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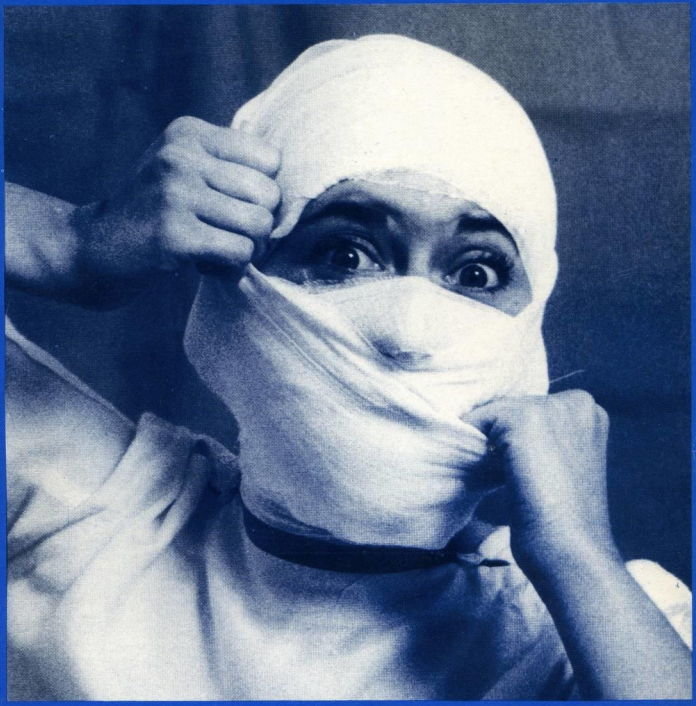
WINTER 1977

The Critical List

Health & the illness business

75c



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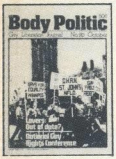

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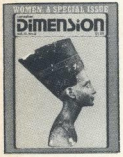

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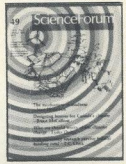

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Canadian Periodical Publishers' Association

The Critical List

Vol. 1, No. 3
WINTER
1977

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'The Critical List for critical times'

Vol. 1, No. 3
WINTER
1977

The critical viewpoint

In defense of doctors — and patients

Everyone is up in arms against the doctors these days. Newspaper editorials criticizing the self-protecting attitude of the medical profession, in the face of nation-wide cutbacks in the health field, are becoming a commonplace. The public's view of doctors as money-hungry, scalpel-swinging brutes who should be slowly but surely replaced by less money-hungry, more responsible paramedical personnel, is becoming more and more generally accepted, even by many of the most conservative media.

The Critical List has spoken very loudly in criticism of the abuses of the health care system that we often see doctors engaged in. We have spoken out firmly against the fee-for-service payment system, which tends to turn doctors into entrepreneurs in an "illness business"; instead of real healers.

Doctors are an easy scapegoat, however, and any criticism of them must also be directed against the system as a whole. There are many individual doctors who are as well-intentioned and responsible as anyone might expect.

The crux of today's health problems, in fact, is not the doctors. They are merely the pawns in a much larger game. It is the corporations that fill our environment with poisons because controlling these poisons would limit their profits; the food manufacturers who fill our food with untested and possibly dangerous chemicals because using these chemicals increases their profits; the drug companies who spend millions persuading doctors to prescribe medicines for almost any situation imaginable; the governments who rarely pass or uphold stringent regulations on any of these corporate activities — who won't even require that independent tests be run on many of the substances that are effecting us, through our air, our water and our food; it is these sources that are really controlling the health care system, and profiting from it.

As patients within this system, we have very little recourse. Because corporate profits and not the prevention of illness are the goal of the system, the patient-consumer can try to protect himself from mis-treatment and error only after the fact. The fact that the patient's self-protection often takes the form of malpractice suits and monetary compensation, reflects the nature of the relationship between doctor and patient in our current health care system — the patient's illness is turned into a profitable commodity on the health market.

"The crux of today's health problems, in fact, is not the doctors. They are merely the pawns in a much larger game..."

Given this callous relationship, it is clear that patients should have the right to receive monetary compensation when physicians mistreat them, and, more importantly, that patients should have the right to receive proper medical treatment in the first place.

But this is not where patients' rights end. Preventive health care means much more than regular check-ups with a doctor. It means learning what sort of foods and life-style make you healthy, and which chemicals make you sick. And we don't know – for sure, through proper scientific tests — whether the chemicals in over ½ of the things we eat, the creams we put on our face, the 'purifiers' in our air and water, are making us sick or not.

Not only does **The Critical List** support the consumers in the health care system to know and demand their rights once they arrive in the hospital or in the doctors' office. Demand a safe environment as well. Demand healthy food. Demand tighter pollution controls on all corporations that spill chemicals into the environment. Demand a stop to the drug companies' 'bribery'.

Patients should demand the right not to have to become patients at all.

