say another word, we wish to bring our readers' attention to several

facts about ourselves.

Though we do have a mission, we are not missionaries. We are not preachers talking down from a lofty perch. *The Critical List* is no elitist publication restricted to professional output. We do need professionals, of course. That goes without saying. A journal such as this needs experts, could never turn out a single issue without them. We need – we cherish! – the growing numbers of doctors and trained health-care workers rallying to our cause. Without them success in this crucial fight is unthinkable. This is, however, only a half-truth.

The other half is equally vital: *The Critical List* can't do without the direct partic-

ipation of the people themselves – the victims, that is, of the neglect, indifference, medical exploitation and naked economic abuse that brought us here in the first place. *Their* "case histories" reflect our nation's everyday life and struggles as does nothing else. In the very deepest sense they are Canada's truest citizens. They founded and built this nation; as a class they remain its most socially aware. They are also, sadly, its most injured and deprived – as well as its most critical. Without *their* contribution, without *their* support, we doubt we can even get off the ground.

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**'With your help *The Critical List* will become the cutting edge of long overdue changes...'**

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In short: we need help. YOUR help.

Let us explain in specific terms exactly what we're driving at.

Besides reminding Canada's 33,000 M.D.'s that theirs is a public service not a priestcraft, that medicine is

for the patient not the doctor, we at *The Critical List* support two aims:

● On the one hand, we hope to check the corrosive commercialism steadily overtaking Canadian medicine – recover, if only in part, the humanism and dedication that lie at the core of this once most altruistic profession. Any gain here would be a victory.

At the same time we plan to pinpoint the profit-hungry food and drug corporations whose greed seems to know no bounds, and whose operation – linked to Big Medicine in a thousand ways – forms a Big Business complex directly parasitic to the people's physical and mental well-being.

● On the other hand, we plan

criticism that hits at empty words, at fake "solutions," at reforms that change nothing.

By "constructive" we mean projected alternatives to every existing form of painted over institutionalized oppression – plus an all-out fight to implement them.

Boiled down, our program strives to shoot down self-perpetuating privilege and self-interest wherever ensconced, to dislodge a heartless medical-industrial "mafia" whose power base is as all-pervasive as it is deadly. That their power is vast we don't deny. That our task won't be an easy one we understand. And that we've bitten off a big mouthful we damn well know.

This, then, is our program. And this is why we turn to you – our readers – for your support.

From all of you – professional or otherwise – we want all the help you can give. We need your ideas and personal experiences. We need your objections, corrections, criticisms. We need your doubts and your encouragement. We want suggestions for discussion and analysis. We want studies – pros and cons – of health-care experiments the world over. We need reviews, interviews, articles, letters, facts, opinions. The works!

From our readers, in a word – from patients and workers, from every concerned doctor, every involved health worker, every professional whose work touches the lives of our people – we want the ammo and energy to drive us forward.

Without this help we'll be just another "health" magazine.

With it, *The Critical List* will become the cutting edge of long overdue changes in a way of life becoming – for millions – daily more desperate, estranged and frightening.

H.F.

U.S. chemical

# HERBICIDE USED IN VIETNAM REACHING CANADIAN FOOD

*Provinces shut eyes to teratogen\*  
as Ottawa looks other way*

By Ken Wyman

© The Critical List

A secret U.S. government memo indicates scientists have discovered unsafe levels of dangerous herbicide residues in beef. This chemical "is one hundred thousand to one million times more potent... than thalidomide," according to a senior chemist, not part of the research project.

Apples, pears, vegetables, milk – even the water supply in some communities – have been reported contaminated by this toxic chemical, or its herbicide parents, in separate studies conducted both in Canada and abroad.

In Vietnam, where U.S. troops used these herbicides to destroy rice paddies and defoliate forests, evidence has accumulated that exposure may cause birth defects, cancer, chromosome damage, neuritis, sexual impotency, menstrual problems, eye failure and hypo-thyroid conditions.

Extensive experiments in many western labs support these grim conclusions. As a result, some areas have banned these herbicides entirely.

Yet in Canada, governments continue to permit food to be sold containing residues of some of these weed-killers, and to recommend that farmers use these chemicals on fruit trees and pastures, despite repeated scientists' warnings.

Two B.C. researchers, Merriam Doucet and Thelma MacAdam, have for five years confronted governments, chemical manufacturers and major users with documented statistics pinpointing the peril. The response has been negative or hostile – or even worse.

In 1971 a low-flying crop-duster "bombed" their homes with malthion, an anti-mosquito spray, during a heated controversy over use of that chemical. The district insect-control officer admitted ordering the attack on MacAdam's property (Doucet's was hit by "pilot error"), and warned "we'll do it again next year, and then we'll charge you for it."

Two subsequent attempts to douse the house were stopped by a home-made balloon barricade. Despite these attempts at intimidation, the two women continued to organize public pressure to ban these biocides.

The deadliest of the biocides – which chemical scientists name as "more potent than thalidomide" – is dioxin, the ever-present contaminating by-product of phenoxy herbicides, such as Dow's

**\*TERATOGEN: an agent tending to cause fetal malformations and monstrosities.**

— WEBSTER



For five years Merriam Doucet (above) and Thelma MacAdam tried – unsuccessfully – to bring the danger of dioxin to the attention of Ottawa officials. A resident of Port Moody, B.C. and a registered malacologist, Ms. Doucet lectures on pesticides at the University of B.C. and is pesticide researcher for the National Council of Women. Ms. MacAdam lives in Coquitlam, B.C. and is extensively involved in pesticidal and ecological issues.

silvex, or fenoprop. These are more commonly referred to by their chemical abbreviations: 2,4,5-T; 2,4,5-TP; 2,4-D, and so on.

Phenoxy bombs were used intensively in Vietnam under the code name "Chemical Agent Orange." As part of "Operation Ranch Hand" about 100 million pounds were dropped on the forests and fields of South East Asia by the U.S. military throughout the war.

Far greater quantities of the herbicides are used in Canada.

In 1973 alone over 22.6 million pounds were sold here as agricultural herbicides. Another 13.8 million were sold in 1974. For some 30 years these herbicides have been routinely dumped on farm lands across North America.

Because dioxin residues accumulate in the liver and in fat cells, the Vietnam experience may be an accelerated preview of what is now happening here.

To Robin Warren of Nova Scotia the dangers of dioxin are no remote possibility. After the provincial Department of Agriculture sprayed his farm with phenoxy herbicides in 1969 he and his wife developed thyroid problems, and both his sons developed undiagnosed illnesses. His cattle suffered an epidemic of spontaneous abortions and still-born or deformed calves.

Some of the surviving calves remained stunted, growing to the size of small dogs. He also reported the loss of some quarter million acres of vegetables in the three years following exposure to the weed-killer.

Mr. Warren was awarded \$10,000 as partial compensation in an out-of-court settlement. As a result of this case, the Nova Scotia Department of Agriculture declared a five-year moratorium on phenoxy herbicides.

In British Columbia the father of a child born with spina bifida – the potentially crippling incomplete closure of the spine – blamed his daughter's deformity

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"We doctors cheerfully welcome all opinions."



# Critic 'too hot to handle' medical body backs off

Understanding why the College of Physicians and Surgeons directed charges at a doctor critical of medical shenanigans – including those of the College itself – means putting together the pieces of a jig-saw puzzle, most of them hidden from the public. Here an attempt is made to trace these events back to their causes – and to point out their dangerous implications.

Dr. Jerry Green, a Toronto doctor, was brought before the disciplinary committee of the College of Physicians and Surgeons last September and charged with breaking its holiest credo: "Don't advertise!" Even in Toronto, where medicine is big money and competition most feverish, the College had rarely – if ever – acted so drastically to enforce this rule. Yet the charge was made and the doctor ordered to stand trial. On September 16 he did.

The pre-trial buildup – plus media hints of Dr. Green's "radical" attack on heart disease – excited wide interest. The College's action surprised and puzzled thousands. Dr. Green denied the charge, accused the College of hidden motives. The College huffed and puffed. It was evident that important, if undefined, issues were at

## By Harry Fistell

stake. Who was right? Who wrong? Everyone sensed high drama, waited for bloody deeds and a blazing fight to the finish. Almost to the very last second both press and TV conveyed the impression of a fiery showdown.

I attended the "trial" – along with massive media coverage and a handy crowd – expecting fireworks. It turned out to be a damp squib. Where Dr. Green was expected to turn the courtroom into a battlefield, his entrance and exit resembled a speeded-up film scene. Where the College was expected to hack the doctor to pieces then boil the pieces in oil, nothing happened. The prosecution was positively chummy. No fireworks. No knives. No oil. No harsh indictment. A

few rabbit tricks were tried, some sleight-of-hand, some fancy lying – but nothing "big." Dr. Green was "reprimanded" – a mere pat on the wrist – and urged to pay "court costs." That was it. After the big, bad buildup – anti-climax! Very odd.

Like others, I wondered why the fuss in the first place. From homicide to hand-holding in one jump seemed a little unreal. I probed a little deeper (it wasn't hard to do) and uncovered some surprising facts. The facts were not so odd.

First about the "crime" itself. Dr. Green, in mid-1974, had opened a new clinic. He'd then reported that fact formally through a small announcement in *The Toronto Sun*, informing his colleagues at the same

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# Opposes muzzle, Toronto MD spurns 'trial' verdict

## Counsel sums up defence

By J. Robert  
Kellermann

*Mr. Kellermann is a lawyer who acted as counsel for Dr. Green in proceedings before the Discipline Committee of the College of Physicians and Surgeons.*

Dr. Jerry Green was charged with having "advertised." Notices announcing his new chelation clinic had allegedly transgressed the standards of the College. Acting as counsel for Dr. Green I realized that the "advertising" charge was only a small part of what Dr. Green was really being charged with. Letters of complaint from other doctors revealed their real concern to be not the advertising but rather Dr. Green's chelation treatment. One of these complaints testified that in discussing Dr. Green's notice card with a colleague, they focused on Dr. Green's claims for chelation and "only peripherally did we get into advertising questions." The discipline proceedings, from beginning to end, had this character.

The hearing revealed that the College had not established definitive standards for announcements until after the time of Dr. Green's "crime." Dr. Green had in fact contacted the College to determine the accepted form before he designed his notices. Despite this, he was still unable to conform to undefined standards. His "deviation" amounted to making the notice a few centimetres too long and using a few superlatives. These "crimes" would have gone unnoticed had Dr. Green described a treatment accepted by the

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## An open letter to the Disciplinary Committee of the College of Physicians & Surgeons by Dr. Jerry Green.

Dear Sirs:

*It is with feelings of genuine regret that I find myself compelled to make an unhappy — though, I believe, necessary — decision with respect to my recent trial before the College's Discipline Committee. This is because I remain profoundly persuaded that the issues involved in this trial strike far deeper than the ostensible charges themselves. Involved are issues of critical significance for all Canadians, touching as they do on matters fundamental not only to the ethics of our profession but also to the rights conferred by Canadian citizenship.*

*My trial was, in my opinion, dishonestly conceived and evasively carried out.*

*I say it was dishonestly conceived because its outward appearance concealed its real purpose; in other words, that the trivial charges directed against me were in fact the pretext behind which you hoped to silence my continued criticism of negative medical practices, including those of the College itself.*

*I say it was carried out evasively because you tried to denigrate my use of chelation therapy by indirection when a more direct attack would simply have lacked credibility; because you nowhere dealt frankly with your real objections and objectives; because you quietly folded up your case when you found yourselves caught in the full glare of national publicity.*

*I agree with my counsel, and with the opinions of my many friends and colleagues, that only the unprecedented presence of such publicity saved me from the damaging effects of your real intentions, which were to humiliate me publicly, discredit my qualifications as a doctor, intimidate me and, of course, muzzle my critical viewpoint.*

*Please allow me to restate my position in summary form.*

*The issue of chelation therapy was not and could never be the subject of a trial, yet was insinuated nevertheless.*

*The issue of my violation of medical advertising standards was petty, inflated and completely groundless, as you yourselves were finally compelled to admit.*

*The real issues — my persistent nagging over the debasement of medical standards and ethics in Canada, and my publicly expressed view that the College itself shared much of the blame because of its timeworn practice of suppressing or diverting mounting patients' complaints — were carefully sidestepped.*

*That is why I consider the trial dishonest, its conduct evasive throughout, and the final verdict the full measure of both.*

*I am convinced that your action in this entire matter, from start to finish, brought discredit to our profession at the very moment you professed to be acting in its behalf.*

*I feel further that you have acted, in this instance, to focus increased resentment, suspicion and contempt on a profession for whose good health and moral standing in the community I'm sure we share an equal concern.*

*That is why I feel I must repudiate your verdict — however "moderate" public exposure compelled it to be — and to reject the punitive levy of \$1000 "court costs" you imposed. For me to accept either would be tantamount, in the final analysis, to legitimating an action I consider profoundly detrimental to the best interests of the future of Canadian medicine.*

*Therefore, I wish to declare to you in this open letter that I do not accept the Discipline Committee's "reprimand" and do not intend to pay your "court costs."*

Respectfully yours

*Jerry Green*  
Gerald Green, M.D.

# Why not a doctor's strike for better, cheaper health care?

By Jerry Green, M.D.

If strike the doctors must, why not a strike for patients' rights?

The medical profession traditionally has insisted that the patient be Number One. The profession — at least at the beginning — developed as a service devoted to healing the sick. In some countries this concept endured: To this day Chinese doctors remain unpaid just so long as their patients remain unwell. In others, the service concept has faded.

This concept has faded so much in Canada, in fact, that only recently have patients begun to dig themselves out from under. Only recently has an organization surfaced that insists on patients' rights.

It is worth noting that many trade unions now make demands reflecting the broader needs of their members. Social workers now seek a better deal for their clients. Hospital workers today want better conditions for their patients.

Where is the voice of Canada's 33,000 doctors?

On the issue of fee raises my viewpoint derives from the same concern. I believe that a limited increase in fees may be warranted, but only for specific groups of doctors, and even then only on a sliding scale. Some medical categories, for instance, who see reasonable numbers of patients per day, who work long hours and who earn sub-standard incomes, certainly do deserve increases. High-income doctors, on the other hand, especially those tied into the huge multi-national corporations and who live high on the hog, certainly do not. An across-the-board increase is thus contraindicated. An increase of this kind would strengthen every negative trend in the medical community.

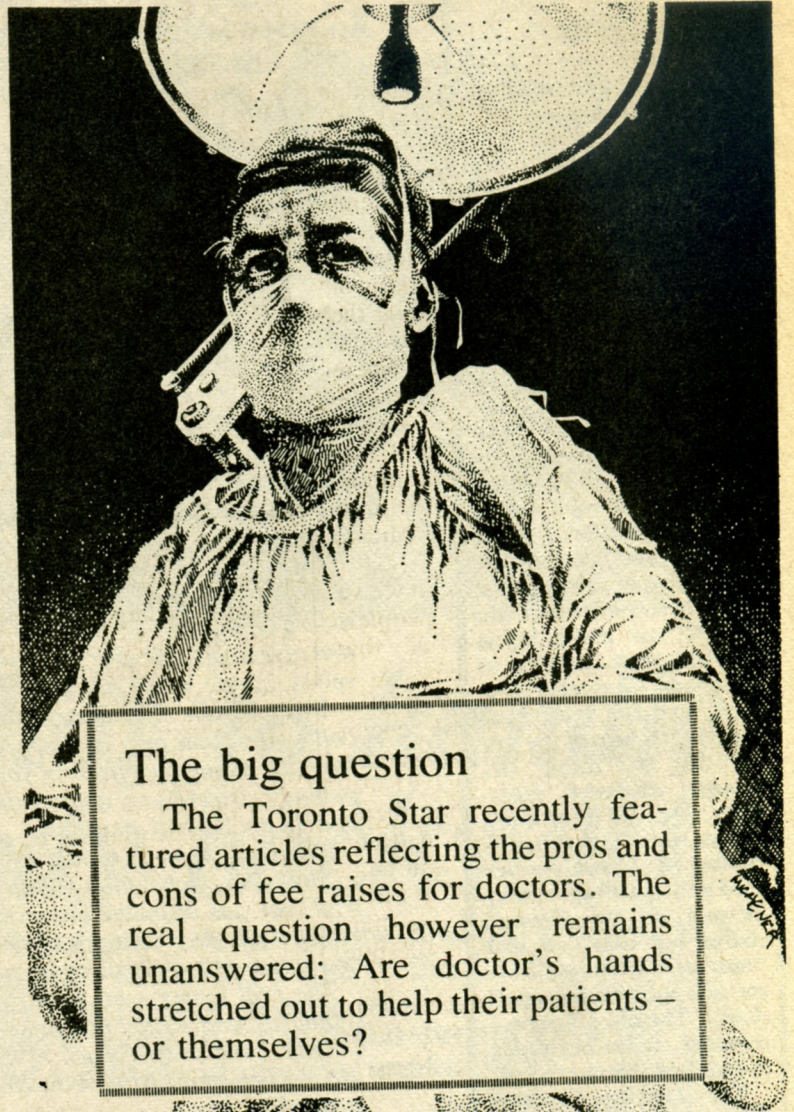
While making their bid for higher earnings, or threatening to reinforce that bid with strike action, doctors should place their demands for patients' rights first; those for increased earnings second.

This would certainly conform to real priorities!

Basic patients' rights that might be mentioned — and there are many, many more — include:

- The right to complete, understandable information.
- The right to accept or to refuse treatment.
- The right to privacy and confidentiality.

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Doctors threaten to strike over pay



What happens when citizens get together to form an organization — in this instance, the Patients' Rights Association — designed to help people with legal-medical problems? The word "rights" causes consternation! Nowadays when civil "rights," "rights" of women, native "rights" are terms bandied about daily, some of us prefer "power" or "liberation" or any other word except "rights."

Well, we qualified under the human rights program of the secretary of state to receive a grant, and it is now our task to inform the public we are here to help anyone having problems with the health-care services.

With the old, comfy relationship between doctor and patient a thing of the past, patients now chafe over the assembly-lines in doctors' or hospital outpatients' waiting rooms where they are given a mere five minutes — fifteen if they're a new patient — when they're finally seen. Many complaints also deal with the lack of communication between patient and doctor to which the latter are usually said to reply: "We have no time."

In our one year of operation we've learned a great deal about people's medical problems, above all that there is very much to be done.

One of our cases was that of a middle-aged woman whose doctor referred her to a hospital for examination. It came as a shock to have a rectal tumor excised then and there, neither having been forewarned nor asked to sign a release. A complaint she filed with the College of Physicians and Surgeons took more than two years even to get a reply, despite repeated phone calls.

In connection with a request that her case be heard, a similar put-off by the College elicited from another patient the opinion that "in a court of law a judge would never accept the word of witnesses in the absence of the plaintiff!"

Then there was the case of a construction worker. His gall-bladder operation resulted — because of an infection developed in hospital — in a post-operative hernia. Yet the surgeon discharged him without so much as bothering to tell him of his condition.

More public information should be available regarding hospital standards — quality of treatment, etc. — since today no public record exists either of mismanagement or credits.

We believe it is the patient's right to know his complete diagnosis, be permitted to see his chart, and be given his documents. This is particularly important to people changing jobs or ad-

# 'Defend patients' rights' — aim of Ontario group

By Pat Barnicott

dresses. Lists of drugs, if any, should accompany the patient in view of many contra-indications now known to exist. Also, documents and prescriptions are often mislaid, requiring patients to follow time-wasting court rigmaroles to obtain them.

The right to refuse to sign the pre-op admission form for anything other than the operation described, unless life-saving methods are called for, is a safeguard of which few are aware. Further: we've met people who've

suffered ill health for many years and have lost confidence in medical practice. Accordingly, they were afraid to look for a more satisfactory doctor, felt compelled to stay with one, were often convinced there was a

**Patients' Rights Association**  
Mrs. Anne Coy  
40 Homewood Ave.,  
Toronto 923-9629

"conspiracy."

During International Women's Year I found it sad that a physician could still advise a woman to have a hysterectomy by saying "It's the done thing!"

While many respected citizens say Canadians, unlike Americans, are not inclined to sue, we on the other hand remember the drastic consequences people must face in the absence of a Patients' Rights Association.

We recall many incidents: The old veteran of many battles who had lost the fight for life, dead in his chair, discovered hours later with a full lunch-tray set before him. The father-in-law, 92, hard of hearing, half-blind, hospitalized for a week with chest pains who'd been discharged with no member of his family having been contacted with regard to diagnosis or tests or treatment — and without even a prescription, etc.

Our awareness of the need to press for utmost care and attention arises out of just such tragedies.

## Milk shops are handy but rip-off's a dandy!

The price rip-off at your favorite milk store often reaches as high as 24 percent and may even touch 112 percent, according to an Ottawa report. Shopping may be a convenience at those handy little shops, the federal report admits, but the customer unflinchingly pays through the nose.

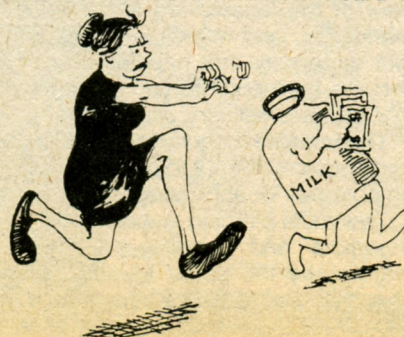
The report, released by the Food Prices Review Board before its absorption into the Anti-inflation Board in

Ottawa, said a comparison of prices charged by convenience stores and supermarkets in five Canadian cities turned up one case in which the small-store price for hard margarine was 112 percent above the supermarket price.

The report said prices were gathered on a 32-item food basket, paying special attention to "high volume items."

The report noted that "with few exceptions, milk and bread prices were higher in convenience stores than in supermarkets."

The survey was conducted into the operations of 85 food outlets owned by six chains and at supermarkets near the small stores in Toronto, Montreal, Ottawa, Vancouver and Halifax. The six chains were Green Gables, Halifax; Perrettes, Montreal; Becker Milk, Toronto; Mac's Milk, Toronto; 7-Eleven, Vancouver and Pinto, Ottawa.



# 'Their bites are felt around the world'

possible for yellow fever, dengue, and the encephalitides, of the filarial worms which cause elephantiasis and of the malarial plasmodia – if you know what I mean.

Half of all the deaths in human history may be attributable to yellow fever, which killed 15- to 30,000 Ethiopians ten years ago, and to malaria which takes 1.5 to 2 million lives each year. In North America, mosquitoes transmit the encephalitis virus which produces the St. Louis encephalitis which recently broke out in Guelph and Windsor late last year where five people died and three were believed to have died from the strain.

Mosquitoes also produce Western equine encephalitis, and Eastern equine encephalitis. Both Western and Eastern equine encephalitis have produced many deadly epidemics among horses.

Mosquitoes have been around for 50 million years, 50 times as long as men have. In 1856, John Davis, on his second voyage to find the northwest passage, wrote from Desolation, Greenland:

"We were troubled with a flie which is called Muskyto, for they did sting grievously." Fourteen years later, Pedro Teixeira, exploring in the southern latitudes of Mexico, experienced similar difficulties. "Almost all along this road... is a plague of mosquitoes, so terrible and grievous that no defense avails against them, and they stung my best

## Doctors' strike

continued from page 8

- The right to be protected against being used, without consent, in teaching or experimentation, and the right to refuse if consent is requested.
- The right to be treated, in an emergency, without delay.
- The right to leave hospital even when advised not to do so.

Some doctors may insist that these rights have always been recognized and automatically extended. Not so. At the very most they have only been mumbled. The Canadian Association on Hospital Accreditation told me recently that the area of patients' rights was so new they had no information about it. And just talk to your patients to find out how infrequently these rights are either respected or practiced!

If doctors don't climb onto the bandwagon of patients' rights soon, the Canadian people – the victims of existing Canadian health-care – will be forced to do the job without them. As for myself, I hope to be with them all the way.

slave to death."

It is as purveyor of disease that the lowly mosquito has made an indelible imprint on human history. Malaria struck ancient Greece during the fifth century B.C., perhaps introduced by the invading Persians; by the first century B.C. it was a constant plague over the land.

Many historians suggest that malaria eventually led to the fall of Greece. Malaria also drove peasants from low-lying swampy areas of Italy into the city of Rome. This disruption of the peasant way of life had an important effect on the Roman economy since it was from these people that the army was mainly drawn. Malaria almost certainly played some part in the eventual eclipse of the empire." Mosquitoes have also

## 'Half of all the deaths in human history may be attributable to yellow fever carried by mosquitoes.'

determined the outcome of battles.

The first known suggestion that mosquitoes can transmit human disease came from India 2,500 years ago. A perceptive Brahmin priest named Susruta declared the mosquitoes were responsible for the spread of malaria. In 100 A.D. the Roman Columella noting the connection between swamps and mosquitoes, urged his countrymen not to build near marshes.

Sir Patrick Manson first provided direct evidence of mosquito participation in disease transmission. In 1878 he showed that man's filarial worm-parasite, wuchereria bancrofti, undergoes part of its development within the mosquito. Transmitted when the mosquito

bites man, it may become elephantiasis, a disease characterized by gross enlargement of limbs, breasts and sex organs.

The development of modern synthetic insecticides following World War II brought, at least for a time, entomological euphoria. DDT had dramatic killing powers, a long-term residual action and relatively low cost.

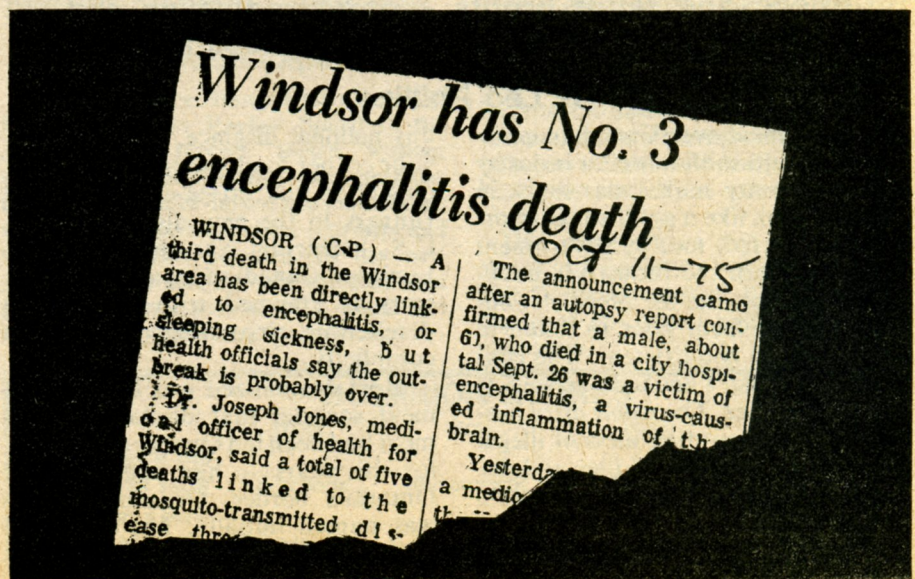
It was first used in 1946 against the pasture mosquito *ades nigromaculis* in the Central Valley of California. Three years later, genetic resistance had developed in *nigromaculis* populations. DDT was phased out in 1951. Subsequently a series of different chemicals has been tried. In every case mosquitoes soon developed an immunity.

Resistance is a world-wide problem, particularly in malaria control. In 1970, the World Health Organization reported that 38 species of anopheline mosquitoes were resistant to one or more insecticides. This multiple immunity should lead to rejection of the philosophy of insecticide substitution as the means to counteract resistance.

Can modern man master the mosquito? Dr. J. David Gillet, head of the School of Biological Sciences at England's Brunel University, says, "Unless some entirely new and at present totally unforeseen weapon becomes available, attempts at eradication are not likely to succeed."

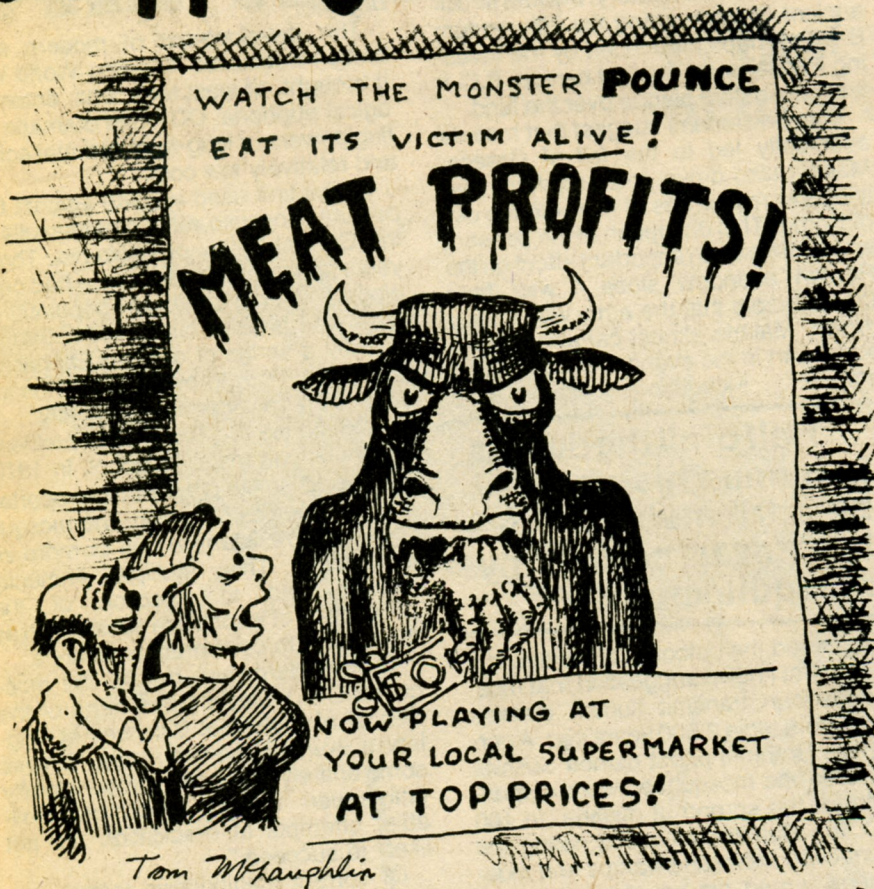
Of current manipulative techniques, he warns that "the present time may well go down in history as the period when man sought to conquer and control nature as if he himself were something apart, when the ignorance of the nineteenth century was replaced by the arrogance of the twentieth."

Will enlightenment have to wait till the twenty-first?



*Crime on the hoof*

# Shopping for meat



## at Al Capone's

**At the meat market – where lying, faking, swindling and indifference to public health match rising prices and fatter profits – organized crime and organized business are becoming look-alikes**

**By Leo Phillips**

Sale of meat over Canadian counters is a multi-million-dollar industry whose voracity makes the shark in "Jaws" look like a goldfish. Corporate greed is fed, too, by government failure to curb the industry's unappeasable appetite for profit. "Controls" range from poor to token to ineffective to non-existent. The consumer, if he isn't hooked one way, is hooked another. The whole dirty business is a suppurating mess of illegal cover-ups, "forgotten" files and disregarded public protests stacked 30 feet deep.

Cases have surfaced recently that hint at the sickening ramifications of

this national disgrace. Ranging from your corner food-shops to the super-chains to the crime-operated meat runners to the new disclosures that U.S. herbicidal war chemicals contaminate Canadian meat, the sordid story is crowned with government dereliction amounting to criminal complicity.

Most dramatized was the tainted-meat scandal that disclosed rotten meat had been fed Quebec consumers for 10 years – had even crossed Ontario's border. Organized crime was named initially, but when the 271-page report of the Quebec Police Commission probe tugged away the

manhole out popped organized business.

Summing up months of hearings the Commission bluntly linked sale of putrid meat to "the pursuit of quick profits." Testimony proved that millions of pounds of carrion had been peddled to Quebec consumers through regular outlets.

The board, chaired by Judge Jean Dutil, stated that Quebec, Montreal, and Ottawa officials knew all about the flourishing sale of unfit meat in the 1960's. "It was proved... that written reports were made repeatedly to government authorities from 1967 onwards." It urged criminal charges be laid against 33 Quebec meat salvagers and distributors. (As we go to press, four eastern Ontario meat dealers were reported charged in Kingston with "selling meat unfit for human consumption.")

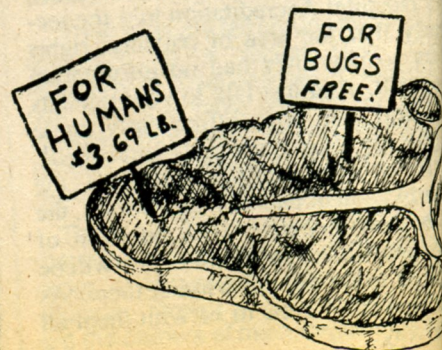
The report criticized Ottawa for failing to enforce the Food and Drug Act which outlaws meat from diseased or improperly slaughtered animals. "Indifference, combined with knowledge of the facts, could... be described as criminal," the report stated. "Negligence and laxity could be the equivalent of complicity."

The tangled web of corporate greed and organized crime, of direct or indirect government complicity, is typical of all such cases.

A particularly sordid example of indifference to public health was disclosed in Toronto following a survey of Canada's national meat packers and distributors. Conducted by Guelph microbiologists, this survey found that packaged ham, bologna and meat loaf contained astronomical counts of bacteria. Yet no safety standards regulating meats appear in the statute books, said Dr. Cyril Duitschaver, who conducted the study.

Duitschaver's sampling revealed that on the average Burns' luncheon meats had 12,000 times the number of bacteria as, say, Schneider's products. Maple Leaf products had 76 times as many as Schneider's, and

**continued on page 3**



## Chain-shop blues

# 'Mainly because of deceit...'

When your groceries pass through the check-out counter of your local supermarket, you get robbed. However, the robbery is not a typical robbery. It's all legal. The crime is rising food prices. The culprit is the food industry and the chain stores.

But why and how do the food monopolies cause rising food prices? They raise prices because they want larger profits. And they are able to raise prices because they monopolize the market. Price competition doesn't exist; instead, the monopolies all agree to charge the highest price the consumer can bear.

Six chain companies dominate the food market. The Oshawa Group (Food City; IGA), A. and P., Canada Safeway Ltd., Dominion Stores Ltd., George Weston Ltd. (Loblaws), and Steinberg's Ltd., account for 80 percent of the gross revenues from all the retail food outlets in Canada.

These companies also control much of their own food production. For instance, Dominion Stores has seven processing companies. Loblaws also controls over 80 food companies which supply their 2,000 supermarkets.

In short, a small number of companies control most of the production and distribution of food in Canada. So when Kraft controls 70 to 80 percent of Canada's cheese trade or Campbell's controls 80 percent of the soup market, it means they set whatever price they want on their product – regardless of the labor costs involved in production.

This price-fixing increases corporate profits and it eats into our wages. Monopolies use their control of production and distribution to benefit themselves and we pay the price. So when Loblaws says, "The price is right," we can quite properly reply: "Yes, the price is right for you but not for us."

How does monopoly price-fixing work? Let's take the rising cost of bread in Loblaws stores for an example.

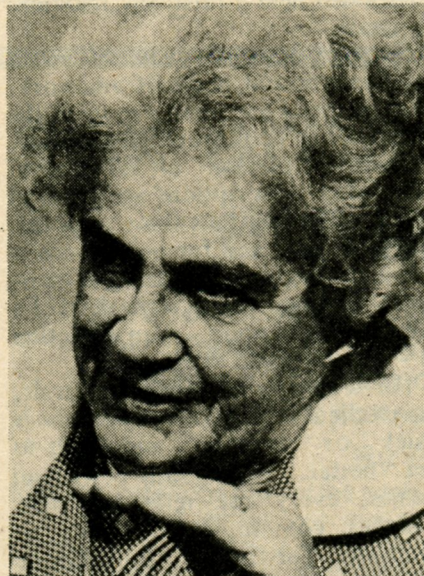
Recently, Stephen Lewis, NDP leader in Ontario, asked the Ontario Minister of Consumer and Commercial Relations the following rhetorical question: "Is the minister aware that Loblaws said they had to raise the price of bread because of the increased cost to the supplier, the supplier being Weston's which owns Loblaws – as the minister knows?"

"Weston's said it had to raise the price because of the increased costs to its suppliers for milk and sugar; the suppliers for Weston's are Donlands and Royal Dairy and West Cane Sugar, all

owned by Weston's."

"Weston's then said that the flour had gone up from their suppliers, the suppliers being McCarthy Mill of Streetsville and Soo Line of Winnipeg, both wholly-owned subsidiaries of Weston's."

"They then said that the distribution costs were going up which would require an increase in bread and the distributors involved were National Grocers and York Trading, both subsidi-



### Whitewash expert?

Beryl Plumptre changed jobs from the Food and Prices Review Board to the Anti-Inflation Review Board without changing views. During her previous tenure she shadow-boxed the food chains who seem to have survived – profits and all – her pulled punches. In her new job, as in her old, she affirms that food profits were not the "elusive villain" to blame for skyrocketing food prices.

aries of the Weston empire."

Clearly, Loblaws is trying to place the blame for rising prices on their suppliers – but they own their suppliers. Their control over all phases of both production and distribution makes them responsible for higher food prices.

We already know about our rising food prices, but let's look at their profit increases from 1972 to 1973:

PROFITS (percentage change)	
George Weston	44.9 percent
Dominion	29.9 percent
Maple Leaf Mills	59.9 percent
Silverwood Ind.	42.0 percent

These profits in sugar and milk industries and chain stores are directly related to rising food costs. In short, they are robbing us of our money – legally.

In addition to higher profits, many useless extra costs are added on to our food bills. For example, we pay for fancy packaging and advertising.

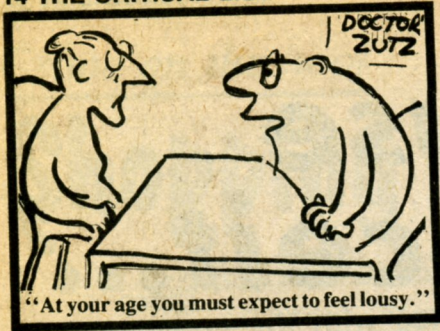
The Special House of Commons Committee on Food Prices (1973) was told that "between 1966 and 1970 packaging costs rose more than 33 percent, far more than the cost of food itself."

As far as advertising goes, 10 percent of the price of margarine and 13.5 percent of the price of bar soaps are due to advertising costs. The same is true for most of the products we buy.

In their defence, the supermarket executives claim they only make 1 percent on their total sales. But profit is not usually determined by the ratio between income and sales; most economists and companies determine profits as the ratio between income and assets. There's a big difference as you can see from the chart below.

This chart shows that the profit is closer to 6 percent – not the 1 percent that Dominion claims. It's mainly because of the deceit that people think otherwise.

DOMINION STORES				
	1970	1971	1972	1973
Income as a percentage of sales	1.4 percent	0.4 percent	1.0 percent	0.9 percent
Income as a percentage of assets	6.9 percent	2.1 percent	5.7 percent	5.9 percent



"At your age you must expect to feel lousy."

## Psychiatry discrediting itself — MD

Hospital re-admissions of mental patients has increased by 300 percent and the public no longer believes in mental-health workers' promises, a Toronto psychiatrist told a Vancouver conference last month.

As a result, financial support for mental-health programs is being cut back, said Dr. Stanley Freeman, associate professor of psychiatry at the University of Toronto.

"We have mostly discredited ourselves," he said. "We have said we could handle criminals and kids who can't learn to read, and all sorts of problems. People don't believe us any more."

Freeman told the Canadian Mental Health Association mental-health workers believe that changing the quality of life will make people sane.

"But can we demonstrate that a change in the quality of life will make a hoot of difference? Can we demonstrate that prevention (of mental illness) is possible?" he asked.

Freeman said the number of beds in Ontario psychiatric hospitals has been cut by 45 percent in the past 15 years as patients are released back into the community.

However, he said, the re-admission rate has increased 300 percent and 60 to 65 percent of patients in mental hospitals have been admitted previously.

# Non-sexist therapy sought by women

By Louise Robinson

Toronto agencies concerned with women's mental health report increasing calls from women seeking help. This confirms indications it is extremely difficult for women in trouble to find non-sexist professional aid.

A 1975 study by Rozan Brown and Levitt Hellinger in Montreal contrasted male and female therapists' approaches:

"Female therapists tend to have more contemporary attitudes toward women than do male therapists... On the item suggesting that therapists see women as 'oppressed' rather than 'neurotic,' 50 percent of all therapists questioned held a relatively traditional stance."

Therapy is usually based on an individualistic and medical framework. In most cases a woman's route to the psychiatrist is through her doctor. Sixty-nine percent of all mood-modifying prescriptions are given to women. Psychiatrists share responsibility for this, and for many women this is the beginning and end of treatment. Frequently this is the start of a life dependent upon — even addiction to — psychotropic drugs.

For women who receive referrals, the medical setting still implies she is "sick" or "neurotic" and needs to get "better." No therapy is without values, every cue reflecting bias, whether communicated subtly or blatantly. The therapist thus reinfor-

ces the idea of the female stereotype. Little attention is paid their real environmental pressures because of sex-role expectations, socio-economic class, language or culture barriers.

The extent to which environment affects the psyche and to which in response the psyche generates its own malaise, cannot be defined in general terms. Neither tranquilizers nor therapy alone can deal with the reality of women with too little money, too

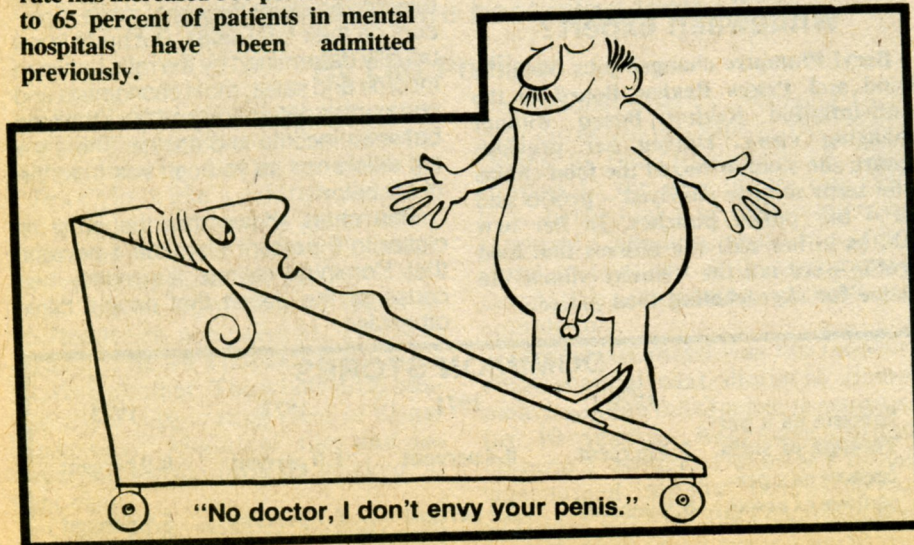
**The Women's  
Counseling Collective  
c/o YWCA  
15 Birch Avenue,  
Toronto, Ont.  
925-3137**

many children, insufficient education or training, no supports and no self-esteem. This is the reality not only of women from low socio-economic groups but also of the impoverished lives of many middle-class wives and mothers.