Before we can effectively make these demands, however, we have to be armed with more thorough information about the health care system, as well as about possible health hazards in the environment. **The Critical List** is devoted to the spread of this kind of information. Our special Patients' Rights Handbook is designed to educate consumers about their rights in a hospital or doctors' office. The rest of the magazine is designed to give everyone the information we need to begin fighting for a health care system that is aimed at keeping people healthy, and not at lining the pockets of the corporations that profit from our illness.

R.J.S.

Critical List Editorial Board member, Wendy Wise, has removed more of her bandages than many of us. Use the Critical List's handy clip-out Patients' Rights Handbook, on page 15 to assert your rights. Take it with you on your next visit to the doctor or hospital.

UPFRONT

A Note From The Publisher

In 1970 I visited a magazine called the Radical Therapist which at that time was operating in unikely Minot, North Dakota. The Radical Therapist is a magazine which analyzes and criticizes the psychiatric division of the medical establishment. I felt at the time that there was a need in Canada for a similar journal, but one that would address itself to all areas of health. But it wasn't until the latter part of 1974 that I founded **The Critical List**.

My feeling was right. During a recent trip to my friendly local bank I was handing a copy of **The Critical List** to one of the tellers when a stranger, standing in line, asked me: "Say, where can I get one of those? My daughter heard about that on the radio and asked me to get one."

We have received a powerful response from all across Canada, the U.S. and other countries, as well as from libraries and all levels of government. It is a joy each day to receive the mail full of subscriptions, congratulations, criticisms and submissions from our new friends. Many people want to hear what we have to say. We are more than ever convinced that our kind of publication has been sorely needed in Canada for years.

The flow of subscriptions has been so large we have not been able to keep up. As you know, we publish four times a year but are somewhat behind with this issue. We have growing pains. Please be patient with us.

To date the magazine has been put together by a group of people who are concerned about the inadequacies of the health care system. Some of us are health workers, nurses, doctors, patients, mothers and others. We are an independent group not connected with any political party, organization or business. The publisher is responsible for the overall running of the magazine; the editor edits and designs each issue; our businessman, the only person we can afford to pay is responsible for the business side; there are various committees of volunteers to do the different day-to-day tasks; and our editorial board decides on the general direction, philosophy and editorial content. The magazine offices are in the library of my home - a situation we hope will change in the near future as we will be able to afford a full-time paid staff and an office. **The Critical List** derives most of its revenue from subscriptions, but funding also comes from the publisher, from advertising and donations. Because we are a non-profit organization, all money we receive is used to improve the magazine.

Many people have asked us how **The Critical List** has been doing. Here is a review of some of the highlights of the last few months - Over 20 media people attended each of our two press conferences in Toronto and Vancouver held to launch the first edition. We have received much media coverage on radio, TV, and in newspapers and magazines across the country. We have done hot-line phone-in radio shows in Ottawa, Montreal, Brampton and Vancouver. The media has also used us frequently as a source of health information and expertise. Many establishment organizations (including the Canadian Medical Association and the Ontario Hospital Association) have shown an interest by subscribing. Perhaps they feel they have something to learn.

The summer issue of Homemakers Magazine, the largest Canadian magazine with about 5 million readers featured an article on patients' rights which mentioned our magazine extensively. The result: new subscribers.

The magazine has received a tremendous reception in British Columbia. As a result, I was invited to speak to the Canadian Association for Preventive and Orthomolecular Medicine in Vancouver in October, '76.

Issue No. 2 has been selling well in bookstores and health food stores across Canada: one Toronto bookstore sold all its copies on the first day.

Despite this, distribution across the country remains one of our biggest problems. Maclean-Hunter Distributing Company is now distributing the magazine to newsstands across Canada, which has greatly increased our availability. Manna Foods is also distributing us to health food stores in Ontario and we are in the process of arranging distribution to other countries. We are presently a member of the Canadian Periodical Publishers Association and are looking for editorial and other business correspondents across North America to represent the magazine.

In addition to commercial distribution, we are constantly doing promotional mailings to increase our readership and have planned a mini-film series on the politics of health to be run in Toronto in 1977. Another effort to increase the magazine's revenues has been selling Ivan Illich's new book, **Limits to Medicine**, as well as selling a number of tools for health education which are advertised inside the back cover of this issue.

In spite of our problems, the future of **The Critical List** is promising. Some day - the sooner the better - **The Critical List** will become a force in the long-overdue fight for a decent Canadian health service. But only with your help.

Dr. Jerry Green
Publisher

Cover photograph by Clarke Mackey

Back cover from The Underground Sketchbook by Jan Faust, Dover Archives

Cartoon on p. 28 from "I'm Not for Women's Lib...but" — cartoons by bulbul, Arachne Publishing, Mountainview, Cal.