When mothers seek help they need counselors able to pay more than lip-service to the idea that social pressures and mental stress are related. Such counselors must be willing to help women recognize their own essential natures as distinct from, though interacting with, the world around them.

Therapists and doctors must learn to refer women patients to the many groups and services operated by women for women. A number of self-help support groups, upgrading programs, welfare-action groups and others are available in Toronto which are free from traditional approaches, are able to be therapeutic, and are generally effective.

The Women's Counseling Referral and Education Centre planned for months by the Women's Counseling Collective, should open early 1976. Much of the work has been that of finding and interviewing non-sexist therapists and counselors. When open the Centre will provide a telephone referral service and assessment counseling sessions for women requiring further information.



"No doctor, I don't envy your penis."



# Women's sex arousal equal to men's

Experimental proof that women respond to erotica as much as men do was submitted recently by a researcher in the medical school of the State University of New York.

In special tests developed to settle an old argument about what turns women on, Julia Heiman tested male and female responses to erotic stories. She began with a group of 42 male and 77 female college students. They completed a questionnaire to assess their sexual experience and attitudes, with particular attention to how liberated they were about sex and sex roles.

A minority of both sexes, only 22 percent, had never had intercourse, and both males and females were having sex with about the same frequency. The women reported fewer partners than the men, were slightly older at the age of first intercourse, fantasized less during masturbation, and masturbated less often. Eight-four percent of the women claimed to have reached orgasm, a major change from their Kinsey age-mates a generation ago, when only 53 percent reported orgasm.

To measure physiological response of males, they used a mercury-filled strain gauge that measured blood volume and pressure pulse in the penis. The gauge which is a flexible circlet the thickness of a rubber band fits unob-

**An ancient sexist myth bit the dust recently – for the umpteenth time – following an extensive research program checking out the relative sex responses of the sexes**

**By Freda Felds**

trusively around the base of the penis.

Physiological female response was measured by a device invented by James Geer, called the photoplethysmograph, an acrylic cylinder one and three-quarters inches by a half inch which contains a photocell and light source. The photocell registers diffused light as vaginal pressure pulse and blood volume change. It is placed just outside the entrance of the vagina. The photoplethysmograph can detect relatively low levels of arousal.

Each student was assigned to one of four groups. The first group heard four different erotic tapes. The second heard four romantic tapes, the expurgated version of the same scenes, now without explicit sex. Group three heard romantic-erotic tapes in which the couples both expressed affection and had sex. Group four heard tapes of couples sharing conversation, dinner or wine, but not each other.

The control tapes had no romantic or erotic elements. There were no elements of homosexuality, sadomasochism, incest, bestiality or other fashions dear to pornographers. The tapes were modified according to whether the man or the woman initiated the sexual encounter and also according to whether the erotic description concentrated on the female's genitals, body and pleasure, or the male's. Tape one was male-initiated, female-centred and four was male-initiated and female-centred. Each student fantasized for two minutes before and after the tapes were played.

First of all they found that explicit sex, not romance, was what turned both women and men on. The great majority of both sexes responded physiologically and subjectively to the erotic and erotic-romantic tapes, not to the romantic or control tapes. Women rated the erotic tapes as more arousing than men

**continued on page 31**

# CUBA'S NEW

**Susan Reisler, CBC writer, accompanied Health Minister Marc Lalonde on his recent visit to Cuba. Her report is the result of direct observation plus many interviews with Cuban health personnel.**

## By Susan Reisler

Before the Cubans overthrew the dictator Batista and took power in 1959, health conditions were as bad as they are in many other Latin American countries today.

From the beginning of the revolution health has been a priority and, along with education, these have been the areas where achievement has been most notable.

The Cuban health system operates under four principles developed and put into practice right after the revolution:

- 1) The health of the population is the responsibility of the state and there is one national health system;
- 2) Health services are available to the whole population and are free;
- 3) The community participates actively in the health program;
- 4) The health services have a preventive character and they develop their activism on a scientific basis.

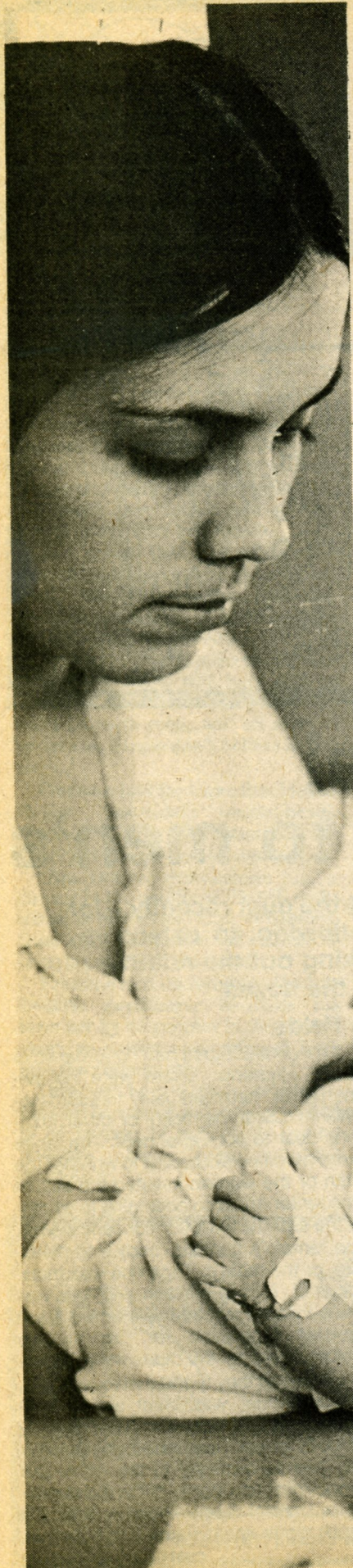
Dr. Jose Gutierrez, Cuba's health minister, regards the third principle as the most important. The people participate through the mass organizations

such as the trade unions, the Cuban Federation of Women and the Committees for the Defence of the Revolution (CDR).

The CDRs form the largest organization, located on every block in the country. There are more than 400,000 such committees. In each CDR there is one person responsible for health. This person's task is to teach and help educate the community about the importance of good health and hygiene. He or she speaks at regular community meetings about health and also visits people's homes to talk about it. This person is also responsible for mobilizing his or her area in the special vaccination campaigns. This way the children are vaccinated, polio is virtually eliminated and it all cost next to nothing.

Since the revolution all private clinics have been replaced by a network of polyclinics, urban hospitals and special rural hospitals. There are now 9,000 doctors, and 1,000 new ones graduate every year from medical schools. Most doctors work for the state but a small number - about 400 - maintain a private practice as specialists in certain fields. At present some 20,000 to 30,000 people are served by a polyclinic although in some areas there could be one for 1,000 persons.

Depending on the polyclinic's size, the staff consists of a pediatrician, an internist for adults, and an obstetrician-




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**Cuba's newer hospitals are modern and efficient.**

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All photos:  
Mayra  
Martinez,  
Havana

gynecologist. There are also nurses and technicians.

Under the public-health system doctors don't make house calls except in an emergency. The patient goes for

has been in the health field. In 1962, 4,157 infants under one-year old died. In 1972, 838 died. The infant mortality rate in Cuba is 27 deaths for every 1,000 live births. In Brazil it is 170 per 1,000, in

# HEALTH CARE SYSTEM

*Cuba's health-care heavy on prevention Canadian visitor says*

examination and treatment to the polyclinic or rural hospital nearest his home. If additional attention is required, the patient is referred to the regional hospital. If he needs to be hospitalized he is sent to the regional hospital or, if necessary, to that institute in Havana which specializes in his illness.

There are 326 polyclinics in Cuba and the Cubans plan to build another 110 in the next five years. There are also 248 hospitals and they expect to build 49 new ones in that same period.

Doctors who work permanently in polyclinics are being trained as specialists with an extra grounding in psychiatry and social work so they can better handle the patients' problems.

Before the revolution the rural areas of the country had practically no health facilities. In Oriente Province, for example — one of the poorest — there were only three hospitals. Today there are 64 regular and rural hospitals and another 40 are planned for the next five years.

The rural hospitals are a special development since the revolution and their presence means that all Cubans do have access to health care.

Beside each hospital is a maternity home — a place where the women come in their ninth month of pregnancy to await the birth of their infants. In this way almost all the babies are born in hospitals and the infant mortality rate has been drastically reduced.

Comparisons of statistics are one way of showing how successful Cuba

Bolivia 108 per 1,000, in Canada it is 15.6.

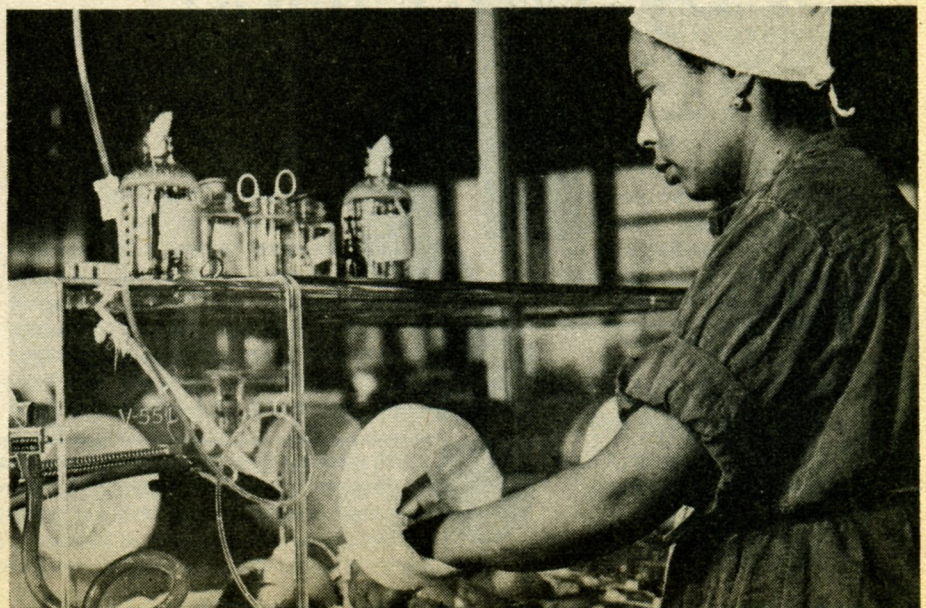
According to the World Health Organization, Cuba occupies first place in the field of public health having practically eliminated such former deadly diseases as malaria, typhoid, meningitis, diphtheria, and many infectious parasitic diseases.

The Cubans said the Soviet Union provided "a tremendous amount of assistance" both in human and technical resources. France, Belgium and the Scandinavian countries have assisted in the last few years.

The Canadian International Development Agency (CIDA) recently approved

a \$10 million line-of-credit loan to Cuba which will be used to buy a large variety of Canadian materials for use in public health services.

The Cubans admit there is still more to be done to improve the health-delivery system but visitors to the island do not hesitate to express their admiration for the progress thus far.



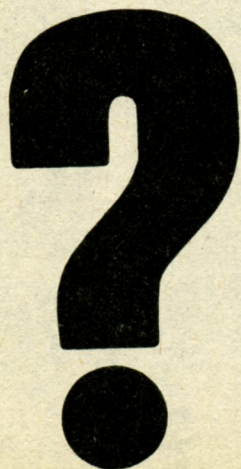


# MEDICAL

# NEMESIS

**The expropriation  
of health**

**by Ivan Illich**



The medical establishment has become a major threat to health. Dependence on professional health care affects all social relations. In rich countries medical colonization has reached sickening proportions; poor countries are quickly following suit.

A professional and physician-based health-care system which has grown beyond tolerable bounds is sickening for three reasons:

It must produce clinical damages which outweigh its potential benefits; it cannot but obscure the political conditions which render society unhealthy; and it tends to expropriate the power of the individual to heal himself and to shape his or her environment.

The medical and para-medical monopoly over hygienic methodology and technology is a glaring example of the political misuse of scientific achievements to strengthen industrial rather than personal growth. Such medicine is but a device to convince those who are sick and tired of society that it is they who are ill, impotent and in need of technical repair....

The diseases afflicting Western societies have undergone dramatic changes. In the course of a century, so many mass killers have vanished that two-thirds of all deaths are now associated with the diseases of old age. Those who die young, are more often than not victims of accidents, violence and suicide.

These changes in health status are generally equated with progress and are attributed to more or better medical care. In fact, there is no evidence of any direct relation between this mutation of sickness and the so-called progress of medicine.

In addition, an expanding proportion of the new disease burden of the last 15 years is itself the result of medical intervention in favor of people who are or might become sick:

(1) The impotence of medical services to change life expectancy; (2) the insignificance of most contemporary clinical care in the curing of disease; (3) the magnitude of medically inflicted damage to health; and (4) the futility of medical counter-measures to sickening medical care are all obvious, well-documented – and well repressed.

Doctors' effectiveness is an illusion. The study of the evolution of disease patterns provides evidence that during the last century doctors have affected such patterns no more profoundly than did priests during earlier times. Epidemics came and went, imprecated by both and untouched by either.

They are not modified any more decisively by the rituals performed in

# 'The medical establishment has become a major threat to health' —Illich

medical clinics than by the exorcisms customary at religious shrines...

The professional practice of physicians cannot be credited with the elimination of old forms of mortality, nor ought it to be blamed for the increased expectancy of life spent suffering from the new diseases.

Analysis of disease trends shows that the environment is the primary determinant of the state of general health of any population. Food, housing, working conditions, neighborhood cohesion, as well as the cultural mechanisms which make it possible to keep the population stable, play the decisive role in determining how healthy grown-ups feel and at what age adults tend to die.

As older pathogens fade a new kind of malnutrition is becoming the most rapidly expanding modern epidemic: one-third of humanity survives on a level of undernourishment which would formerly have been lethal while more and more people absorb poisons and mutagens in their food...

Awe-inspiring medical technology has combined with egalitarian rhetoric to create the dangerous delusion that contemporary medicine is highly effective. Although contemporary medical practice is built on this erroneous assumption, it is contradicted by informed medical opinion...

Skin cancer treatment is highly effective. We lack clear evidence for effective treatment of all other cancers. Breast cancer is the most common form. The five-year survival rate is 50 percent no matter with what frequency medical check-ups are performed and no matter what treatment is used. It has not been shown that this rate differs from that of untreated cancer.

Although practicing doctors tend to stress the importance of early detection and treatment of this and several other types of cancer, epidemiologists have begun to doubt if early intervention would alter survival rates...

Medicines have always been potentially poisonous, but their unwanted side-effects have increased with their effectiveness and widespread use. Every 24 to 36 hours from 50 percent to 80 percent of adults in the U.S. and the

U.K. swallow a medically prescribed chemical. Some take a wrong drug, others get a contaminated or old batch, others a counterfeit, others take several drugs which are dangerous combinations, others receive injections with improperly sterilized syringes or brittle needles...

The U.S. Department of Health calculates that 7 percent of all patients suffer compensatable injuries while hospitalized, though few of them do anything about it. Moreover, the aver-



age frequency of reported accidents in hospitals was higher than in all industries but mines and high-rise construction.

A national survey indicates that accidents were the major cause of death in U.S. children, and that these accidents occurred more often in hospitals than in any other kind of place.

University hospitals are relatively more pathogenic, or, in blunt language, more sickening. It has been established that one out of every five patients admitted to a typical research hospital acquires an iatrogenic (doctor caused) disease, sometimes trivial, usually requiring special treatment, and in one case in 30 leading to death. Half of these episodes resulted from the complications of drug therapy; amazingly, one in

10 came from diagnostic procedures.

In the category of clinical iatrogenesis I include not only those damages that doctors inflict with the intent of curing the patient or of exploiting him, but also those other torts which result from the doctor's attempt to protect himself against the patient's eventual suit of malpractice...

On the third level, the so-called health professions have an even deeper, structurally health-denying effect insofar as they destroy the potential of people to deal with their human weakness, vulnerability and uniqueness in a personal and autonomous way...

I will designate this self-reinforcing loop of negative institutional feedback by its classical Greek equivalent and call it *medical nemesis*... Medical nemesis is resistant to medical care. It can be reversed only through a recovery of mutual self-care by the laity, and the legal, political and institutional recognition of this right to care... I am not dealing with alternatives to any one medical technique, doctrine or organization, but with the alternative to this whole social enterprise and its allied bureaucrats and illusions... It is now only a matter of time before the majority of patients find out what epidemiological research discovers: most of the time they would have been better off suffering without recourse to medicine...

One simple and obvious measure for the medicalization of life is the rising share of national budgets spent at the behest of doctors... The rate of increase can be explained by rising costs of hospital care. The cost of keeping a patient for one day in a community hospital in the U.S. has risen 500 percent since 1950. The bill for patient care in major hospitals rose even faster; it tripled in eight years.

It is ironic, therefore, that during this unique boom the U.S. witnessed another parallel event, also unprecedented in any industrial society: the life expectancy for adult American males

continued on page 25

Printed here are extracts from the new book *Medical Nemesis* by Ivan Illich. Illich is a world-renowned critic of aspects of modern society he regards as oppressive and destructive. *Medical Nemesis* is a first draft in which he offers the reader an opportunity to participate critically in shaping his ideas before they can take on a definitive form. Readers are invited to write directly to the author: Ivan Illich, CIDOC, Apdo. 479, Cuernavaca, Mor., Mexico.

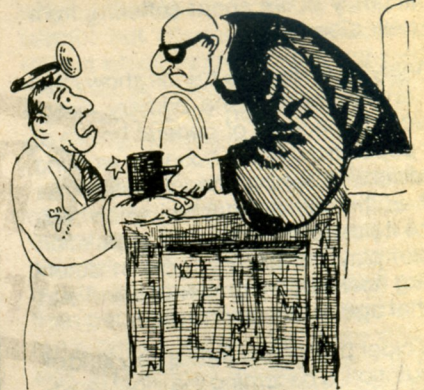
## MEDICAL NEMESIS By Ivan Illich

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May be ordered  
From The Critical List

# MALPRACTICE JITTERS!

## Plight?

New York: Multi-million dollar settlements against doctors continue to feature the U.S. malpractice scene. One result is that insurance companies in several American states refuse to insure doctors, while in others insurance premiums have climbed to \$30,000 and \$32,000. Another is that doctors have either gone on strike or continue to threaten strike – or else have quit. Meantime, public suggestions that medicine adopt higher professional standards – thus to reduce malpractice suits – remain ignored.



## Flight?

San Francisco: Concern was voiced here last month over the continued flight of doctors from their traditional "conspiracy of silence" against the patient. Dr. William Scott, president of the American College of Physicians & Surgeons, told a conference that several medical-legal companies have recently sprung up which provide doctors who will, for a fee, testify for a patient suing his doctor. These deserters from the closed-ranks of medicine are reaping a rich bonanza, he said.



## Fright?

Ottawa: Fear that U.S.-style malpractice suits may reach Canada was expressed at a health-and-law conference here addressed by Health Minister Lalonde. While voicing doubt that malpractice suits will match U.S. levels, he nevertheless promised federal action in the event they did. Doctors remain jittery, have increased the number of pre-operative hospital tests. In Toronto, meantime, the Law Society is running refresher courses to help lawyers bone up on malpractice law – sending shivers up the backs of organized medicine.



*Rich MDs want 48 percent boost in incomes; offer \$100-a-week staff 4 percent pay raises*

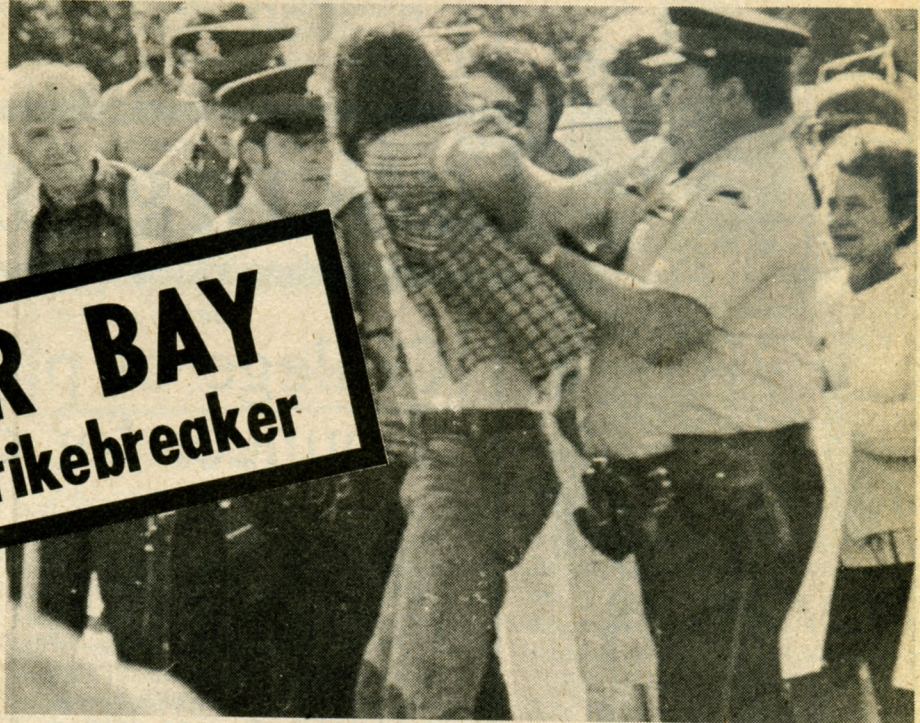


Photo: Chronicle Journal-Times News, Thunder Bay

## THUNDER BAY doctor as strikebreaker

By R. Wilson

In Thunder Bay, western Ontario, doctors and staff of the Port Arthur Clinic continue locked in a strike battle after five months of bitter, unprecedented struggle. At issue are wages and the workers' right to organize — a right strikers regard as even more important than their wage demands. The doctors, for opposite reasons, agree.