The Critical List is a member of the Canadian Periodical Publishers' Association (C.P.P.A.)
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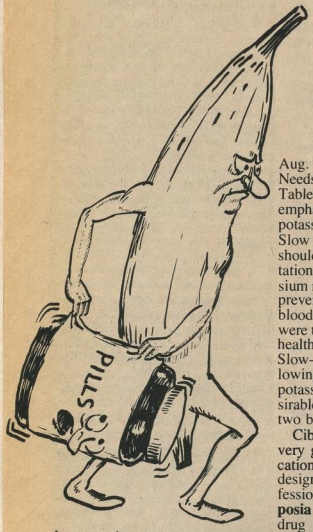
THE CIBA BANANA

or: How the drug companies give your doctor **Prescribitis**

by Allen Fein



I remember an upper year medical student remarking to me last year, "Slow K® — No Way." At the time I didn't know what he was talking about. Then I noticed an ad in the quarterly publication, **Clinical Symposia**, which is put out by Ciba Pharmaceuticals, a branch of Ciba-Geigy, the major international drug firm. The ad read: "The elusive diagnosis... Whenever potassium supplementation is desirable ...Slow-K®". My curiosity about my friend's remark was finally satisfied by **The Medical Letter's** leading article of Aug. 29/75. The article, "Who Needs Slow Release Potassium Tablets", concludes definitely and emphatically that slow release potassium tablets such as Ciba's Slow K® "are dangerous and should not be used. Supplementation of the regular diet with potassium rich foods is the safest way to prevent potassium deficiency in the blood (hypokalemia)..." If Ciba were truly interested in the public's health they would have canned Slow-K® long ago, and run the following advertisement: "Whenever potassium supplementation is desirable... a glass of orange juice and two bananas."

Ciba's **Clinical Symposia**, a very glossy and impressive publication, is distributed free to and designed solely for the medical profession. In my view, **Clinical Symposia** and other such 'gifts' from drug companies to doctors and medical students are one of the principle risk factors leading to 'prescribitis'. This disease, as described by Dr. Murray Katz of McGill University, so inflames the minds of physicians that they can only write and not think.

In fact, Ciba's whole approach to clinical pharmacology is inadequate, dangerous and unscientific. However, their prices are no indication of this inadequacy. In **Quad Review 3**, a publication of The Drug Quality Assessment Program of Health and Welfare Canada (Feb./75 issue), Ciba appears only once in the entire section presenting price information. Since the aim of the publication is to present doctors with data that will enable them to choose high quality drugs at **low prices**, the following table is probably an explanation of why Ciba appears so infrequently in the price section.

According to Quebec's Drug List (6th Edition), Ciba charges **five times more** than does the company selling the least expensive tablets of this type – and has the highest prices of 21 companies for the 50 mg. pills.

It is natural to assume that a higher priced product will be a better product, and most doctors feel that by prescribing more expensive drugs, they give their patients "The Best". **Quad Review 3**, however, pulls the rug out from under this theory, as well. All the companies they list produce 'acceptable' tablets. This means

This article was printed originally in the McGill Medical Journal, *Fall, 1975. Allen Fein is a medical student at McGill. Detailed footnotes are available on request from* The Critical List.

that all manufacturers listed have passed tests which evaluate various properties of their drugs – for example, whether the drug actually contains all the chemicals it says it does, and whether it contains these chemicals in the specified proportions.

Quad Review also records 'disintegration time', to make sure the pills are not compressed too tightly when manufactured. A pill which is too compressed may not dissolve in the stomach, but be passed out in the feces – so even if it has the correct chemical composition, a drug with a slow disintegration time may be ineffective.

The high prices of Ciba's medications may also lead doctors to conclude that their drugs have a better 'bioavailability' than cheaper products. In other words, that more of the drug in question will actually arrive at the tissue that it is supposed to reach. But high prices don't make a drug more effective – Ciba has not offered us any data showing that its drugs are different from cheaper ones in this respect either.

Some might think that inside Ciba's impressive looking facilities, products are manufactured with utmost care, whereas the many less affluent drug houses run sloppy operations. But statistics in **Rx Bulletin**, a publication of another division of the Health Protection Branch, which is interested in promoting the use of safe drugs by Canadians, show otherwise.

In the four issues of the **Bulletin** published between April '74 and Jan '75, only eight of the 150 drug houses that are listed in the official "Compendium of Pharmaceuticals and Specialities (CPS)" were cited in the section on drug recalls because of violations of the Food and Drug Act. Well, Ciba was among those eight with poor quality control. And guess which one of its drugs was recalled? One of those posing in a recent issue of **Clinical Symposia**. All lots of Apresoline®(hydralazine) were recalled for the months of June and July 1974, because of "particulate matter found in 1.5 per 1,000 vials." It seems that high prices, glossy advertising and expensive facilities are not a guarantee for product safety at all.

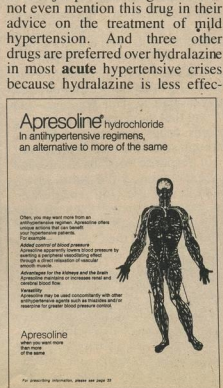
In addition, the content of the Apresoline® ad in **Clinical Symposia** is so misleading it verges on outright deceit!