On July 11, 1975, 71 staff members of the clinic — mostly women — asked Dr. David Coulson, clinic head, to boost their average \$5000 wages by 15 percent — about \$2.50 per day — and to recognize their union.

Ten registered nurses, almost a year earlier, had sparked the original

The strikebreaking doctor-owners of the Port Arthur Clinic have "turned the clinic's driveway into a battleground."

## Violence nears Ontario record

and the Service Employees Union comes close to setting Ontario records for bitterness, rancor and violence. The doctors' readiness to fight their staff's demands — by fair means or foul — escalated to showdown levels from Day One. Strikebreaking, lockout, police arrests and physical violence

were replaced by the present corporate set-up. The present crop of doctor-owners have fat Cadillacs and fatter incomes and behave like business executives, say the strikers.

They admit, too, the doctors' resistance to their small pay demands took them by surprise. As well, their quick resort to violence stunned — and divided — the town's populace who remain captive to the clinic's medical monopoly. The union's lawyer, Wally Dubinski, who admits to no surprise and is not stunned by the doctors' conduct, feels they are caught up in their own mystique.

"I think doctors have a certain opinion of themselves," he said, "and I think that opinion is that they're the last stronghold of the free enterprise system in our country and they're not going to give up and they're going to remain and protect their position."

Some doctors' wives and daughters serve as scabs and strikebreakers. Exceptions are 10 wives who refuse to cross picket lines. Janie, daughter of Dr. Coulson, mans the picket lines

continued on page 39

**The Fifth Estate, CBC's blunt-speaking and hard-hitting news team, gets top credit for being first to bring the Thunder Bay strike to national attention.**

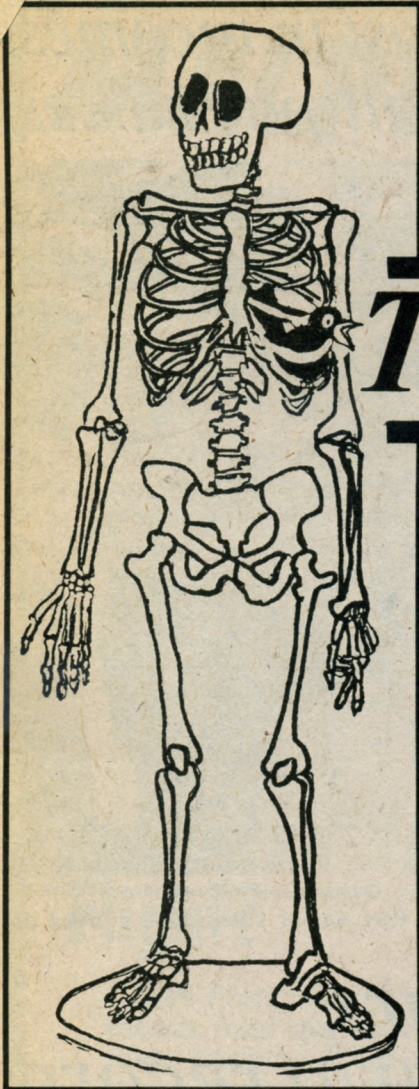
action.

Back in September 1974 the 10 had gotten together to ask for pay raises and better working conditions. They were fired instantly. Shaken, the clinic's non-medical staff joined the nurses, formed a union, demanded wage raises and union recognition. The doctors, co-owners of the clinic, said "nothing doing," offered 4 percent — about 60 cents a day — and no union recognition. Result: strike.

The ensuing battle between doctors

became routine. Quickly grasped by the strikers was the fact their concern for job security matched the doctors' self-image as defenders of free enterprise.

The clinic doctors — who share with Ontario MDs the demand for income raises up to 48 percent — hold a medical monopoly in the area, where service is reputedly poor, though it hadn't always been so. Residents here feel service declined when the clinic's founders, now mostly dead or retired,



## Nutrition favored

I have been into nutrition and health the last ten years, so have had lots of experience. We have just formed "The Good Life Club" (35 members) and hope to have 100 by the end of 1975. I have visited many food clinics in the U.S. and England, staying in each for a period of four weeks. Of course, they all use only natural methods - fasting, juice, etc.

Our world is run by dictators, food processors, drug industries, etc., and it is refreshing to see some young people today living the healthful way.

I also visited Dr. Nittler in Santa Cruz. The American Medical Association has harassed him and expelled him for using nutrition instead of drugs. He has written a book called *A New Breed of Doctor*. I am enclosing a cheque for a one-year subscription.

**H.D. Richardson**  
Vancouver, B.C.

## "Now about that letter I sent..."

Should your letter to us appear in print hacked, slashed, chopped, dissected or treated with wild cosmetic surgery (or even worse: left out!) please try to understand why. Were all the letters you sent us printed, and were all the letters we printed printed in full, and were all the full-printed printed letters put into a chain, that chain would stretch all the way from B.C.'s Oakalla Prison to the front steps of the Canadian Medical Association in Ottawa. So do be patient. Do write to the point. And do keep writing.

# Talking back!

## College of physicians called 'bouncer for quacks'

Cheers for Dr. Green. Anyone able to smoke the College of Physicians & Surgeons out from behind their locked doors deserves a medal. My personal experience with this "College" of striped-suited bouncers for the medical profession wasn't quite so successful, so it's with real pleasure that I note Dr. Green's success. And lucky for him! I'm sure the clever would really have fallen had the public, and the media, not been made privy to its skill at skewering its critics.

Just a few years ago I had a case against a mentally unbalanced "psychiatrist" who was - and remains - the laughing stock of his profession. This clown's irresponsible and mendacious "treatment" and "advice" was so destructive it resulted in the break-up of my home and the subjection of my family to years of misery. My attempt to have the College review this situation turned into a bitter joke.

My first approaches to the College were treated with a formality interchangeable with indifference. Over the phone I was treated with impatience and unconcealed hostility. When I complied with their "request" that I file a complaint, I was then informed that a copy of my complaint would be released to the quack. When I agreed, and expressed interest in a copy of his reply - which I took for granted would be forthcoming - I was told, politely, "nothing doing."

After five or six months of subsequent silence, and after I began to prod for a reply. I was finally informed that a decision had in fact been made. Why, I asked, was I not informed of this decision? The decision, it turned out, they had simply "forgotten" to

pass on to me. When I did receive this august judgment I was told - in so many words - that my charges had been received, reviewed and "rejected."

How, I inquired, had they dealt with my charges? No answer.

What were the grounds for the College's rejection? No answer.

What was the quack's defence? No answer.

How had they dealt with his "defence"? No answer.

Could I appeal the decision? And where to? Of course you can. To us.

Several phone calls protesting this unfair, one-sided undemocratic treatment produced only one response: the medical bureaucrat's equivalent for "get lost!"

That's where it stands to this day. The criminal idiot misnamed "doctor" who so terribly harmed me and my family remains, in the meantime, free to do exactly the same to others. And for a price, of course - never forget the price!

My conclusion from this experience



(apart from shaking my faith in Hippocrates) was that my faith in the College's alleged concern for the public was, to say the least, simple-minded. I now regard them simply as bouncers for that small (?) percentage of doctors who should themselves be bounced. If I'm wrong, what explains the closed doors, the shuttered window and the Mafia-like atmosphere surrounding this collective guardian of medical privilege and corruption?

More power to Dr. Green. And, yes - where are all the other Dr. Greens?

**Name withheld**  
(Available on request)

## And dentists?

I appreciate your expose of medical rip-offs but hope your paper will begin to deal with racketeering among dentists as well.

I went to a dentist for root-canal work. For his part of the job (the actual filling was done by another dentist) I was charged \$225. The amount of actual time spent on me was about one hour and-a-half.

He might just as well have picked my pockets, but I suppose his method is safer and more efficient.

**Mrs. R.D.**  
Toronto, Ont.

## For acupuncture

I have read your first issue and wish you well. But I do not think your influence will be very great if you publish more articles like "Needle Medicine and Me."

To criticize a healing method practiced over a period of 5000 years on the basis of a few visits to one questionable practitioner of

## LETTER OF THE MONTH

### Quibble quiz

During the course of my thoroughly screwed-up life I have appeared in front of a psychiatrist - hat and head in hand - at least a dozen times. The question that increasingly has come to bug me is this: What guarantees did I ever have that the shrink in front of me wasn't sicker than the "patient" in front of him?

**G.W.**  
Toronto, Ont.

unknown credentials is, to say the least, questionable.

In Calgary there are at least four doctors whose major practice is acupuncture. Dr. D. Longden, who has treated me five times, is a Cambridge University graduate who returned to England for a special course in acupuncture. He is frank about the possibility of help or cure and has had 90 percent good results with friends of mine. My regular doctor diagnosed my case as a degenerated disc; five treatments by Dr. Longden and I feel I'm cured.

I would say that many cases of arthritis can be cured by acupuncture. There are many kinds. Relief is generally given when the correct acupuncture points are needled, rubbed, pressed, heated or cooled or treated electrically. Cerney in his *Acupuncture Without Needles* says treating for five minutes the bottoms of the big toes with ice is a

## THE CRITICAL LIST 23

cure for a head cold. Having tried this, I can assure you it works.

If you print further articles on this subject make sure they are researched and that the writer knows something first-hand about it.

**P. Davidson**  
Calgary, Alta.

## Matter of fact

The tone of your first issue was principally negative. You call it critical. The facts are awesome, but does the format serve a purpose? Do you expect your readers to become suddenly awakened, or suddenly inspired, to do something new and valuable for themselves or others? In fact, haven't all these awful truths been revealed endlessly by newspapers and health-store magazines?

I'd like to see articles introducing and comparing various natural forms of healing and dieting. Even this I could take only in small doses, because frankly I feel I'm coming down with a bad case of "information overload." This results from trying to take in all the educational material available. I noticed, too, that most publications are so controlled by acceptable structure it looks as if the authors merely filled in the blanks with facts!

It seems to be a fact that facts don't inspire people to action. Assuming this is true, perhaps we're both wasting our time.

But suppose we enjoyed what we did, and brought joy to others in so doing, wouldn't the change we want come anyway? I think so!

**Leslie Rose**  
Vancouver, B.C.

## What of women?

There is much neglect in the medical business yet to be shed light upon, but was wondering if in future issues you plan to deal specifically with issues surrounding women's health care, the self-help movement, and the peculiar nature of gynecologists: in general, the training of physicians to deal with problems specific to women? I would be interested in anything you're doing in this area, and wish you the very best of luck in the future.

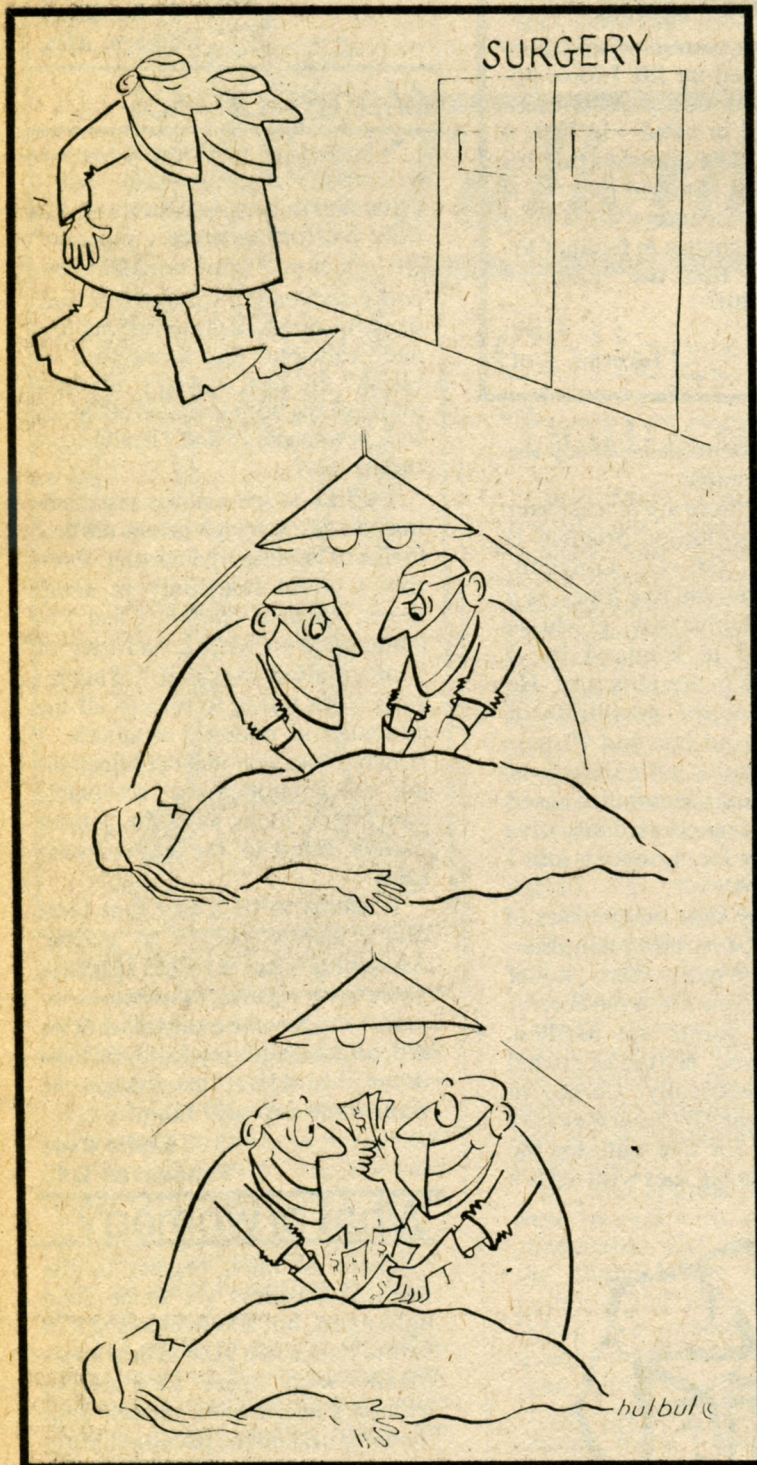
**Carol McBride**  
Harbinger Community Services,  
Downsview, Ont.



The great tonsil caper

# Needless tonsil surgery nets doctors

## \$25,000,000



Because in Canada no controls over tonsillectomies exist other than the "doctor's conscience," needless tonsil surgery is today soaring into the millions – dollars, that is.

The actual number of tonsillectomies in 1971 were 160,000 and the cost \$25,000,000. These figures were reported by Dr. W. Gifford-Jones, the pseudonym for an Ontario physician, writing in the *Toronto Globe and Mail* last month. "How much will the inflated bill be in 1976?"

How many of these unnecessary operations "were performed to pay for Caribbean vacations?" he also asked.

The "tonsillectomy business," he said, "is the most uncontrolled surgical game in town."

"You don't have to be a doctor to know that there can't be too great a difference between Canadian and Swedish children. Yet for every 10,000 children under the age of 15 in Uppsala, Sweden, only 17 have had their tonsils removed. In Ontario, the rate is 200 and in British Columbia it is 107. In Liverpool, England, it is only 26 and in the New England states it is just 70.

"If you are a parent, it is food for thought why a Canadian child has 12 times the chance of having his tonsils removed as one living in Sweden. In fact, in one Ontario county the rate was 309.

"Could it be that some Canadian doctors are a trifle knife-happy? Could money enter into the game?" he asked.

While knife-happy surgeons are no rarity in Canadian medical practice, and controls to curb them are in effect, supervision over tonsil surgery is virtually non-existent, he pointed out.

Dr. Gifford-Jones disputed the popular belief that tonsillectomies are completely safe, and stressed that even this form of surgery incurred risks. "A government department confirmed that in 1973 two Ontario children died after the operation. And in 1974 six more failed to leave the hospital."

He condemned the "wholesale merchandising of tonsils in this country," and added "there is no indication it is going to get better."

## VD tops record

Reported cases of venereal disease reached a new high last year, according to a report released to the federal Health Department in Ottawa.

The incidence of gonorrhea in Canada "has been escalating during the last decade reaching epidemic proportions," with 47,680 reported cases in 1974, up 5 percent from 1973 – an average 215.8 cases per 100,000 population compared with the 1946 high of 214.3 cases.

### 'The Public Is Feeble-Minded' Department

Dr. Richard E. Palmer, president of the American Medical Association, in an interview with the *Washington Star*: "As far as lobbying is concerned, this is a perfectly valid activity that any organization, scientific or business or otherwise, engages in. Most of our lobbying – in fact, I would say 100 percent of our lobbying – is done for the benefit of the American people, and we're not ashamed of it."

# 'A dead ocean means a dead world...'

## — Jacques Cousteau



By Alan Marcus

Jacques Cousteau, the marine scientist who knows everything about oceans from sharks to shorelines, issued a grim warning in Paris recently that man's continued pollution of the world's waters carry a deadly threat. "A dead ocean means a dead world," he said. He added that when all the world is gasping out its last breath, the only advantage he will then enjoy over his fellow creatures is the sure knowledge that he died by his own hand.

Cousteau placed primary blame on two factors: irresponsible industry and government indifference. It's not the fashionable issue like sewage or litter pollution, or even the havoc wreaked by the mad search for energy sources that worry Cousteau, as the less publicized activities like over-fishing, over-dredging and land-filling.

Possibly even worse than this mechanical destruction are

## Medical Nemesis:

continued from page 19

declined, and is expected to decline even further...

More health damages are caused by the belief of people that they cannot cope with illness without modern medicines than by doctors who foist their ministrations on the patients...

U.S. physicians receive their most intensive in-service training from agents of the chemical industry. On each of the 350,000 practicing physicians, the industry spent in 1972 \$4,500 on advertising and promotion...

Instead of mobilizing the patient's self-healing powers, modern medical magic turns the patient into a limp and mystified voyeur...

Whether contemporary doctors intend to or not, they perform as priests, magicians and agents of the political establishment...

Medical Nemesis is more than all

# Ivan Illich

political iatrogeneses put together, more than the sum of malpractice, negligence, professional callousness, political maldistribution, medically decreed disability and all the consequences of medical trial and error. It is the expropriation of man's coping ability by a maintenance service which keeps him geared up at the service of the industrial system...

No matter how thoroughly the medical-industrial complex is controlled or even curtailed, this limitation on one major industry cannot stem industrial nemesis...

the chemical poisons we are injecting into the atmosphere. Lead (which is in most brands of gasoline) has increased in the atmosphere by 300 times in the last 25 years. It falls out over the middle of the Atlantic and is already reaching the danger level for fish.

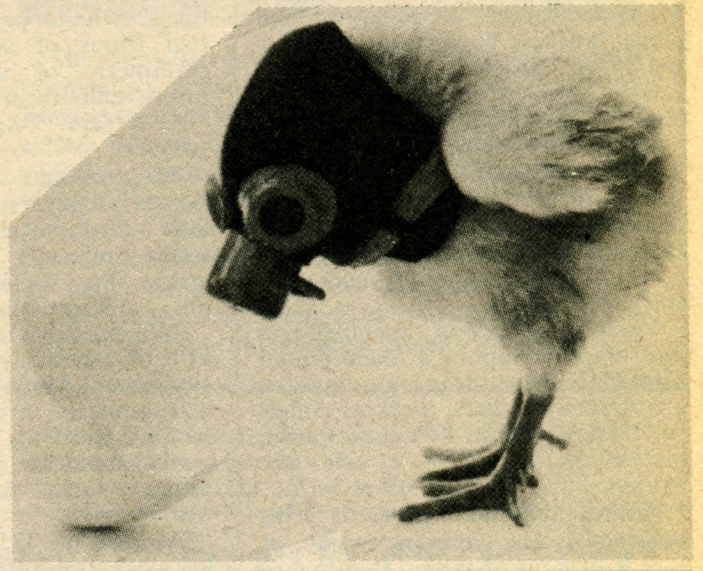
Mercury we know about already, but do we realize that every time we annihilate a mosquito or a fly with aerosol, or spray a mosquito, we are adding our own small lethal dose to the atmosphere?

Cousteau believes that the average western man and woman understand, better than they know how to say, that we are all a part of the same living world and that universal life originated in the sea. He is testing his belief by dedicating three years of his life producing 20 encyclopaedic volumes covering all aspects of ocean life. "My aim," he says, "as with my film, is to educate by entertaining."

Cousteau is no cheap Cassandra prophesying doom and disaster for the sake of arousing fear and, inevitably, horrified disbelief.

As a man who has been obsessed by the sea from early youth, first as a French naval officer, then as a deep-sea diver who invented the aqualung, and now as a scientist who has done more than any man alive to explore and chart the vast potential of our watery planet, he is appalled by the "shocking paradox" that just as we have begun to value our environment we are caught up in a race against time to save it from our own ruthless exploitation.

"I want as many people as possible to fall in love with the ocean. That is better than fighting them."



And since medicine is a sacred cow, its slaughter would have a "vibration effect": people who can face suffering and death without need for magicians and mystagogues are free to rebel against other forms of expropriation now practiced by teachers, engineers, lawyers, priests and party officials...

The need for specialized, professional health care beyond a certain point can be taken as an indicator of the unhealthy goals pursued by society...

That society which can reduce professional intervention to the minimum will provide the best condition for health...



# A sbestos B ig business C ompany doctor of DEATH

**Afflicted asbestos workers fight for their lives as owners stall, governments play politics, and company doctors front for both.**

After years of suffering and dying in silence, Ontario asbestos workers are preparing to fight for their lives.

Charging that 15 workers had died of asbestosis at the Johns-Manville plant in Scarborough alone, workers have suggested striking "until the plant is made safe."

The asbestos union mourns the death of one member a month.

Dangerous "blue-fibred" asbestos has not been withdrawn from production despite company claims, union members said. Instead it is being mixed with white asbestos "so that no one could notice it is still being used."

Vacuum cleaners installed as part of the company's much-touted \$500,000-a-year clean-up campaign are virtually useless, workers claimed. "They wouldn't even pick up a match on the floor," said one worker.

(Union officials greeted with skepticism the announcement of new federal legislation limiting to two fibres per cubic centimetre the allowable fibre concentrations in the air at mines and mills. No air-monitoring facilities exist at any plant, they point out, while high costs of installing both these and the initial air-control equipment will provoke high company resistance. The new legislation is just another stalling action, officials say.)

Dr. Paul Kotin, vice-president in charge of health, safety and environment for Johns-Manville, admit-

**By Ed Frazer**

ted that 5 percent of the plant exceeded Ontario government guidelines, which prohibit more than two fibres of asbestos per cubic centimetre of air. He promised improvements in the future — "an old refrain," say company employees.

The company will not allow workers who have symptoms of asbestosis to retire early, get compensation or shift to different work inside the factory, according to angry union members.

Information on the health hazards of asbestosis was withheld and suppressed for years by the "medical-industrial complex," according to Paul Brodeur, the author of two books about the lung diseases that afflict North American asbestos workers.

As early as 1917, he said, asbestos workers could not get insurance from Canadian or American insurance agencies. And yet it took the

"entrenched group" of company doctors and governments another 50 years to "recognize" the dangers and begin to "consider" taking action.

Workers were "dropping like flies," Brodeur said, and studies disclosed a high incidence of lung-cancer and asbestosis among both workers and their families, but the "medical-industrial complex" continued to maintain a "presumption of innocence" about the role of asbestos itself.

To Charlie Nielson, president of the 550-member union local at the Scarborough plant, company promises of better days to come sound depressingly familiar. The company vowed that improvements in the health and safety standards would be made four years ago, when a two-month-long strike was settled.

"They keep saying they're going to do this and do that, and they're still saying this. But when are they going to do it? That's the problem.

"We stand in silence too often for a brother who has died of asbestosis," he said.

## Counsel sums up doctor's defence

continued from page 7  
medical establishment and had he not been Dr. Jerry Green. His reputation as a critic of Canadian medical care was clearly a significant factor. Of course, the College was not about to admit that this was the issue. The contradictory testimony of a

Dr. Fred Fallis, was significant in this respect.

In cross-examination this witness, who teaches at the University of Toronto, stated he had no idea the notice of which he complained came from the Jerry Green he had known as an outspoken student. Later he was

asked why he'd not called Dr. Green if he was concerned with the efficacy of chelation. He answered: "I knew he was only recently in practice." This answer revealed he was indeed aware the notice was from the Jerry Green he'd known as a student.

continued on page 29

MDs urge repeal

# 'Abortion law discriminates against poor'

- Canada's abortion law is unfairly and unequally applied and tends to discriminate against low-income women;
- Universal access to safe, legal abortion will remain unavailable to most women until the abortion law is dropped from the Criminal Code.

These were the conclusions of a recent survey of hospital abortion services conducted by the Doctors for Repeal of the Abortion Law. Spokesmen for the group outlined the obstacle course women face in seeking therapeutic help.

The survey showed that of 258 hospitals medically equipped to provide abortions, fewer than one-third provided this service to Canadian women.

Of these hospitals, an estimated 44 provided absolutely no service during 1975.

An additional 34 hospitals are estimated to have performed less than six abortions each during the year 1974.

By contrast, an estimated 69 hospitals out of 258 performed more than 100 abortions each during the year.

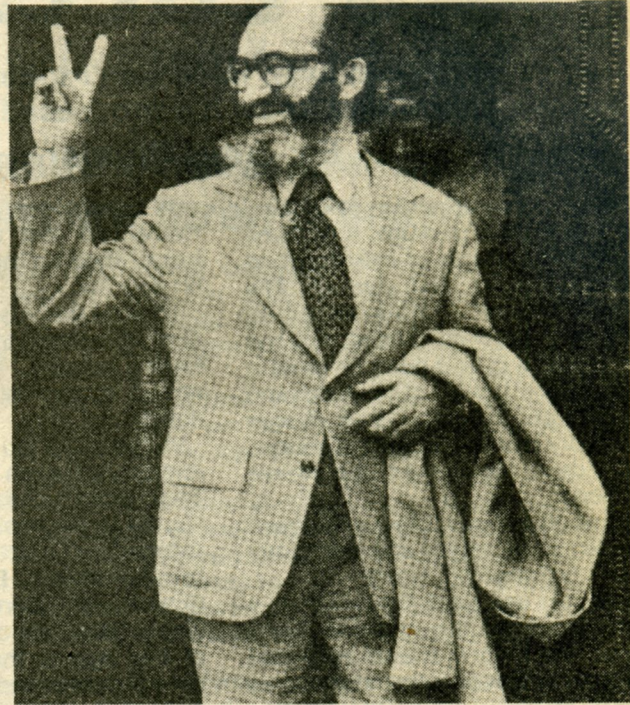
Hospitals who do perform numbers of abortions place unofficial quotas on the numbers performed by such devices as

- performing first trimester abortions only;
- limiting the physicians who may refer to the committee;
- refusing to perform abortions on women who have been aborted before;
- requiring routine and largely unnecessary psychiatric consultations.

Out of 1193 women counseled by Arcal (Association for Review of the Canadian Abortion Law) in Ottawa, 1145 of whom went on to have abortions, only 51 percent were able to obtain an abortion in Canada, the rest being referred to New York City.

This is evidence that large numbers of Canadian

*'Continued persecution of Dr. Henry Morgentaler disgraces Canada...'*



**The Canadian doctor railroaded into jail for applying legally sanctioned abortion procedures, Dr. Henry Morgentaler continues under attack from reactionary circles in both Quebec and high federal levels. Disregarding majority public opinion, the wishes of the women's movement and the "not guilty" verdict of two juries, Quebec's Appeal Court arbitrarily imposed a prison sentence on the doctor who continues to be subjected to harassment which more and more Canadians consider a disgrace to Canada. Many protest actions have taken place and more are planned.**

women continue going to the United States to have abortions performed at their own expense. Few low-income women can afford to do this.

## *Hazards seen in male birth control*

A birth control pill for men may be widely available in the next few years if research now under way in Toronto is successful. Unfortunately, this anti-fertility drug may have dangerous side-effects, similar to those encountered by the thousands of women who have used "the pill" in the last decade.

The hormones used in a pill now under study at the University of Toronto and the Mount Sinai Hospital have been linked in the past to liver tumors, yellow jaundice, depression

and irritability, changed sex drives, enlarged breasts in men, hives, acne... and even baldness.

Dr. Jerald Bain, a Toronto specialist who heads the research team, is quick to point out that the two dozen men who will act as "guinea pigs" in this 15-month experiment will be watched closely for changes. "Everyone who participates will have to come in for extensive blood testing every two weeks. At the very first sign of any abnormality we will withdraw the

medication. However, no problems are likely to occur at the low doses we are using."

Sperm production will be reduced by one of the chemicals used, medroxyprogesterone. To prevent the loss of sexual appetite a male hormone, methytestosterone, will be given. The maximum dose during the experiment will be 20 mgs of each daily.

The United Nations World Health Organization is funding this \$50,000 study, the only one of its kind in Canada.

# Cheese is great if it's cheese

When even mice won't touch it  
you know it's processed

By June Childer

Cheese concentrates a lot of food value into a small package. It contains most of the nutrients of milk including protein, riboflavin, and calcium. The protein in cheese is of the same high quality as the protein in meat, fish and eggs. If you're cutting down on meat in protest against the use of hormones and antibiotics and sky-high prices, cheese can be your best friend. But not always. It depends on the nature of the cheese you choose.

Like all good foods, cheese has been subjected to the mighty and destructive club of commercial interests.

Somehow the word "cheese" on a snack food draws the consumer like a magnet. The flavor of cheese combined with the implication of nutrient value appears to be an irresistible combination.

Do not be deluded into serving these snacks to your family, or be foolish enough to believe that they will contain all the nutrients of cheese. They will not. Cheese flavor does not mean cheese. In processed food, it means a chemical flavor unrelated to nutrition. Food chemists have the competence and expertise of Merlin the magician. Their only inter-

ests are economy and long shelf-life. Remember that anything which prolongs "shelf-life" has the opposite effect on *your* life.

Cheese flavor boosters are not even distantly related to cheese - not even kissing cousins. They are a blend of spices, sugar, salt, MSG and imitation flavors.

A symbol of the manufacturers' necromancy of which you must be wary is "processed" cheese. Beatrice Trum Hunter in her book *Consumer Beware* categorizes processed cheese as a "plastic mass." Back in 1935, F.J. Schlink of Consumers' Research warned that "one of the major atrocities of this age is the disappearance of natural cheese and the substitution for it of what is called "processed" cheese, made by grinding cheese of very low quality of any quantity that happens to be available and mixing in chemicals and emulsifiers."

Natural cheese matures slowly, through enzymatic action. Processed cheeses are made quickly by heat and then aerated to increase their volume. As Beatrice Trum Hunter points out, "The end products have undergone such modifications that they scarcely deserve classification as food."

Cottage cheese, which weight watchers eat so virtuously by the carton, comes in for its share of tampering. Sodium hypochlorite may be used in the process of washing the curd. Diacetyl may be added as a flavoring agent. Large amounts of salt may be added. Annatto (a dye derived from seeds) or cochineal (a dye derived from dried female insects) may be used as coloring

#### WHY STORE FOOD?

For free information on how, why and when write:

Ready Reserve Foods, 5795 Sherbrooke W.,  
Montreal, Quebec

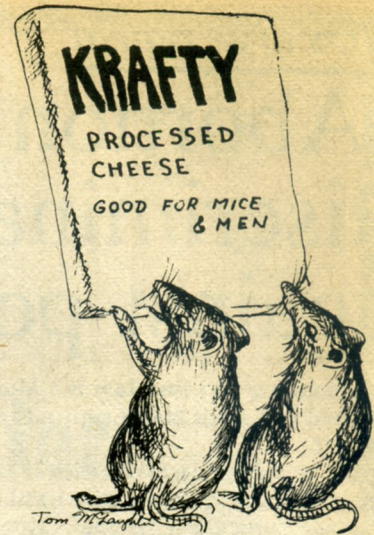
or

1349 W. Broadway, Vancouver, B.C.

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"That stuff's unfit even for humans!"

### Sweet & sour

*M for Medicine  
H for Honey  
M-H together  
Make sweet ol' money!*

*Sour ol' mess  
Mixed in your tummy  
Maketh a brew  
That really ain't funny!*

Arki

agents. Hydrogen peroxide is frequently used as a preservative. Calcium sulfate, which is related to plaster of paris, which has no nutritive value and is a material of questionable safety in foods, is permitted and usually used on cottage cheese. Mold retarders of sorbic acid are also permitted. Nothing but the sorbic acid is required to be noted on the label.

The hydrogen peroxide is added to destroy bacteria as well as bleach the cheese. At the same time, it destroys vitamin A. Later, a catalase is added in order to remove the hydrogen peroxide. The wrapper on the cheese does not tell you about the peroxide. Nor does it tell you about the dyes that have been used in order to color the product. Blue or green coloring is sometimes added to white cheese to offset the natural white color of the milk.

Truly natural cheese is made from certified raw milk produced from animals on farms not using chemical fertilizers or pesticides. But only organic cheese meets all these requirements. Many varieties of natural cheese - like Edam, Gouda, Provolone and Swiss - which originated in Europe are now produced or sold in Canada and are available in most health-food stores.



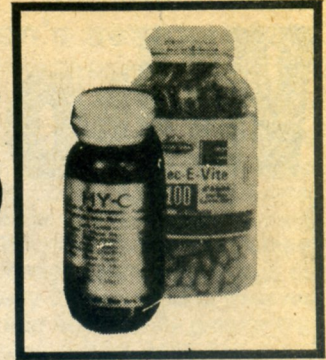
SAVE  
THIS  
CHILD

From parents, schools, sexism and ageism. Send her *FPS*—a magazine of young people's liberation. One year subscriptions cost \$10 for adults and \$6 for people under 18 years old. Or send her the Youth Liberation Organizing Kit, with pamphlets, high school underground papers posters and 2 sample copies of *FPS*. All for only \$3. Order from: Youth Liberation Liberation, 2007 Washtenaw Ave., Ann Arbor, MI 48104.



# VITAMINS

*Who shall sell them?*



**Opinions divide on the issue of over-the-counter sales of vitamins. Here are three opinions.**

## **YES** 'Health stores are safe popular and dependable'

An Ontario government proposal to limit the sale of vitamins to drug stores was forcibly rejected by two NDP members of parliament in a letter made public in the Toronto press.

Such a proposal is "illogical and self-serving," according to Ed Ziemba, MPP for High Park-Swansea and Fred Burr, MPP for Windsor-Riverside. They criticized the Ontario ministry of health for being responsive only to "vested interests" and argued for the full sale of vitamins through, presumably, health stores and other popular outlets generally regarded as safe and dependable.

"We have seen the medical profession given control over acupuncture, a health treatment having no connection with western practice," they wrote. The dental profession has been given exploitive control over the denture makers. Now the government is giving

the sale of vitamins, which are essential components of any nutritious food, to pharmacists whose training is with drugs — not in the field of vitamins and nutrition.

"There are fewer than 20 cases on record of vitamin A toxicity and no known deaths.

## **NO** 'Keep sales in the hands of qualified personnel'

Pointing out the dangers to which the free sale of vitamins exposed the public, a noted nutritionist in a letter to the Toronto press warned against allowing promotion to fall into the hands of unqualified personnel. Z.I. Sabry, president of Nutrition Research Consultants in Toronto, warned that supporters of over-the-counter

Yet excessive use of aspirin results in dozens of deaths a year. It would make for more sense to make aspirin a prescription drug.

"Sugar can be fatal to diabetics. Should we put the sale of sugar under the supervision of pharmacists?"

"Tobacco, a mood-altering drug, causes thousands of premature deaths annually. Should we insist that cigarettes be sold only where a pharmacist is present 'for consultation'?"

"A similar case, of course, could be made for the sale of alcohol.

"If people wish to take vitamin supplements, they should have that freedom of choice and be able to buy them where they wish.

"It is time the Ontario ministry of health stopped listening to the persuasive lobbies of vested interests," they declared, "and started listening to the reasonable requests of ordinary reasonable citizens."

several vitamin A capsules and repacks them into 50,000 International Units dosages. The Food and Drug Regulations do not allow potencies above 10,000 International Units without prescription.

"I certainly hope the government and the people of Ontario will not be taken in by the petition of the health-food retailers. The Health Disciplines Act in limiting the sales of vitamins to drug stores will restore order in the administration of vitamin therapy.

"The people of Ontario certainly deserve better service in the dispensing of vitamins than health-food retailers can offer," he said.

## doctor's defence

continued from page 26  
His original denial was shown as an attempt to avoid dealing with his attitude toward Dr. Green's role as a critic.

In spite of the College's claim to be concerned solely with advertising, there was ample evidence of their wish to silence a critic and this way intimidate all unorthodox doctors. Fortunately, considerable public attention was focused on this case. Because the defence insis-

ted on the right to an open hearing the College was forced for the first time in its history not to conduct a discipline hearing in camera. Under public scrutiny the College could not easily impose a severe penalty for what was, at most, a minor transgression. Nevertheless, after merely reprimanding Dr. Green, the committee imposed "court costs" of \$1,000, clearly a warning to those who would dare challenge the "good doctors."

medication "overlooked a serious drawback in having health-food stores handle the sale of vitamins."

"Health-food stores are usually operated by persons unqualified concerning matters of health," he wrote. They promote their goods as cures for virtually all diseases, including cancer and heart disease.

"Common practices in these stores also tend to promote the sale of high dosages of certain vitamins. One health-food store owner explained to me how he combines the contents of

## **MAYBE** Mini-poll reveals many can't decide

Interviewed by *The Critical List* in a quickie poll, many people were found to be undecided on the question of over-

the-counter vitamin sales. Opinions in general divided along lines indicated above. Let's have some (divided?) readers' opinions.

# Who's your worst best friend?

— *the coffee bean,  
that's who*

Coffee — reputedly the ever-lovin' and helpful friend of man in time of need, the giver of the fast pick-me-up and "lift" to millions — is in fact no friend at all. Behind its hot, steamy face is a treacherous, toxic, deadly enemy of good health and good cheer. Take out your hankies, you coffee addicts, and read on...

By Dr. Gurucharan Singh

Canada runs on caffeine, delivered direct to all citizens regardless of race, creed, color or age in tea, coffee, colas and chocolate bars. The price your body pays for just one cup of coffee is high: Your stomach temperature rises 15 degrees, stomach acid secretion increases up to 400 percent, your heart speeds up by 15 to 20 beats, the lungs work 13 to 15 percent harder, the blood vessels in your brain get narrower, and your overall metabolism goes up 15 to 25 percent.

While the mouth isn't too fussy about its intake, the body is on the alert, producing twice as much urine as normal to flush the xanthine compounds — the family of alkaloid poisons to which caffeine belongs — out of the system. Were you a small mouse, and a drop of pure caffeine were injected into your skin, you'd quiver, waver and in a few minutes

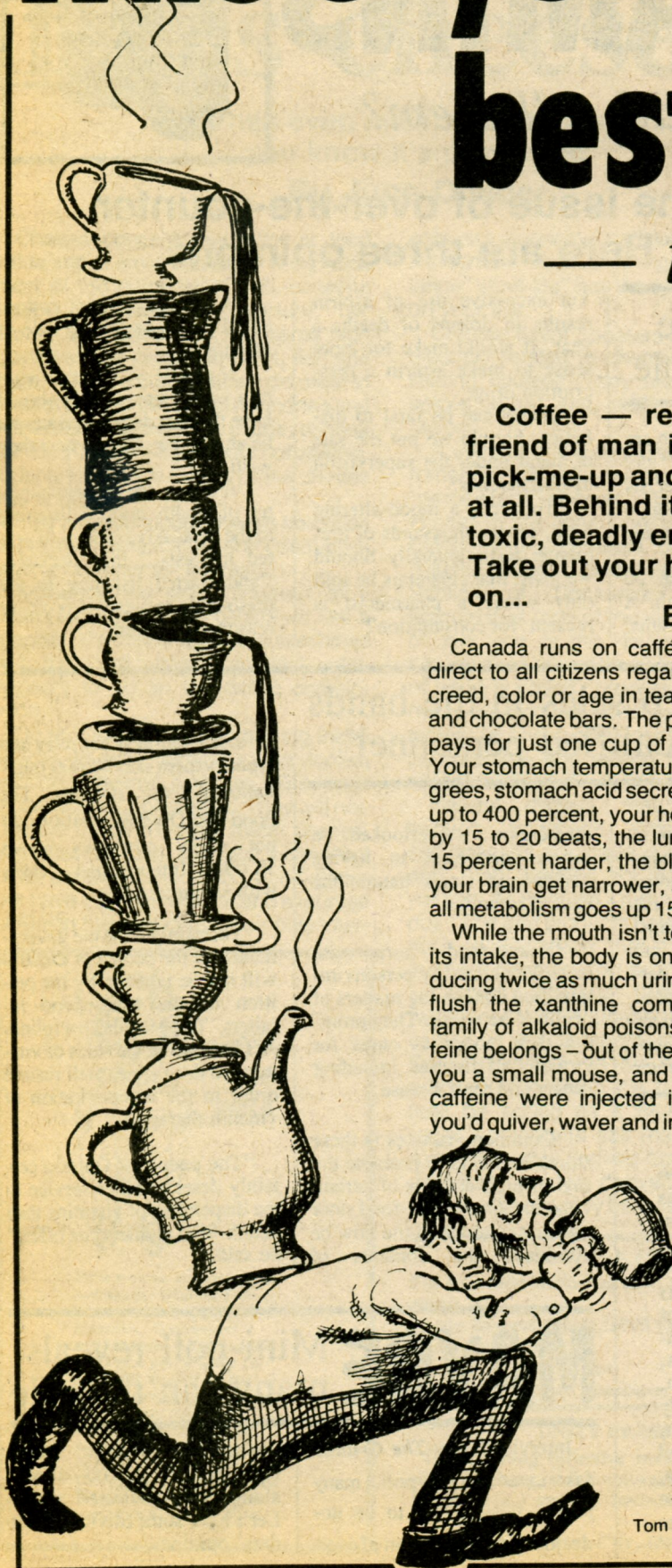
collapse in a state of near-death!

Caffeine impairs that part of the central nervous system responsible for carrying out precise tasks. To protect the nervous system from over-excitation, especially in the cortex, the enzyme cholinesterase opposes the action of the chemical acetylcholine which is responsible for triggering electrical impulses across nerve synapses. Caffeine inactivates the cholinesterase, providing the initial "lift" and increased sense of well-being, mental clarity and alertness. Since caffeine contains no food value, this extra surge of energy must come from your own body's emergency reserve system. Unreplaced energy, once spent, produces depression, to which the usual antidote is — another dose of caffeine.