It 'reminds' doctors to "add Apresoline® to almost any antihypertensive regimen to achieve a major difference in the control of hypertension with a minimum of adverse reactions."

mg tablet	quantity	Ciba's cost price*	Price range for all companies	Ciba's rank
25	100	$ 2.72	$0.70-$ 2.81	**2nd Highest** of 17 companies
25	500	$13.14	$2.10-$13.14	**The Highest** of 7 companies
50	100	$ 3.83	$0.80-$ 3.95	**4th Highest** of 30 companies
50	500	$18.40	$2.85-$18.40	**The Highest** of 15 companies

*an unspecified discount is available for orders over $60.00

Goodman and Gilman, authors of a major pharmacological text do not even mention this drug in their advice on the treatment of mild hypertension. And three other drugs are preferred over hydralazine in most **acute** hypertensive crises because hydralazine is less effective in relieving the symptoms and frequently causes disturbing side effects.



Turn to another page of Ciba's magazine – and the plot thickens. Here you'll see a glossy advertisement for Ritalin®. What is Ritalin®? You won't find out by reading Ciba's ad. This is the first ad that I have ever seen that doesn't tell me, an interested and concerned medical student, what I will be putting into my patients' bodies. Despite the fact that, by law, drug companies must print both generic and brand names on all prescription drug package labels, Ciba has elected to keep Ritalin®'s generic – or chemical – name out of our minds here. An obvious explanation would be that the drug is methylphenidate, a relative of amphetamine, i.e., 'speed'. (See Goodman & Gilman page 365 to verify this.)

Ritalin® is a highly controversial drug – and it is indeed unfortunate that medical students and doctors are persuaded to use it by Ciba's picture of a contented child who

The following resolution was adopted by the Consumers' Association of Canada in the summer of 1975:

Whereas prescription drugs are expensive and thousands of people must use them;
Whereas practising doctors in Canada are the target of publicity from pharmaceutical companies for an amount totalling 50 million dollars ($2,500 per physician);
Whereas the cost of this publicity is finally paid for by the customer who has to buy these drugs;
Whereas article 9.1 of the Food and Drug Act is ineffective (i.e., control of false drug advertising);

Therefore be it resolved that Consumers' Association of Canada requests Health and Welfare Canada to **abolish all promotion of any drug product directed to doctors and pharmacists on the part of pharmaceutical companies** and the Minister of Health to promote only scientific information to doctors.

''Statistics... in Rx Bulletin... show that Ciba's high prices, glossy advertising and expensive facilities are not a guarantee for product safety at all..''

supposedly just popped a 'Ciba speed pill'. Goodman & Gilman write about reports linking growth suppression with this drug, but Ciba neglects to mention this serious adverse reaction in its list of Ritalin's® side effects. Ciba doesn't forget more important things, however – the company name, CIBA appears no less than 30 times in this issue of Clinical Symposia.

A task force on prescription drugs reported that Ciba spent about 1¼ million dollars on their Clinical Symposia over a seven year period in the 1960's. (**The Drug Prescribers** – U.S. Dept. Health Education and Welfare) This huge sum of money is drawn

from the patients – a captive audience which rarely gives consent to their doctors to be used to support this mammoth advertising venture.

The list of Ciba's sins continues even further. Last spring, med students at McGill were confidently told by the company's medical director, Dr. R.A. Ellis, about the thorough nature of drug testing, and that if we really wanted to know about a company's drugs, we should write for the product monographs! Shortly thereafter I contacted 60 pharmaceutical firms for information about their over the counter, non-prescription cough and cold remedies. Only HALF of the companies responded. Ciba was among those whose literature was thoroughly inadequate. Instead of being presented with comprehensive monographs, I was sent a thick batch of reprints, most of which fell far below my expectations.

Giving Ciba the benefit of the doubt, I decided that my request for scientific information was not explicit enough... so I specifically wrote to Ciba's medical information department explaining precisely the area in which I was interested. This letter was forwarded to Dr. Ellis who replied that no further information was available. Dr. Ellis' letter stated further that studies of such ''palliative and not curative therapy'' as their cough and cold remedies provided would be ''exceedingly difficult to adequately control'' and that such studies ''would also be a waste of resources since, for the most part, adequate descriptions of the active ingredients can be obtained from the official compendia.'' Furthermore, Dr. Ellis ''M.B., B.S., M.R.C.S., L.R.C.P.'', writes, ''Finally, trials will not provide you with a valid reason to prescribe the products. The reasoning rests largely with the physician's assessment of the patient's needs.''

It seems obvious to me that a doctor ought to base his judgement on scientific data, obtained from controlled tests, and not from thoroughly subjective assessments of the patient's needs. Any doctor will agree that this subjective element plays a part in their practice – but saying that valid reasons for giving people drugs can not be obtained through scientific tests is nonsense!

In response to Ciba's unsound argumentation, I did some investigation of these cold remedies on my own. The two Bibles of drug compendia, (the **British Pharmacopoeia '73** and the **U.S. Pharmacopeia '75**) don't even mention one of these products – Resyl® – the brand name for the chemical which was found to be the ''ineffective' ingredient in Robin's Robitussin line. The **AMA Drug Evaluations**, however, did have some comment: ''Evidence is sparse and unconvincing; thus the therapeutic efficacy of these agents is doubtful.''