The effects of caffeine on the circulation and heart fall into two categories: mechanical and chemical.

Locally the effect of the caffeine is to stimulate the heart to beat faster. In response, the principle brain centre for slowing the heart is activated. The tension between these opposing directives produces stress, and can lead to arrhythmia and irregularity of heart action.

Stress, in turn, triggers a chemical reaction; more adrenalin is added to the blood which releases bound fats into free fatty acids and raises the cholesterol content. Studies show that coffee drinkers increase their risk of coronary heart disease and thrombosis by 35 percent over non-coffee drinkers. The same holds true for high intakes of other



Tom McLaughlin

caffeine products.

When it hits the stomach, caffeine causes a sharp rise in hydrochloric acid secretion. Usually the acid recedes in a few hours, but in a recent study of healthy adults, 5 percent did not return to normal, and over time all these people developed serious stomach disorders.

The effect of caffeine on sleep is perhaps the most popularly known. While it does not interfere with REM sleep (rapid eye movement: semi-conscious first stage of sleep) it does delay the onset of sleep. Over a long period of sleep deprivation, the effects of the caffeine will make you feel more tired than if you had stayed awake using cold showers or other methods.

The conflicting nerve impulses to muscles caused by caffeine result in extra tension. When the body experiences a stress situation, it has a standard chemical stress reaction that can be measured, the main chemical group most often used for this measurement being the catacholamines. Recent study has shown that even moderate amounts of coffee result in a significant urinary catacholamine secretion.

One effect of the additional stress is the decreased ability to make major changes in behavioral patterns. Any change in habit requires an expenditure of energy and some stress. You regulate how much you usually stress or risk in order to preserve yourself. If the brain checks the body and finds that it's already in a stress condition, you won't be able to exert as much to change your habits - e.g., the caffeine habit.

Habituation does occur with regular caffeine intake. If you drink four or five cups of coffee a day over a period of months and then stop, you'll experience classical withdrawal symptoms: mental craving, dizziness, weakness and headaches. One popular relief from these symptoms is to take aspirin. But to give that immediate sense of "well being," most aspirins sold today contain the culprit itself - caffeine.

The caffeine habit can be broken. By first examining yourself to see just what the habit does for you, you can plot a practical counter-attack. Since caffeine is taken primarily as a stimulant, you

can replace the caffeine with food having real fuel and nourishment value. The "lift" will feel much the same, but qualitatively it will be different. Instead of tearing your body down in order to provoke emergency reserves into action, it will build your body up. A handful of raisins, chewed slowly, will help perk you up without the subsequent let-down of caffeine stimulation.

For coffee-taste addicts there is a wide variety of coffee substitutes avail-

## AVOID THESE

### Caffeine carriers

- Coffee
- Tea
- Coca Cola
- Pepsi Cola
- Other Colas
- Chocolate

## AND LIVE LONGER

able at natural and health-food stores. Tea can be replaced with herbal teas, which aside from omitting the caffeine, have the additional advantages of soothing and healing powers.

Colas can be relieved of their duties by the intake of fruit juices or a sasparrilla (honey and soda water mixture).

Chocolate, which robs the body of B-vitamins and blocks the proper utilization of calcium, can be replaced with natural carob flavoring.

It might take a little time to get used to these new flavors, but during that same period you'll just be getting used to feeling a lot better than usual, as well.

## Women's sex arousal equal to men's

continued from page 15

did. The assumption that women would react only to the romantic tapes, or that they would prefer eroticism tempered with romance to straight-out sex was wrong. They found that the female-initiated, female-centred story was especially sexy to women, and their response to that significantly greater than to the others. In fact, both sexes preferred the female as initiator.

Heiman had predicted that women would find it more difficult than men to detect when sexually aroused. And women did make more mistakes than men. Of those who showed the largest physiological change in vaginal blood volume, 42 percent said they felt no physical response, 54 percent reported no vaginal sensations at all, and 63 percent said they felt no signs of lubrication.

None of the males was able to ignore an erection. The women who were excited by the erotic tapes would find it difficult to deny their arousal. But as soon as the women did not have external cues to make their arousal legitimate, they had trouble recognizing physiological excitement.

By knowing how normal women — workers and housewives as well as students — respond to fantasy and erotica, we can understand why some women are non-orgasmic. Their problem may result from not being turned on at all, from not recognizing and labelling the signs of arousal, or from not being able to let themselves go from high arousal to orgasm.

Knowledge of the sexual responses of normal women challenges myths, misconceptions and stereotypes. Women who turn on the way men do to erotica often think they are deviant. They aren't.

**Dr. Gurucharan Singh is the director of Kundalini Research Institute, specializing in the study of addictive and toxic food substances.**

### CAFFEINE CONTENT

Beverage	Caffeine MG/fluid ounce	MG/serving
Coffee	18.0	125-150 per cup
Tea (strong)	18.0	125-150 per cup
Tea (weak)	12.0 - 15.0	75 - 11 per cup
Decaffeinated coffee	2.4 - 4.0	12 - 25 per cup
Instant coffee	6.0 - 12.0	35 - 75 per cup
Coca-Cola	4.6	55 per 12 oz.
Pepsi	3.0	36 per 12 oz.
Chocolate bar	18.0 - 18.0	20 - 25 per 1 3/8 oz.

# HYPES & HEROES OF CANADIAN MEDICINE

## The Critical List health & ethics award

**Ross Hume Hall, Ph.D.**  
McMaster University  
Hamilton, Ont.

Dr. Hall recently published a 300-page study of nutrition entitled *Food For Nought: The Decline In Nutrition*. Regarded by experts as Canada's unique contribution to this science, it describes the far-reaching effects of modern food technology on nutrition. But more than that. It provides a shattering indictment of the manner in which that technology – as used by its masters – manipulates and processes both food and the consumer, mangling both in the process.

His study is wide-ranging yet overwhelming in detail. It debunks not only the nutritional claims of the manufacturers but also their back-up advertising assault on the consumers' senses – the brainwashing offensive calculated to force their chemical garbage literally down the throats of tens of millions. What emerges is a picture of the truly terrifying scale of the food corporations' attack on public health.

No outline of Dr. Hall's work – were it even possible – could begin to do it justice. He describes in detail the enormous and costly effort to invent devitalized, tasty pseudo-foods and to

From time to time *The Critical List* will present awards to Canadian doctors or other health-care workers making noteworthy contributions to the welfare of their fellow citizens. Those, on the other hand, whose efforts yield opposite results will also receive due recognition.

prepare the public's mind for their acceptance. He shows how the parallel rise of chemistry and modern medicine resulted in the voluntary surrender of medicine to industry within the framework of the market. In blunt, un rebuttable terms he describes the reckless destruction of our food's nutritional content, the carcinogenic nature of much of it, the deceit used to sell it.

He shows how the food business – via advertising, prostituted medicine and dehumanized research – has turned nations into markets and peoples into "consumers."

The most frightening feature of the industrialization of our food he shows to be its threat to our environment, our vanishing resources, our everyday lives, our very future. He makes clear that our most critical social problem has become simple human

*continued on next column*

**Dr. Donald C. MacNeill**  
President: Ontario  
Medical Association

Dr. MacNeill, in the Toronto Star of October 4, 1975, referred to the "economic plight" of Ontario's doctor's and urged an increase in fees without referring so much as once to the plight of Ontario's patients. Pleading the poverty of the average Ontario doctor – members of the highest-paid profession in Canada – Dr. MacNeill reported that, taking all sources into account, "the federal income-tax figures show that one in four Canadian doctors had an income of less than \$25,000."

Citing statistics that applied to a minority of doctors, Dr. MacNeill used them as if they also applied to the majority. They didn't. What his figures really proved – and what Dr. MacNeill's tacky logic tended to hide – is that if 25 percent of doctors get less than \$25,000, 75 percent must get more – in fact, \$50,000 to \$100,000 more. Only by stacking his statistics – by juggling valid figures into supporting an invalid conclusion – was Dr. MacNeill able to "demonstrate" the need for an already overburdened taxpayer to shell out more money to an already overpaid majority of Ontario doctors. *Ignoratio elenchi* or *principium petere*, whichever applies.

For his achievements in slanted statistics, self-serving logic, Latin studies and charitable works for the unneeded, *The Critical List* awards a rusty scalpel to Dr. MacNeill.

survival. Given the welter of waste, pollution and devitalized "food" to which profit hunting has debased consumption, little hope remains other than full recovery of man's control over his social being. No future effort in that direction can afford to do without this breakthrough study.

For his outstanding achievement in scholarly research, for his humanist use of the scientific method for the betterment of humanity, we award Dr. Hall the gratitude of every Canadian.

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# 'One drop will kill 1,200 men...'

continued from page 5  
on B.C. Hydro, which had sprayed a right-of-way close to their home with phenoxy herbicides during the mother's pregnancy.

A few miles away, in Washington state, Canadian M.P. Stuart Leggatt's sister-in-law lost a child in a similar incident. A few months after a neighboring Public Utility Company right-of-way was sprayed doctors were forced to abort the woman's pregnancy because the fetus had developed with no brain.

Girls as young as 12 required hysterectomies in Arizona as the result of one spraying. In Sweden five railways workers died of lung cancer and skeletal deformities after an accidental over-exposure. Twenty-four of their co-workers became impotent. Phenoxy herbicides were subsequently banned in Sweden and, temporarily, in New Zealand where birth malformations were also reported. In Colombia an investigation is under way into the possible links between a near epidemic of birth defects and the exposure of about one million residents of that country to herbicides.

In Canada, widespread thyroid enlargements were reported in 1973 by the government's *Nutrition Canada* survey. "The highest rates occur in the prairie regions," they observed, where, unofficial sources have charged, the use of phenoxy herbicides is particularly intense: Tests involving laboratory animals have indicated links between 2,4-D and hypo-thyroid conditions.

Similarly an increase in other phenoxy-linked conditions, such as cancer, sexual impotency and eye failure, has been noted in the general population.

Hundreds of incidents of fetal deaths, birth defects and diseases, both in humans and in animals, have been reported around the world. Most were linked to direct exposures: people trapped in drifting spray clouds; workers whose skin came in contact with the chemical, and so on.

Undoubtedly, many cases remain unreported. And the task of correlating medical problems and herbicide residues in food remains difficult.

But as the flood of information about human casualties and laboratory experiments continued to mount, Dr. Jacqueline Verrett, a supervisory chemist for the U.S. Food and Drug Administration, reported that the "phenoxy herbicides... definitely have birth-deforming, or teratogenic and toxic effects, in embryos. And, from our testing we must conclude that dioxin... is some one hundred thousand to one million times more potent in its capacity to cause birth defects in the species tested than thalidomide."

Dioxin is so toxic, according to the U.S. Library of Congress, that a single drop will kill 1,200 men.

Even a teaspoon of 2,4,5-T, one of the parent herbicides, is powerful enough to kill one adult, though a full pint of DDT would be needed to produce the same effect. And 2,4-D is about six times stronger.

Just a few drops were needed when one 23-year-old man committed suicide using 2,4-D recently.

These are the chemicals in our food supply.

Dioxin residues have been discovered in U.S. beef "at levels which may be above the normal margin of safe dietary

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**'Dioxin is 100,000 to 1,000,000 times more potent in its capacity to cause birth defects in the species tested than thalidomide'**

**- Dr. Jacqueline Verrett**

---

exposure," according to a secret memo leaked from the offices of the U.S. government's Environmental Protection Agency. In a telephone interview with *The Critical List*, Dr. Ralph Ross, the research program co-ordinator, confirmed the warning on his interim report that the dioxin levels in beef "may present a health hazard to man."

Concerned over this, a group of "interested parties" met at the U.S. Department of Agriculture offices in September. The memo, they warned, might "provoke an immediate call for cancellation of 2,4,5-T that would be a great economic blow."

Although the chemical analysis of the beef had been done in six different laboratories, including those of Harvard University and Dow Chemical itself, the "interested parties" recommendation was that the experiments "must be redone."

Canadian researchers, analyzing apples, found concentrations of phenoxy herbicides here, too, and noted that the residues did not decline "during and up to four months storage." A California lab found concentrations of a second, separate phenoxy herbicide in apples, and in milk as well. (In Vietnam the herbicides were found in mothers' milk.)

Elsewhere in California the water

supply of the town of Montebello was discovered to be polluted with phenoxy herbicides in 1967. At last report it had remained contaminated for six years. Deposits of dioxin buried in the ground of one U.S. air force base have remained for 13 years to date. It is less biodegradable than DDT, and can only be broken down under special circumstances.

Nor are these concentrations limited to agricultural areas. Scientists diving in Canada's Arctic waters called it a "micro-catastrophe" when they found mysterious "black holes" filled with concentrated deposits of 2,4-D and oil.

Fish near these holes "appeared to move in slow motion... could be captured by hand," they told *The Globe and Mail*. Fish released over the holes tried to swim away, they said, but fell back down, lying on the bottom of the depressions, breathing profusely." And dead fish could be seen lying on the edge of the depression in an upright position, with their mouths agape."

The "black holes" are in Resolute Bay, N.W.T. - thousands of miles from agricultural areas where the sprays might be used. Did winds and tides carry the herbicides there?

The response of Canadian governments at all levels has provided a pattern of confusion, inconsistency, double-talk and negligence.

Nova Scotia banned phenoxy herbicides in 1969 but lifted the ban in 1974. B.C. and Ontario recommend phenoxyes for fruit trees. In the prairies they are widely used on cereal grains and cow pastures.

Belatedly following the American lead in January 1975, Ottawa reduced permissible concentrations from 0.5 parts of dioxin in a million parts of 2,4,5-T herbicide to 0.1 parts per million (ppm). They did this, they claim, even though they continue to be convinced "that the levels of 0.5 ppm of TCDD (dioxin) are not dangerous to human health."

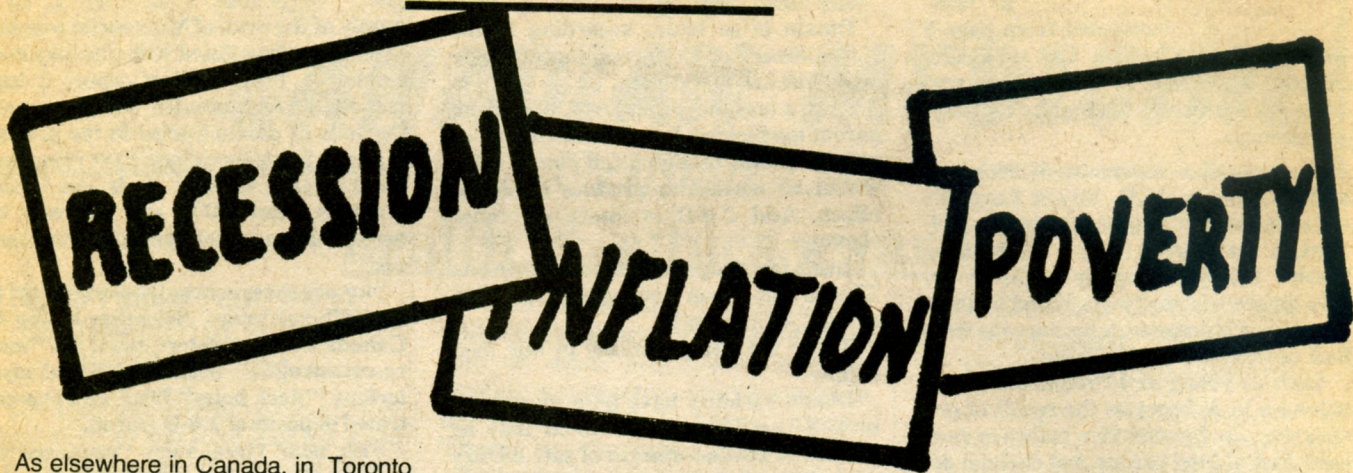
But while laws are tightened with one hand, they are loosened with the other. Warnings of the health hazard to pregnant women are no longer required on packages of the herbicides, as they once were.

Canadian researchers from different government departments frequently contradict each other on matters of data, particularly concerning the degree of risk. Most minimize it. But two doctors writing in *The New Zealand Medical Journal* believe that "a pregnant woman would need to ingest, at the 'right' time, only eight millionths of a gram of dioxin to expect a deformed baby."

Government objectivity is also ques-  
continued on page 42



# Cause and...



As elsewhere in Canada, in Toronto the onset of recession has led to a rapid increase in mental and physical disorders.

For example, July is traditionally a quiet month at the mental health clinic at Toronto East General Hospital; but last July business was booming. Psychologist Diane Syer says that "last summer, we were so busy my staff kept breaking down from exhaustion... And stress, resulting from economic distress, was largely responsible for our business."

Even physical illness, like hypertension, migraine headaches, peptic ulcers, heart disorders, and gastrointestinal difficulties, including diarrhea and constipation, are the result of the insecurities caused by economic downturns.

When the recession started between April and September of 1974, the Ontario Health Insurance Plan was caring for 15,000 more patients per month than during a similar period in 1973, when the economy was healthier.

Worse yet, unemployment often leads to suicide and child-beatings. In a study conducted at the Queen St. Mental Health Centre in Toronto, 31 suicides were analyzed over a two-year period. It was found that six out of ten victims had been unemployed for 18 of the 24 months before they took their own lives.

Furthermore, there has been a 25 percent increase in child beatings since last year, according to the Hospital for Sick Children. The parents involved were not criminals or insane. They were ordinary people under severe stress.

Professor Cyril Greenland of McMaster University, who studied 1,121 cases of child abuse, argues that "the common elements were poverty and severe environmental stress."

A Metro father, who beat his three-year-old baby, told police that "I did it

By S. Moore

because I'm so furious about not getting a job. I didn't mean to hurt the child."

Sad but true. When we cannot economically afford to support our children, we often blame them for the problems we face. Unfortunately, it is often easier for us to punch our own children in the mouth than to punch the foreman, who is on our back; the politician who raises the price of milk; or the economic system which causes unemployment.

However, most of us don't beat our children or commit suicide; but we suffer nonetheless. Let's look at two

examples.

The first example concerns 375 long-time employees of an electrical factory in Detroit, which faced a complete shut-down. After the workers were laid off, an estimated half of the work force suffered from ulcers, hypertension, alcoholism or emotional depression.

Researchers frequently heard the complaint: "I don't seem to be able to get along with my family anymore."

A better example is a large auto-paint factory which announced that it would close its Detroit plant in two years. One hundred workers from this plant were closely studied by Dr. Sidney Cobb of the University of Michigan.



...effect

# MASS ILLNESS

These 100 workers averaged 49 years of age and had 20 years seniority. Dr. Cobb compared these men with 74 other workers, who were in a paint factory which was not under the threat of a shutdown.

The differences in mental and physical health between the two groups of workers was fantastic. The economically secure workers showed "nowhere near the same incidence of illnesses."

Among the 100 men faced with layoffs, there were two suicides.

Among the 54 men (out of the original 100) who stayed with the study to the end, there were three full-blown cases of ulcers; eight of arthritis; five with hypertension serious enough to require hospitalization; two of labile high blood pressure; six of clinically severe depression and three cases of industrial accidents suffered by men in new jobs they found strange and disliked.

Also, at the time of the plant shut-

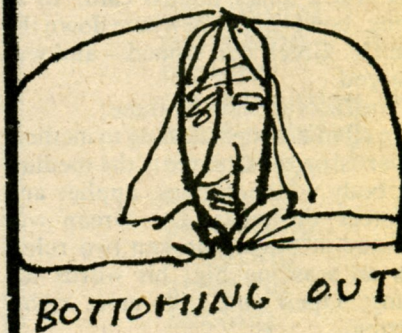
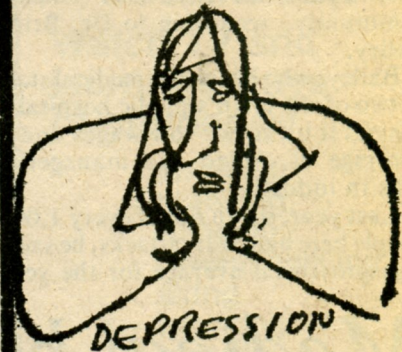
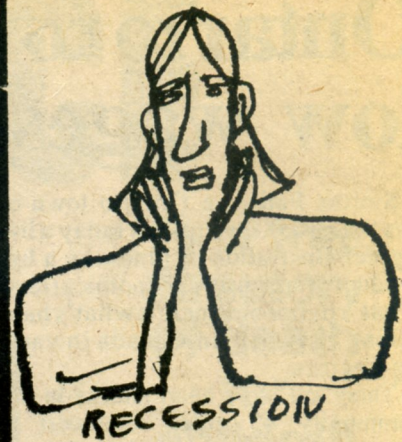
down, three wives of the workers developed peptic ulcers – a condition rare in women.

Child beatings, suicide, headaches, stomach troubles and severe depression are the human effects of recession. The government's inability to improve the economic situation is literally driving people crazy.

We often ignore the political and economic roots of our illnesses. We often say, "that's what you get for not taking care of yourself" or "I guess we had too many kids for our own good" or "my lazy husband is just driving me crazy."

But many times, our mental and physical problems are rooted in our basic economic concern to make ends meet.

This economic insecurity is a product of the recession, unemployment and inflation fostered by the government and the economic system.



## Shopping for meat at Al Capone's

continued from page 12

Swift's had 260 times as many.

In self-defence, Dr. A.K. Morris, director of federal meat inspection in Ontario, "explained" that bacteria counts had been discussed by the health and welfare department for some time. "They probably will come up with standards, but there is nothing now."