What is Resyl® good for? It is probably not a dangerous drug, but its manufacture and sale by Ciba is an indication of the true nature of the company's interest in the public's health: Resyl helps fortify certain of those 'resources' that Ciba doesn't want to give up. It brings in part of the $1,700,000 annual sales Ciba (Canada) receives for its cough and cold remedies, alone.

Doctors and patients should both be aware of these kinds of enormous profits. I hope that the documented information in this article will persuade its readers, any of whom are doctors or medical students to reject Ciba's 'bribe', and that their future dealing with all drug companies will be carried out with the appropriate skepticism. Physicians do tend to become removed from the concerns of their patients. Doctors should become more familiar with what the patient-consumers in Canada want from Medicine – and should remember just who it is that ultimately supports and pays for drug company 'gifts': the unconsulted and victimized patient.□

In a drug referendum held in March 1976, just under half of the total student body of McGill Medical School passed the following resolutions:

1) that drug company representatives be prohibited from promoting their pills inside McGill's teaching hospitals. (Unfortunately, this resolution has not yet been made effective.)
2) that no drug company gifts be accepted by the McGill medical student body, and
3) that drug company literature such as Ciba's **Clinical Symposia** still be accepted by McGill's medical students.

We haven't stopped them yet. But we're getting there!

The Dominion Herbal College Ltd. of British Columbia

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The Dominion Herbal College Ltd. was established in 1926 by Dr. Herbert Nowell N.D., who spent many years compiling the Correspondence course in herbology. Some of our students agree it has become a classic. The Dominion Herbal College has graduated men like Jethro Kloss, author of "Back to Eden", Bernard Jensen N.D., world renown lecturer, nutritionist, author of Iridology and many other books on natural healing. Edward Fewer N.D., lecturer, teacher and author is also a graduate of our college. Many of our recent graduates are prominent practitioners of medicine, psychiatry, Naturopathy, Chiropractic, Physical Therapy, Nurses and many College graduates, who are seeking to learn how to keep themselves and their families well. Several Missionaries in far-a-way places correspond regularly with our college.

The Dominion Herbal College has been under new management since 1968 and the present owners have upgraded the existing course by conducting Summer Seminars in the country, at the proper time when the herbs are easily identified. A staff of qualified teachers lecture at the Seminars. Many experienced practitioners demonstrate their ways of preparing herbal mixtures, juices, roots, salves and oils. The students get acquainted with the growing, harvesting and drying various herbs. Our students come from various parts of the world and their experiences are shared and exchanged with each other. Apprenticeship in our new herb shop in Sardis is also available to our students.

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A Sore Throat Inside the AMA?

We've all heard of 'Deep Throat', the infamous and mysterious informant who spilled the beans on the Watergate scandal. Well, a political health activist, fondly named 'Sore Throat', has snitched on the American Medical Association.

Sore Throat leaked a letter addressed to the AMA from attorney Lee M. Mitchell. The letter advised that the AMA may be charged under the United States Criminal Code for submitting false reports of the circulation of its publication, *Journal of the American Medical Association* (JAMA), to the postal service.

The AMA allegedly falsified its circulation report to disguise the true percentage of free samples mailed under second-class rates. Under the law, a publication may send only ten per cent of its total distribution in free samples at the money-saving second class postage rate. The result is a possible underpayment to the Postal Servie of $299,000 to $400,000.

Executive Vice-president of the AMA, Dr. James H. Sammons admits that Sore Throat is claiming to be "a high-minded reformer". Thanks to Sore Throat the Justice Department is considering prosecuting the AMA.

DIOXIN UPDATE

WHEN WILL THEY STOP?

Dioxin continues to take its toll, world-wide. "All the buildings in the town of Seveso, Italy are going to have to be torn down and buried," said toxicologist Merriam Doucet in a recent interview with *The Critical List*. Mrs. Doucet supplied most of the information for the feature story, "Herbicide in Canadian Food – New Thalidomide Threat", in the last issue of *The Critical List*. (Vol. 1, No. 2).

"Dioxin killed many cats, dogs, and cattle in Seveso. The remaining survivors were shot, their condition being hopeless – beyond recovery," Mrs. Doucet said. Many of the 15,000 citizens developed kidney and liver disease, second and third degree burns to the eyes and many children developed chloracne – a severe skin disease. The disaster happened on August 2, 1976 in Seveso when the pipes in a plant that manufactured hexachlorophene burst and released 4.4 pounds of deadly dioxin over 200 acres. The town was immediately evacuated and the plant ordered demolished. There are also plans to remove one foot of the top soil in the effected area. Despite well documented proof of the harmful effects of dioxin on the unborn, the Pope has refused to grant permission for any abortions.

The Swiss company, Givaudan, owners of the Seveso plant, may face charges of negligence as a result of inadequate safety measures.

Last February (1976), the *Critical List* held two simultaneous press conferences in Toronto and Vancouver, concerning the dioxin issue that had been raised in the feature story of Vol. 1, No. 2. Our story revealed that dioxin is a deadly contaminant found in a group of weed killers called phenoxy-herbicides that are used widely across Canada and have been traced in foods such as apples, vegetables, milk and beef.