The super-chains appear also to have developed label-switching techniques for dumping cheaper cuts of meat onto consumers at top prices. In Toronto supermarkets were charged under federal and provincial laws for

practicing this swindle – but not before consumer protests forced the government's hand. Charged were Dominion Stores, Loblaws, Miracé Mart and Safeways.

Additional charges were laid against A&P and 17 independents for "misrepresenting" their ground meat. These firms faked a leaner, redder and fresher appearance by adding sulphurous acid to ground meat. This chemical, a bleaching agent known to be harmful, is widely used by the chains, and their lesser imitators, to push otherwise unsaleable meat – a double threat to the buyer who is both

poisoned and charged for the poison.

Within this same period four fast-food biggies – including MacDonalds and A&W who shovel out vast quantities of hamburgers at excessive prices, mostly to kids – were studied by an independent research team. Found were varying quantities of fecal material in the meats of every chain investigated. Action? None.

In North York, an official check-up of food shops revealed that one in every three – but why go on? The flow of high-cost filth is deep and endless. The exchange of good money for bad meat will continue forever unless stopped. It will stop only when the public decides it must, and not one day sooner.

# Ontario town "heart attack capital"

## low wages blamed

Smiths Falls, an Ontario town of less than 10,000 people, is today a living demonstration of illness as a by-product of social and economic stress. What's happening here is what's happening elsewhere in Canada in varying degrees.

There are more heart attacks in this community 45 miles southwest of Ottawa than in any other Ontario community, according to Dr. Brian Bailey.

Bailey, who heads the medical staff at two of the town's public hospitals, blames it on stress, low wages and a shortage of skilled and managerial jobs in industry.

Last year, seven out of every 1,000 people here had heart attacks, he said. The provincial average for the year

was only 2.3 per 1,000.

The largest employer in town, the Rideau Regional Hospital, a hospital



"You're sound as a dollar. In other words, you're about 47 percent as healthy as you should be."

mainly for mental disorders, is one place where anxiety and depression is rife among workers, Bailey said.

There, and in other local industries, including RCA Victor, bottling companies for Pepsi and Coca Cola and a bookbinding company, non-residents get skilled and professional jobs, leaving local workers little opportunity for promotion, he added.

He said stress among employees at RCA Victor results from job insecurity because of the frequent layoffs and uncertainty from head office about whether the plant will stay in town.

Employees had little interest in their jobs at many of the factories. The lower-skilled working base will remain because high school graduates leave the community for better job opportunities, he said.

This in turn made it unlikely that new industries which require trained labor would settle in the community.

## Medical body backs off

continued from page 6

time via a small mailed card. In so doing, however, somewhere down the line Dr. Green had sinned – and was charged.

The facts seem to be these:

In all matters pertaining to medical advertising the College is the mediating body which defines, applies and enforces the rules. Dr. Green was accused of having broken two rules: His ad was too big; his words too many. Open and shut case, right? Wrong.

Wrong for these reasons: In the first place, the rules governing size and word-count were literally impossible to apply since the rule-book itself omitted specific measurements, i.e., limitations were not numerically defined – something like setting speed limits without mentioning speed.

In the second place, given the assumption that knowledge of size and word-count depended on guesswork, or even on tea leaves – the onus thus reverting to individual discretion – Dr. Green's "violation" was in any case measurable, if measurable at all, only in millimeters.

In the third place, despite the vague generalities that passed for College "guidelines," the doctor's ad and word-count were small, brief and discreet – by any standard modest enough to reassure even the money-

craziest "competition."

In a city, moreover, where plastic surgeons, acupuncturists, nutritionists and psychiatrists – to name just a few – were not exactly known as shrinking violets when it came to media self-promotion, Dr. Green's low-profile effort came up as near-invisible. Not only that: press ads announcing new treatments were an everyday affair and occupied an area where charges were simply unheard of. Yet the Kollege Kops wasted no time pouncing on Dr. Green for doing, or almost doing, what to everyone else came naturally.

To sum it up: Dr. Green was charged for failing to see invisible numbers; for failing to read unwritten rules; for failing to read minds; for failing to tread fearfully where others trod freely.

Judged by any fair-minded standard, Dr. Green's "crime" was really no crime at all – at worst a microscopic deviation of mind-shattering insignificance.

So why the high jinks? Why the pounce? the charge? the melodrama? All very puzzling. Motives nevertheless started to surface. Dr. Green's "crime," it appeared, had given the College a handy excuse for jumping the doctor and doing him in quickly and quietly. Theirs was a flank attack, as they say, designed to flatten

the foe with one sneaky side-swipe dealt low and in the dark. No blood. No clues. No prying eyes. Tactically neat, of course, but – again we asked – why? Dr. Green's "crime" had triggered the shot – this much was clear – but who had pulled the trigger, and why?

Answers came soon enough. Like Ellery Queen I traced the crime back to the motive then forward to the culprit. It turned out that in high muck-a-muck medical circles the son-of-a-bitch unquote was regarded as a rotten troublemaker – not only once but twice-over – and that *here* was where the story really began.

The story had two parts.

First, Dr. Green had introduced chelation therapy to Canada in a big way. Chelation is a treatment for diseases connected with hardening arteries – a treatment currently performing wonders in other countries and at a relatively low cost. Backed by a twenty-year string of striking successes in the U.S. Dr. Green's new clinic offered relief – even cures – to thousands of heart patients who'd otherwise live without hope. But it also offered – and here's the rub – lost profits to thousands of "specialists" for whom man's ailing arteries have proved a golden bonanza!

Second, Dr. Green was a "well known" unCanadian muckraker and subversive. For years he'd been poking jabs at racketeering doctors, running around telling everyone that

continued on page 43

# TV VIOLENCE

**Does viewing 14,000 murders by age 15 rob our children of human compassion?**

**By John Morgan**

The average Canadian and American child observes the physical destruction of close to 14,000 human beings on TV by age 15, say U.S. psychologists. This results in seriously reducing normal compassion for victims of aggression and violence.

This view is widely supported by Canadian workers in health-care, education and psychiatry.

"We found that children massively saturated with violence on TV become desensitized to violence," said Dr. Victor B. Cline, a psychology professor at the University of Utah.

"They no longer have compassion or feeling for the victims. They don't care any more."

Dr. Cline spent three years studying 140 children between the ages of seven and 14 to determine what affect TV violence had on their personalities.

"Two things are happening to children who witness so much violence on TV," Dr. Cline said. "One is the blunting of the conscience – of concern, compassion and empathy. The other is that

they learn how to be aggressive.

"A child can't watch the destruction of thousands of people on TV without learning how to do it pretty effectively himself. Add to that the blunting of his conscience – which inhibits a normal person from being violent – and it becomes very easy for him to act out his aggression."

His research covered 70 children who'd been exposed to 45 hours of TV viewing a week and 70 children who'd had less than two hours of TV a week.

To determine their emotional response to violence, Dr. Cline used a physiograph, which he described as a "super lie detector" that measures heart rate, blood pressure, pulse and skin moisture.

"Then we showed the children a segment from the movie 'The Champion'," he said. "It doesn't show anyone being knifed or shot, but it's a vicious prize-fighting scene loaded with aggression.

"We found that the children who'd been saturated with TV violence failed to respond emotionally to the shocking scenes.

"But the children who'd seen little TV violence were upset at the violence in 'The Champion.' My own daughter, who sees little TV, registered a heart beat increase from 63 to 85 after seeing the clip.

"Yet the machine recorded no changes for an 11-year-old girl who'd seen a lot of TV violence. She told me the film clip was boring."

Dr. Leonard Berkowitz, professor of psychology at the University of Wisconsin, used similar tactics to determine how TV and movie violence affects adults.

"I agree with Dr. Cline," Dr. Berkowitz said. "Movie and TV violence stimulates aggressive behavior."

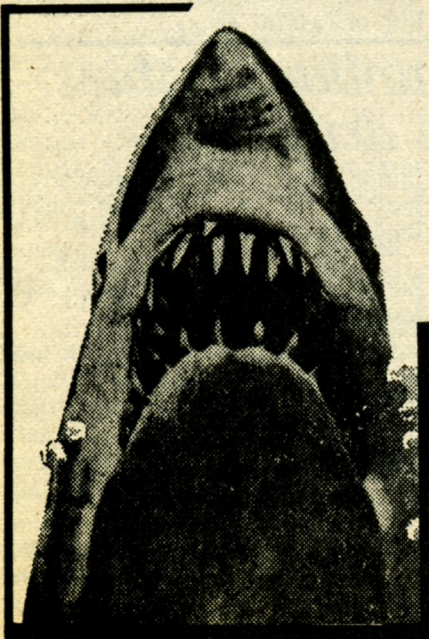
And Dr. Robert Liebert, psychology professor at New York State University, said, "If TV continues to teach violence and aggression, our children will grow up into brutal, aggressive and violent adults."

**TV's free directory of death for children**

**Watch TV and learn the ways of murder by**

shooting  
stabbing  
hanging  
disemboweling  
axing  
lynching  
torturing  
drowning  
stoning  
flaying  
butchering  
garrotting  
burying  
throat-cutting  
skull-splitting  
chopping  
crushing  
beheading  
battering  
slashing  
beating  
cleaving  
sawing  
clawing  
suffocating  
strangling  
mangling  
mauling  
burning  
boiling  
raping  
and  
zapping

**plus many more in all their artistic, innovative variations**



## TRY THIS ONE ON FOR SIZE

problem  
child  
or  
child with  
a problem  
?

troublemaker



bed-wetter



picky eater



nervous stomach



atarax\*

**Pfizer** PHARMACEUTICAL DIVISION  
30 PLACE CREMAZIE, MONTREAL 300, QUEBEC

In Canada as in the U.S. doctors as well as the public are bombarded with high-pressure magazine or TV ads extolling the virtues of endless new drugs cooked up in the kitchens of the drug corporations. Many of these drugs remain inadequately tested and may cause severe damage to the public whom the drug merchants use as trusting guinea pigs. Typical of drug ads is this one appearing in the Canadian Medical Association Journal.

ASSO

OMA :

By Milan I

Stepping before to castigate if maintain good more than a ) And further competitive co of its clients i out of business injury.

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## DRUGS:

## Crutch or Crippler?

The drug corporations pretend that their all-out promotion of drugs provides an indispensable supportive service. Critics object on grounds that drugs, besides being harmful, offer a deceptive "cure-all" for the tensions of everyday life. Which side is correct?

Are both wrong?

Some experts argue that putting drugs at the centre of the debate tends to take the heat off the real cause of epidemic drug-taking: i.e., pathogenic social conditions which make normal living impossible and drug-taking inevitable.

What's your opinion?

approved by Congress and not a rule adopted by the FCC.

"The simple fact is that our broadcast media and advertisers are continually creating a new demand for drugs which heretofore have not generally been recognized as needed by the consuming public," the petition contended.

"We now have drugs for new illnesses such as sleepless nights, tiredness, anxiety from traffic jams, nervous irritability and fatigue. Increasingly, children and adults alike are bombarded with advertisements that present drugs as a cure-all to the tensions and problems of everyday life."

The prosecutors quoted the analysis of Dr. Arthur A. Berger, California State University, who said the advertisements stimulated anxiety fears and then offered a solution to them through the consumption of various drugs.

## Drug firms accused of prodding anxieties

The attorneys-general of 17 states, meeting in Washington, have asked the Federal Communications Commission to ban the advertising of over-the-counter drugs on television between 6 a.m. and 9 p.m. on the ground that such advertising leads to drug abuse among children.

They further alleged that the existing system of voluntary controls adopted last year to reduce advertising on children's television has failed to protect young people from hundreds of drug advertisements broadcast during the afternoon and early evening hours when millions of children watched television.

In 1972, according to the petition of the state prosecutors, the industry spent \$313 million advertising drugs on television, and in 1973 drug companies were among the 10 largest television advertisers.

The prosecutors further reported that in the first six months of 1974 one out of eight television com-

mercials was devoted to drugs.

The only product now legally prohibited from being advertised on television is cigars, and this prohibition is the result of a law

## Brain damage to unborn babies may be caused by drugs

An Australian psychologist says that pregnant women taking any form of drug may endanger the brain development of their children.

Dr. Ian Coyle, of the Swinburne College of Technology in Melbourne, reported this to psychologists at the annual conference of the Australian Psychology Society.

Coyle said it has been assumed that drugs are safe to use during pregnancy if the newborn child looks normal. But no attention has been paid to subtle effects on brain development which are not externally obvious.

He said there is evidence that drugs — ranging from aspirin to

minor and major tranquilizers — may affect the newborn baby's mental development.

"None of the drugs available to pregnant women has been adequately tested in this respect," he said.

Because humans cannot be used in such experiments, he said, "I have been using rats. I have injected pregnant rats with an anti-depressant drug during pregnancy and studied the behavior of the offspring."

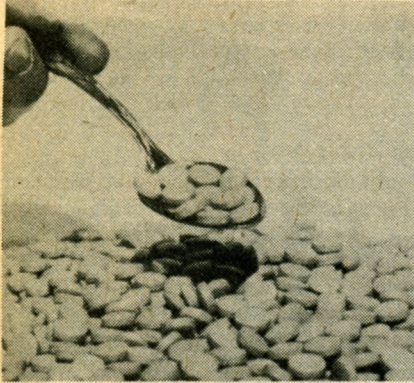
Some of the newborn rats were born and reared in a cage with no stimulating surroundings. Others were reared in

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# 'Scare 'em and milk 'em' drug corporations exploit all media

Compared with drug-related 'free' enterprise  
the Mafia drug-runners are small potatoes

By Lionel Harris



## Thunder Bay

continued from page 21

while father directs the attack and mother scabs. "I don't like my mother being called a scab," says Janie, "but that's the way it is."

Doctors charge their Cadillacs through picket lines, heedless of the picketers; they face 10 charges from assault to dangerous driving. "If we don't jump out of the way, I think these people would kill us," said one picketer. "They don't even care." Many didn't jump fast enough.

Picketers have been hit with exploding beer cans, struck by baseball bats, pelted with stones, eggs, obscenities — "you name it, we've got it!" Under pressure, the picket line has been whittled down to 33, the union's hard core.

They've been bounced off cars, arrested, insulted, heard the Riot Act read out. They've coped with tactics of a professional strikebreaker imported from Toronto. They face 15 charges. The clinic's aim, they say, is to fend off the workers for six months when they'll have the legal right to hire new staff. The deadline is January 11. "We may be defeated," say the strikers, "but we'll never give up." The lines are tightly drawn.

The Fifth Estate, CBC's tough investigative news team which first gave the strike Canada-wide coverage, summed it up this way:

"This strike is important — not just in Thunder Bay. But it's important for women, for women's rights, for unions and for the medical profession. Doctors have become the healer-priests of our technological society and it's not a position they're going to give up without a fight."

Consumer Advocate Ralph Nader recently reported the frightening statistic, compiled by the U.S. Food and Drug Administration but never publicized, that *over one hundred Americans die every day* because of negative reactions to prescriptions or over-the-counter drugs.

Nader maintains that, in addition to this, about \$3 billion per year is spent on institutional care for victims who live.

Comparative figures for Canada are not available at this time, but in Canada as in the U.S. drug companies employ teams of salespeople to convince doctors of the merits of their products.

Some go so far as to offer prizes (for example, radios or television sets) for dishing out record numbers of doses — like 10,000 doses gets you a refrigerator!

In their new book, *Pre-Medicated Murder*, Lee and Leland Cooley also stress the role of high-pressure advertising in drug sales.

"We are constantly being motivated by the media to a high state of self-awareness," they write. "Velvety voiced pitchmen and women on TV and radio remind us we ought to be glad we are living in an enlightened time when we can talk about gassy stomachs, piles and constipation at dinner; and about headaches, backaches and sleeplessness at bedtime.

"We have to steel ourselves against these commercials," they say.

Soaring drug sales show we rarely succeed. We succumb in millions to the whining hucksters and bare-faced liars who dazzle us with their "consumer tested" sales pitches and sophisticated snake oils wrapped in fancy packages. And small wonder: they cover the media — all of them — like leeches.

"The makers and advertisers of some 200,000 proprietary (i.e., patent) medicines have a strong emotional hold on us," they write. "If the thing man most fears is death, then it follows that he most prizes life... Caught between fear and aspiration, and knowing that death is inevitable but that good health is not, man lives on the horns of a dilemma:

and the horn that hooks deepest is anxiety..."

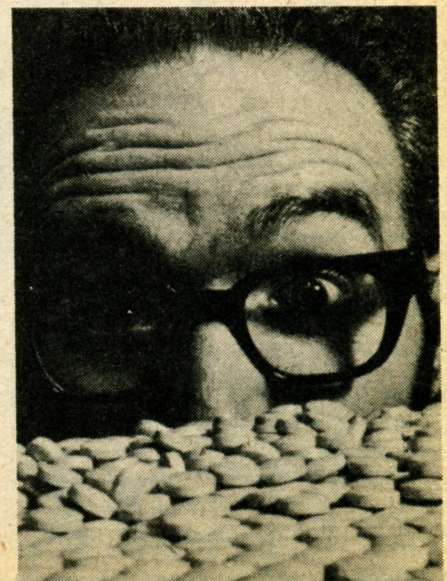
Year after year the vested interests in drugs prod that anxiety with every gimmick known to the con artist, and cash in on fear-induced misery to the tune of billions.

In the U.S. and Canada the public cost of this scare'em-and-milk'em program is enormous. The bill for money spent on over-the-counter medicines, on prescriptions, in nursing homes, in shrink factories, in government purchases, in clinics and in hospitals totals up annually to just under \$15 billion.

The participants in this con game, and its beneficiaries, sweep the entire spectrum of organized "health care." They include drug corporations, doctors, psychiatrists, pharmacologists, clinicians, hospitals, ad agencies, packagers, publishers, newspapers, radio and TV companies, universities, assorted administrators, tax collectors, institutions ranging from research labs to medical associations and, of course, embalmers and undertakers and the whole smelly burial business.

Profits from this vast interlocking drug-related enterprise is astronomical;

continued on page 44



*Shrink vs. shrink*

# Psychiatrists do patients more harm than good doctor claims

By Alan Sanders

"About 20 to 30 percent of the psychiatrists practicing in this country today are quacks who're doing their patients more harm than good."

That's the angry charge made by Dr. David Viscott, the famous Boston psychiatrist and author of the best-selling book *The Making of a Psychiatrist*.

"By quack, I don't mean a person with no degree," Dr. Viscott declared. "Many of the incompetent psychiatrists I've known had a long list of qualifications, including degrees from fine universities.

"A quack is any psychiatrist who professes to have the skills needed for psychological healing but who, in fact, cannot apply the methods he was taught to cure a patient.

"Some of them don't follow any

scientific method or theory. They just make up their own philosophy as they go — talking to their patients the way they talk to their wives and kids — and then charging their patients a fortune simply for the privilege of listening to them.

"I've known bartenders and Jewish grandmothers who were better natural therapists than many highly esteemed, supposedly well-trained and qualified psychiatrists."

Dr. Viscott, a senior psychiatrist and consultant for the State of Massachusetts and director of rehabilitation at the Bridgewater State Hospital in Massachusetts, listed some of the "quacks" he's known as follows:

- The psychiatrist who consistently misdiagnoses his patients. In his eagerness to discover a mental problem, he completely overlooks a physical ailment such as a brain tumor;
- The psychiatrist who's so attached to one pet form of treatment, he prescribes it for every patient who comes along. Such psychiatrists often favor



Dr. David Viscott

electro-shock treatment and drug therapy;

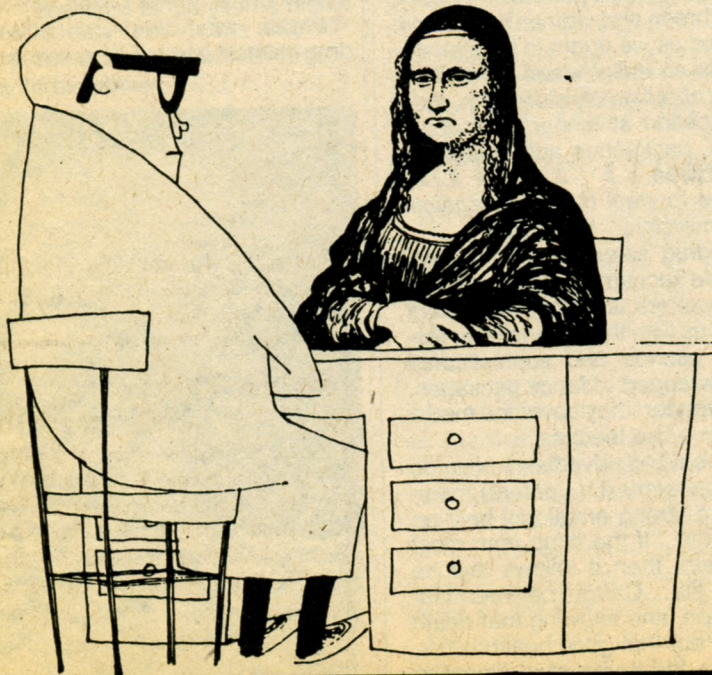
- The psychiatrist who becomes a buddy to his patients. He adopts a "it's you and me against the world" relationship with his patients and finds fault with everyone except the patients;

- The psychiatrist who makes "prisoners" of his patients. He's so anxious to hang on to the \$50 sessions, he'll do anything to convince his patients they are ill.

- The "cookbook psychiatrist" who has a "recipe" for every situation.

"I'd say my estimate that 20 to 30 percent of my fellow psychiatrists are quacks is quite conservative," Dr. Viscott concluded.

PSYCHIATRIST  
CONSULTING HOURS  
8-12am. 2-6pm



## Brain damage

continued from page 38

challenging environments — they had wheels to play with, toys to chase and generally a more realistic environment.

The basic finding was that the rats in the challenging situation were affected. Their behavior indicated they were mentally retarded. The rats in the deprived environment showed no effect.

"The findings mean that the drug affects the ability of the rats to benefit from and cope with their environment," said Coyle. "When there was no enriched environment, the rats showed no effects because they had nothing to cope with.

"It is difficult at this time to transfer these findings to humans but the indications are there."

## 'Locking up mentally ill a crime'

By Dr. Thomas Szasz

The practice of "sane" men incarcerating their "insane" fellow men in "mental hospitals" can be compared to that of white men enslaving black men...

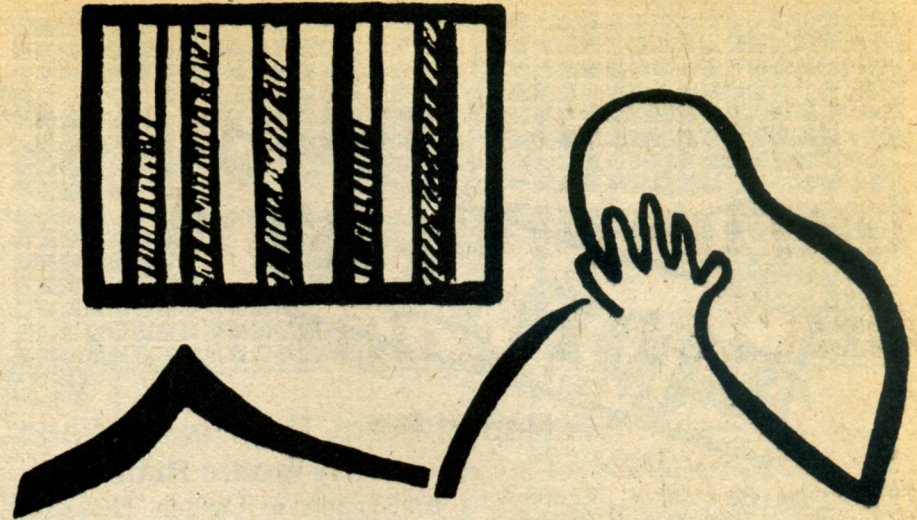
My claim that commitment is a crime against humanity may be countered by maintaining that it is necessary for the protection of the mentally healthy members of society.

This conventional explanation is but a culturally accepted justification for certain quasi-medical but extra-legal forms of social control exercised against both individuals and groups whose behavior does not violate criminal laws but threatens established social values...

In the therapeutic-meliorist view of society, the ill form a special class of "victims" who must, both for their own good and for the interests of the community, be "helped" — coercively and against their will, if necessary — by the healthy; and among the healthy, especially by physicians, who are "scientifically" qualified to be their masters.

This perspective developed first and has advanced farthest in psychiatry, where the oppression of "insane patients" by "sane physicians" is by now a social custom hallowed by medical and legal tradition.

At present, the medical profession as a whole seems to be emulating this model. In the Therapeutic State toward which we appear to be moving, the principal requisite for the role of Big Brother may be an M.D. degree.



## Mental hospital probe opens can of worms

Treatment accorded mental patients at the Whitby Psychiatric Hospital reflects the medical neglect suffered by inmates of all Ontario hospitals. This was the opinion of a Toronto lawyer who addressed an inquest jury last month looking into the death of a patient at the Whitby hospital who had repeatedly fled the institution.

The inquest jury's urgent proposal that all Ontario psychiatric hospitals be probed is expected to go where similar jury proposals have gone in the past — exactly nowhere.

The lawyer, John Weingust, told the jury there was a general unconcern for all mental patients in Ontario.

Douglas Lockie, 24, was found with a bullet in his head in the furnace room

of his father's home on Waringstown Dr., Scarborough, last August.

Weingust said in his summation that the "underlying cause of Lockie's suicide and the death of other mental patients in our institutions can only be attributed to the fact that we treat our mental patients as second-class and third-class citizens and as a result they get second-class and third-class treatment."

### Drug corporations

continued from page 39

its benefits minuscule. Compared with this effort, the Mafia drug-runners are small potatoes.

In Canada the costs and the dubious benefits — not to mention the fatalities — are proportionally the same as in the U.S. The participants, of course, are identical.

## 'Don't jail the mentally ill'

People diagnosed mentally unfit to stand trial no longer should be automatically committed to indefinite terms in mental hospitals, the Canada Law Reform Commission reported recently.

The mentally ill are no more prone to violence than "normal" prisoners and there is no need to deal "more harshly and restrictively" with them, the commission said.

In one of its series of proposed changes of Canadian federal law, it recommended modifying the way the Criminal Code views the mentally disordered citizen.

Automatic committal for an indefinite period is justified "only if our perception of the uniquely dangerous criminal madman is true," the commission said. "The danger we fear is violence; the protection we demand is from the violent mentally ill."

However, said the report, "released prisoners who have a history of mental disorder are less likely to return to prison than normal prisoners; nor do the mentally disordered exhibit a higher incidence of violent behavior than is found in the community generally."

In fact, it added, some studies have

shown that the mentally ill may be less likely to behave violently than the general population.

### Mental Illness: Fact or Fiction?

The definition of mental illness in traditional terms is under heavy fire from a critical wing of psychiatry. On this page we offer a few random opinions. Much more needs to be said, and will be said in further issues of *The Critical List*. We invite our readers' opinions.





# monitor

## A Report From The Health World By Martin Rutte

### Health hassle

Canadians in greatest need of health care often have the hardest time getting it. So says Josette Laframboise, author of a 500-page survey, *A Question of Needs*, recently published by the Canadian Council on Social Development, Box 3505, Station C, Ottawa, Ontario, Canada K1Y 4G1.

### Vitamin risk

Large doses of multi-vitamin tablets can kill, a Toronto professor warns. They attract children's attention because they are rainbow-colored and look like candies, D. Kadar, assistant professor of pharmacology at the University of Toronto states. The killer agent is iron, of which 200 milligrams (or 20 to 50 tablets) can prove lethal.

### Out of sight!

A public inquiry into the high cost of eyeglass frames and lenses opened last month in Ottawa. Conducted by the Restrictive Trade Practices Commission, it plans to check claims that a monopoly exists in the ophthalmic industry and, if so, to submit corrective proposals.

### China's pop

*China's Experience in Population Control: The Elusive Model*, is available, free, from Thomas E. Morgan, chairperson, Committee on Foreign Affairs, US House of Representatives, Washington, DC.

### Women's press

From Vancouver comes WICCA, a newspaper dealing with women's health. Available from Vancouver Women's Health Collective, 1520 West 6th Avenue, Vancouver, BC.

### Patients' rights

*The Rights of Hospital Patients*, by George J. Annas, is a new handbook released by the American Civil Liberties Union. Despite its south-of-the-border perspective, some of the con-

cepts apply to Canada. Of special interest is the author's proposal for setting up patients' rights advocates. (An Avon paperback.)

### Useful crowbar

Do you want your hospital to be more responsive to community needs? A recent book, *How to Participate in Your Hospital's Accreditation Program*, is available from Community Advocates Inc., 5 Bond St., Great Neck, NY, 10021. Though it's an American book, it should help pry open the "inviolable" board rooms of Canadian hospitals.

### Doctors' take

How much do doctors earn? The statistical inside story is told in *Physicians in Canada, 1962-1972*, available, free, from the Health Economics and Statistics Division, Health Programs Branch, Department of National Health and Welfare, Ottawa, Canada.

### Preventics

A manual entitled, *The Activated Patient, A Consumer-Oriented Program on Preventive Medicine and Self-Help Medicine*, by Keith W. Sehnert, M.D. and Joseph T. Nocerino, offers the course outline as well as the supporting material developed by the authors in a experimental program. Available from the Center for Continuing Health Education, Georgetown University, Washington, DC, 20057.

### Women's health

Health care from a leftist women's perspective is featured in *Health-Right*. For further information: 175 Fifth Ave., New York, NY. 10010.

### Please write!

If you have any material you think our readers would find useful please send it on to me, c/o The Critical List.

# 'Ban dioxin totally'

continued from page 33

tionable. In B.C. chemical company representatives sit "in advisory capacity" on the provincial Interdepartmental Committee on Pesticides, according to Merriam Doucet.

Worse, until September 1975 the government did not have the sensitive equipment necessary to test for residues in food in the parts per trillion range. Instead they contract this important research to Dow Chemical, the company that makes 95 percent of these herbicides, Doucet charges.

Nor does the government conduct separate analyses to assure that dioxin contamination in herbicides remains within the legal limits, Doucet said. The company is trusted to perform this lab work.

Marc Lalonde, the minister of health, admitted two years ago that "the compounds are potential teratogens," but he will not ban them. "Overall," he wrote to Thelma MacAdam in 1974, "it is the considered opinion of the scientists in my department, based on a careful review of all published and confidential reports available to date, that the normal use of 2,4-D and 2,4,5-T, as herbicides does not constitute a hazard to man."

However, Russell Train, head of the

U.S. Environmental Protection Agency, warned recently that is not necessary to prove "conclusively that actual harm to man will occur if the use of the pesticide in question is continued."

The dangers are well documented. These herbicides have been linked to deaths, deformed babies, and a wide variety of diseases. Dioxin is long-lasting, and even the most minute residues in our food can stay in our systems and accumulate until a toxic level is reached.

An immediate and total ban is called for, preventing any further use in Canada. Imported food must be certified free from residues. Complaints should be laid when spray from U.S. areas drifts across our borders.

A partial bibliography of scientific studies, medical journal articles, and supporting evidence is available from *The Critical List* for 50 cents handling and mailing charge. More extensive documentation is available from Merriam Doucet's library of 29,000 articles and abstracts, for duplication costs. Write to M. Doucet #24 - 3313 Dewdney Trunk Road, Port Moody, B.C.

We are particularly interested in hearing from people with information about other incidents of herbicide damage.

# College backs away from M.D. critic

continued from page 36

"big medicine was big business." Absolutely for centuries, they felt, he'd been shouting from the house tops—in between house calls — that the drug corporations were "making huge profits at the expense of people's health," that the illness business was coining billions and was using costly — even harmful — drugs and procedures and gimmicks and to hell with anything but money.

He'd even denounced the College of Physicians and Surgeons for helping cover it all up.

"I feel it's about time," he was reported as saying, "that someone stood up to the reactionary, often dangerous practices of the College. They've been guilty of closing ranks protecting their establishment boys while attempting to persecute anyone who dared question." The College, which reportedly did *not* tack these words to its front-office wall, simply had to act. Act they did. Dr. Green's "crime" provided cover for their own.

College action was decisive but foxy. In face of possible disclosure, it was considered much too risky for medical people to try knocking off a critic of medical hanky-panky without sure safeguards. It would be smarter, safer, *first* to brand him a "violinist" of medical rules (of ethics, yet!) and *then* to knock him off. And up to a point the game worked smoothly.

The timeworn bureaucrats' trick of turning things around, of inventing non-issues, of inflating trivia into whopping terrors, thus of hog-tying a critic while whistling up clouds of self-righteous smoke — and all of it behind closed doors! — was carried off with great aplomb. Clearly experience counted. But they forgot one thing: that fingerprints don't lie.

When the College charged him for doing what others did routinely — and with impunity — Dr. Green got the message. He saw the action at once as clear-cut reprisal for his outspoken criticism, as a ploy to scare him into silence or, failing that, to discredit him — perhaps much more. He realized he'd be strung up by the thumbs were he to appear — alone and undefended — before the College's kangaroo court.

(Kangaroo court? WEBSTER: Kangaroo court — "a mock court in which the principles of law and justice are disregarded or perverted." The definition fitted.)

Dr. Green needed no ouija board to predict the outcome of such a trial in such a court.

The "trial" was to be staged in typical secrecy.

It was to be heard before a hand-picked "jury" of blindfolded peers.

He was to be judged by the very people he'd denounced.

His "defense" was to be confined to the phony issue invented by his accusers.

The phony issue itself was phony: no exact measurements defined the College's "standard" — hence judgment was to be arbitrary, wilful.

## Is every Canadian doctor who dares stand up to the College now in danger?

The real issue was to stay unmentioned and unmentionable.

The guilty "verdict" — fixed in advance — was to surprise only the dead.

The "sentence" — fixed as well — was to stick him with a "record" of misconduct, the first of many.

It took no special talent — as we said — for Dr. Green to smell a rat.

He decided to fight, hired lawyers. Facts about the case spread quickly. Doctors who for years had smarted under the College's gold-plated regime were alerted, angered. Dr. Green insisted that the "trial" be held in public and under full media coverage. The wide airing of the case received, and the deep suspicion it sparked — not only among doctors — changed history.

When the "trial" opened it was the first time ever that the College's practice of summary "justice" was forced from behind locked doors and into the full light of day — and in front of nationwide press and TV audiences.

Caught with its gowns down, exposed in the middle of a low-grade

frame — at the very least in an act of raw intimidation — College hawks quickly back-pedaled. Tactics changed mid-stream. As quickly, the "judges" changed direction, moved to tippy-toe around their now tattered game-plan. Trapped in its own clockwork the "mock court" went ahead, aping the motions of judicial probing and decision-making, but the charge against Dr. Green was now suddenly too hot to handle.

"Evidence" was quietly squelched, "witnesses" dumped. One such — caught lying — quickly faded out. Another's effort to slip a red-herring into the proceedings (chelation, no less!) got nowhere. Still another, known hostile to vitamin therapy (something favored by Dr. Green) pawed the air briefly then vanished. A piece of evidence — a "damaging" interview with a *Toronto Star* writer — was simply dropped. The entire case flattened into a pricked balloon. In short: The charge was read out, gingerly touched on, deftly disposed of. Little time was wasted. Verdict: "Reprimand. Court costs. Good-by." Court's adjourned.

"Trial" over, "justice" satisfied, College smoothies soft-pedaled the whole sordid business — and, believe it or not, came up smelling roses!

Intimidation? Frame-up? Suppression of fair criticism? Undemocratic? "Who, me?"

The media went home — disappointed but uplifted — to murmur that the College boys were not such a bad bunch after all. Dr. Green received fair press reports, but everyone asked: "What the hell was all that about? Where was the dragon?"

The dragon had vanished, of course; was nowhere to be seen. But the dragon had not been slain. He'd simply split for cover.

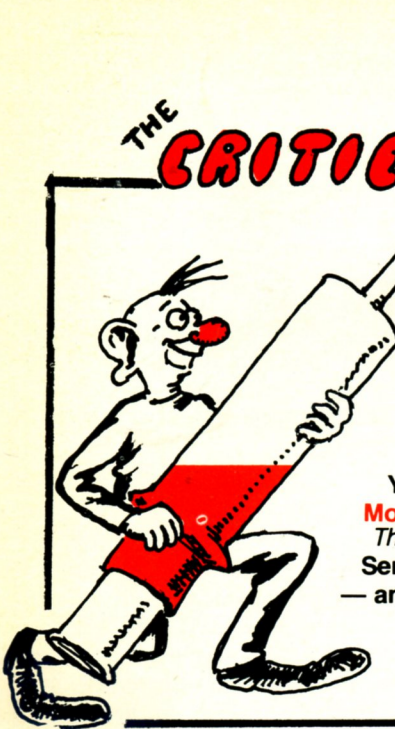
What looked like a "lenient" verdict was nothing of the kind.

What looked like a half-victory for Dr. Green was really a half-defeat.

The mock trial came and went, but questions remained — pressing, frightening questions:

Was criticism still under the gun? Was Dr. Green, who'd escaped one sneak attack, now facing another? Was every Canadian doctor who dared demand medical reform under standing threat from the College's "dirty tricks" department?

Was the kangaroo court only in recess?



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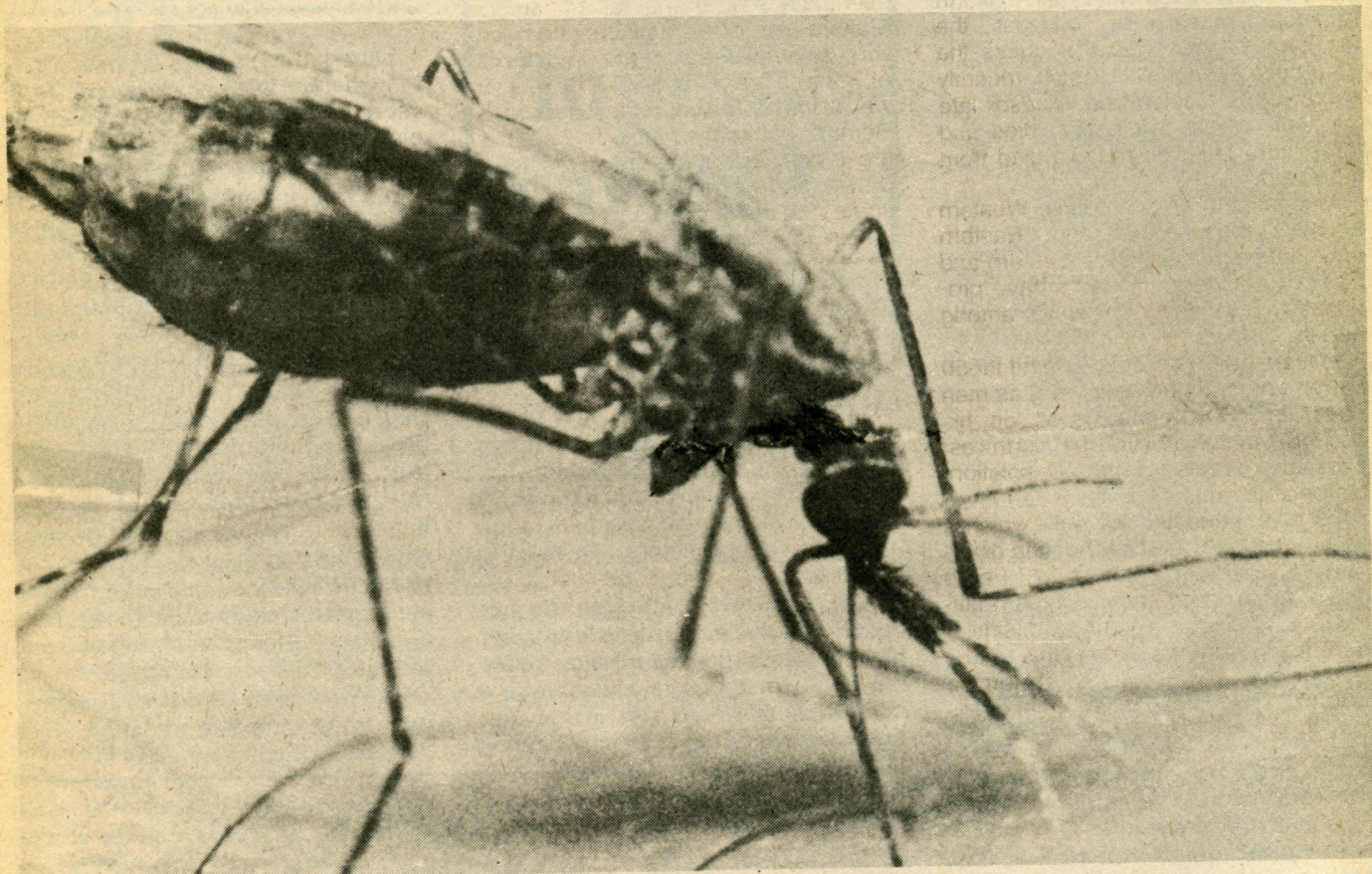
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# THE KILLER MOSQUITO

Is that skinny little bug  
man's deadliest enemy?



**The recent mosquito scare in central Canada – centred on Windsor where bites produced three dozen cases of sleeping sickness – reminds us that the danger is ever-present, is far from under control, and that authorities scratch only when they itch – that is, that they act only when danger threatens then fall asleep again when the scare is over**

A mosquito bites. Last summer it bit so many Canadians that the nation suffered its worst epidemic of sleeping sickness – encephalitis – since 1938. In the U.S. it spread to 20 states. In Canada, where the attack was concentrated in Windsor, five people died as the direct result of bites, while over 30 were stricken. The outbreak finally ended but a question remains in everyone's mind: Will it recur? The answer, I'm afraid, is yes.

A mosquito bites, true. But it is only the female which bites; the male is quite content to feed on flowers. Females need blood to stimulate egg production and to supply material for nourishing eggs. Their mouth organs are uniquely

**By G.D. Lane**

suited to this chore. What appears to be the tongue is actually the lower lip encasing six grooves and six lancets. Four of the lancets are a pair each of mandibles and maxillae transformed into extremely fine needles; the other two are the upper lip and a sixth stylet that bears a salivary channel.

The female mosquito lands on its prey and finds a soft spot to puncture with its palpi, a pair of appendages.

The initial piercing is executed by the mandible and maxillae, subsequent piercing by the upper lip and salivary channel. Saliva – carrier of disease organisms – flows down the channel to

prevent blood-clotting until the meal is finished. The mosquito's fresh red bounty is sucked up a groove along the underside of its upper lip and flows directly into its gut.

"Their bites are felt around the world," according to a recent New York Academy of Sciences report. Mosquitoes are the most studied of living insects. They have been pondered and probed, classified and analyzed, dissected and described.

There are 2,700 known species and the list of these members of the diptera order of two-winged flies and of the ciliocidae family, is still growing. They are the carriers of micro-organisms res-