At the February press conference, Dr. Alexander Morrison, head of the Health Protection Branch of Health *continued on page 12.*

The Hazards of the Un-break

"Faulty or inadequate nutrition and improper diet is of far too common occurrence in Canada, and may often be the underlying though unsuspected cause of accident, injury and death," said Dr. J. E. Monagle, a nutritionist with the Department of National Health and Welfare, in a guest editorial in **Safety Canada**, August 1976.

Nearly three quarters of the adults in North America leave home in the morning without breakfast, or having had a breakfast made up entirely of carbohydrate foods. Breaking the nightlong fast with foods made up entirely of starches and sugars, Monagle asserts, sends a quick surge of glucose into the blood stream and a sharp elevation of blood sugar. However, the body will over-react to this quick rise, so that about two hours after the starchy breakfast has been eaten, the blood sugar level will drop down even lower than it would have been before anything was eaten at all. This low blood sugar situation has a variety of symptoms, including irritability, irrational emotional responses, grogginess, confusion and even fainting. When the body is in this condition, any stress (such as braking to avoid a collision, or frustration with rush hour backups) stimulates adrenaline which puts further demands on the

FROM VIETNAM TO CANADA
Reyes' Syndrome Strikes the Maritimes

Insecticides used in spruce budworm spraying programs in two Maritime provinces, New Brunswick and Nova Scotia, have recently come under suspicion as possible causes of the fatal children's disease known as Reyes' Syndrome.

A study conducted at Dalhousie University medical school brought into question the safety of the petrochemical solvents used to dilute insecticides in forest spraying programs. Their experiments showed that exposing mice to insecticides in concentrations that were previously thought to be harmless, increased their susceptibility to death from viral infection. The real danger however seems to be the solvent in which the insecticide is dissolved, and not the insecticides themselves.

Reyes' Syndrome was first identified in 1963 and involves a number of symptoms, which include brain and liver damage. Victims of the disease often appear to be suffering from influenza and can make brief recoveries – but after a few days, will become stuporous and fall into a coma.

Dr. John F. Crocker, the head of the Dalhousie Research team, is quoted in the Montreal **Star** (April/76) as saying that Reyes' Syndrome is still a common cause of death for children in Thailand and Viet Nam where the U.S. carried out widespread herbicide spraying programs, and incidence of the disease has recently increased in North America where 350 cases were reported last year. Fifty to eighty per cent of the victims of Reyes' Syndrome die, Dr. Crocker said.

The exact cause of Reyes' Syndrome is still unknown, but it is associated with several viruses. Dr. Crocker said that the disease may be the result of the combined effect of exposure to petrochemical solvents used in insecticides and herbicide spray programs, coupled with a virus infection.

Dr. Crocker also admitted that it would be very unlikely that all the nearly 35,000 licensed insecticides will be adequately tested for safety. With so much poison in our environment, our food and our water, it's really no wonder experimenters are having such a hard time pinpointing the causes of 'environmental' diseases, like Reyes' Syndrome.

fasted Driver

metabolic system and decreases blood sugar levels even further.

A recent issue of "Clearway", the magazine of the Traffic Division of the London (England) Police, mentioned several studies which showed that traffic accidents happening at around 10 or 11 a.m. frequently involved persons who had not eaten, or at least, not properly.

Avoiding these sharp and erratic changes in blood sugar level – and averting the symptoms that accompany them – isn't very difficult. An egg, or a small quantity of milk at breakfast – i.e., a small amount of protein – will do the trick in the morning.

African country may legalize traditional healers

A large proportion of people in the world – that is, most of the Third World, turns to traditional healers and not to modern medicine for treatment when they are ill. Yet we know very little about their methods, or about their medicines and their effectiveness. In fact, health care systems in the Third World countries have tended to ignore midwives, herbalists and other elements of traditional health systems, and to rely almost exclusively on Western scientific medicine, based on doctors, nurses, clinics and hospitals.

As a result of this policy, the health care delivery systems in most developing countries are "universally inadequate" – so state Stanford University professors Solomon and Rogers in an article on the role of traditional midwives in Asia (in **Studies in Family Planning**, 1975).

A number of African countries have begun to realize the importance of traditional healers and some have begun to consider legalizing the practice and eventual use of the healers' services. In March, 1976, Zaire's National Research and Development Board announced that a research project will be undertaken during the next year (funded in part by the International Development Research Centre based in Ottawa) which will look into all aspects of traditional medicine in Zaire. Three major therapeutic rites conducted by groups of healers in different regions of Zaire will be studied in detail. Healers and their patients will be interviewed and samples of the herbs used for treatment will be collected and stored in an herbarium.

We can look forward to the results of these studies, not only because of the benefits they will bring to the Third World, but also because they may offer both doctors and patients in the West information about traditional healing practices that could provide some positive alternatives to our own overtechnologized, over-doctorized health care system.

The Saga of RED NO.2

Photograph by Frank Goodman

by P. Murtagh

Recently there has been quite a furor over a certain food dye, now banned in the United States. This dye is Red #2, also called amaranth. The story of this dye is interesting, in that it shows what can happen to people if they trust in government legislation to protect their health. Red #2 has been banned in the U.S. as being possibly carcinogenic. Studies in BOTH the U.S. and the U.S.S.R. indicate that amaranth is carcinogenic in rats if ingested over long periods of time. There is also evidence of a detrimental effect on reproduction. The U.S.S.R. banned this dye in 1970. A series of tests at Stanford University, over a period of several years, has shown that this dye caused definite reproductive and genetic damage. On the other hand research funded by the dye industry showed no indication of reproductive effects. Other effects were not mentioned. As a matter of fact the use of Red #2 has been controversial for at least 15 years. Ever since 1960 the Food and Drug Administration has been extending the provisional approval of Red #2 yearly, usually because of the promise of the industry that it was doing the required tests.

The study that led to the banning of Red #2 was controversial. It is undoubtedly true that fault can be found with the methodology of this study. Because of these faults, the governments of both Britain and Canada have refused to ban the use of Red #2 in their respective countries. These governments have chosen to ignore the numerous collaborative studies done over the past years, in both the U.S. and the U.S.S.R., and to concentrate on the one study that one can find fault with. (The studies in the U.S.S.R. are discounted because the Russians may not have had as pure a source of Red #2 as the Americans did. No attempt has been made in Canada or elsewhere to check to the purity of the Russian chemical.)

The essential argument against the U.S. study that led to the banning of Red #2 was the fact that, during the study, rats from the control group (no dye) were mixed with rats from low dosage groups. Rats from high dosage groups were kept separate throughout the study. The natural reaction is that this mixture would tend to obscure any carcinogenic effects. Yet these effects were clearly shown. Thus this objection is merely a formalistic one.

Other objections to the U.S. study were raised by Canadian authorities, in justification of their refusal to ban Red #2 in Canada. Most are ridiculous beyond belief. One was that the tumours induced by Red #2 were not 'organ specific'. Since when does a carcinogenic effect have to be confined to one organ of the body? Another objection was that there were no 'unusual' tumours. Unusual? Still another justification was that amaranth's structure is similar to other non-carcinogenic chemicals. Since when do we have the knowledge of carcinogenisis to pronounce whether a chemical will be carcinogenic or not by a simple glance at its structure? Amaranth is not supposed to be mutagenic to bacteria, and is therefore not supposed to be carcinogenic. This is a method of preliminary screening for carcinogenisis that is much in dispute. It is hardly an argument whereby one may refuse to ban a potentially dangerous chemical.

In all fairness, there is one potentially serious argument that the Canadian government may advance against the American study. The corpses of the rats were not preserved for microscopic study. This is a serious failing. Yet, if one takes into account the numerous other findings on Red #2, one can be puzzled as to why this one experimental oversight should be enough to allow the Canadian government to permit amaranth on the market.

In actual fact the reason that Red #2 will be allowed to pollute our foodstuffs is quite plain. The manufacture of this dye is a multi-million dollar business – one that the government is unlikely to disturb for the sake of such a thing as public health. In the U.S. the government is only willing to move against Red #2 because the food industry has already begun to replace this dye in the foodstuffs in which it has been present (soft drinks, bottled red cabbage, hot dogs, jams, jellies, salami, and blackcurrant drinks). After all, one can only ban the most common food dye if it is being replaced by another product.

The fact is, though, that the 'new' U.S. substitute for Red #2 is probably even more dangerous than amaranth. This substitute, allura (Red #40) has been banned in Europe because of possible carcinogenic effects. Even industry (Allied Chemicals) research has shown the carcinogenic effects of this chemical. Yet the government will 'protect' us by substituting this chemical for Red #2. At least we still have the 'poison we know' in Canada.□

...AND RED #4 TOO!

Another red dye, No. 4 used to color maraschino cherries has been banned in the U.S. The Sept. 21 Toronto **Globe and Mail** reported that the Food and Drug Administration decided a ban was needed because of a possible "association between the color and urinary bladder polyps (tumors) and atrophy of the adrenals (glands) in dogs" that were tested. The dye may no longer be used in any food or ingested drug but it may be used in externally applied mechanisms.

The Maraschino Cherry Association foresees a ruined market for the 18,000 to 20,000 cherry growers in the country because there is no adequate substitute for Red 4 and without it, cherries will be an "unappetizing dirty orange color."

So begins the era of the cherryless whisky sour!

MAYBE YOU CAN'T BE IN TWO PLACES AT ONE TIME BUT CERTAIN DOCTORS IN SASKATCHEWAN CAN

Unethical anesthetists in Saskatchewan

> "For some must watch, while some must sleep..."
> —Hamlet, III, i. 288.

by Gord Gates

Incidents of unethical practices have been reported by the Saskatchewan Association on Human Rights.

Health Care Rights, a document prepared by Dr. John J. Marian, former chairman of the Association's Health Committee, charges that "multiple booking", the practice of having one anaesthetist administer anaesthetics to several patients undergoing simultaneous operations, has become widespread. The Association claims to possess documentary evidence indicating that Saskatchewan anaesthetists have actually discussed the issue and have concluded that, despite the risks, the practice should be continued in response to the dictates of "the economics of medical practice as applied to anaesthesia."

The report quotes statements made by two Saskatchewan anaesthetists on the CBC TV Programme, "Ombudsman". One reported:

"This practice of double supervision or double booking has taken place in the province of Saskatchewan for a period of many many years...

To my personal knowledge, I know of at least 3 instances in which another anaesthetist has had to go into another operating room and resuscitate a patient who had undergone a cardiac arrest, that is, the patient's heart had stopped in the course of the anaesthetic. He had to do so because the anaesthetist actually responsible for that patient's welfare was not in that particular operating room.

I cannot conceive how various authorities within this province, knowing that this practice takes place, knowing it is not in the patient's best interest, knowing that accidents have taken place, are now perfectly willing to allow this thing to continue..."

The report also cites correspondence from a staff member at Saskatoon City Hospital, which asserts that in the absence of the anaesthetist, operating room staff frequently have to take vital signs of a patient under anaesthetic. Occasionally it has been necessary to run to other hospital rooms in search of the anaesthetist when his patient stops breathing.

The possible complications of anaesthesia are numerous. Among them are damage to the brain and nervous system, kidneys, liver, heart and lungs. Cardiac arrest can result, causing severe brain damage in the space of minutes.

In several other provinces, the risks inherent in "double booking" have been examined and the practice is officially considered unacceptable.

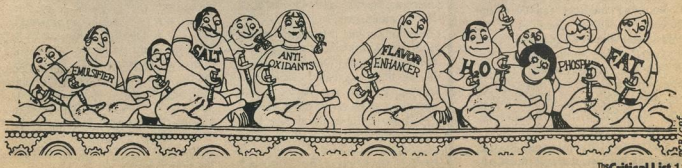
In 1975, the College of Physicians and Surgeons of Ontario warned its anaesthetists:

"While ...[the Joint Advisory Committee of the College of Physicians and Surgeons and the Ontario Medical Association] recognized that a dire emergency occurring elsewhere in the hospital and requiring the anaesthetist's attention would alter the situation it was strongly opposed to the anaesthetist leaving the operating room in which the operation is in progress, or in the immediate postoperative period."

The Alberta Medical Association commented: "None of the situations (multiple, simultaneous services) are considered acceptable..." The Manitoba Medical Association stated flatly, "Anaesthetics rendered to more than one patient simultaneously by one physician for elective purposes (are) not carried out here."

The Saskatchewan report also quotes the 67th Annual Report of the Canadian Medical Protective Association (some 80% of Canadian doctors are members), which commented vehemently:

"It is amazing to think that anaesthetists who accept responsibility for anaesthetizing a patient will leave the patient under the supervision of someone not a doctor while the anaesthetist confers with his friends down the corridor, has the cup of



Anaesthesia Scandal cont.

coffee he did not take time to get before he began his day's work or supervises two or three... other anaesthetics being given by residents who were relatively inexperienced."

Tied intimately to the ethics of "double booking" by anaesthetists are questions relating to billing practices. In this regard, the report refers to the Saskatchewan Medical Association's preamble to its minimum schedule of fees. The preamble states that a "physcian may render a fee only for those services which he performs and personally supervises". It specifically declares:

"Chargeable anaesthesia time starts with the induction of anaesthesia and ends when continuous attendance by the anaesthetist is no longer required... The anaesthetist must be in the operating room or delivery suite while the surgical procedure is being performed."

Yet it is clear that with 'double booking', "double billing" does

"...the doctors' main motive for double booking is increased income..."

occur. One anaesthetist appearing on "Ombudsman" confirmed that the main motive for "double booking" is increased income. He also noted that it's impossible for government officials who handle the health care scheme to know whether one doctor is charging for two simultaneous patients or not because when doctors bill for services, only the amount of hours spent on each patient is recorded, and not specific hours of the day.

The average amount paid to specialist anaesthetists in Saskatchewan by the Medical Care Insurance Commission in 1974 was $39,000. And this figure does not necessarily represent total professional income.

Another issue linked to the problems of unethical medical practices and questionable billing practices is the professional vulnerability of physicians who exercise their public rights and fulfill their duties to society by exposing these activities. The two anaesthetists who made statements on "Ombudsman" were hidden from the camera. One explained why:

"The reason why I am being shot in shadow is because certain hospitals in this province have policies which state that doctors and other health personnel must not speak to the media without the permission of the hospitals. In so doing they have stated that if these personnel do [speak out] they will be subject to disciplinary action, [which] in the case of the doctor, may mean the loss of hospital privileges and therefore his livelihood."

The Saskatchwan Association on Human Rights, rightfully concludes that these kinds of fear-tactics and reprisals should be prohibited by law, so that those who express dissident opinion within the medical community will be protected. □

Dioxin Update *cont. from page 10*

and Welfare Canada denied that there was any danger from dioxins. Dr. Ralph Ross, of the U.S. Environmental Protection Agency has also denied some of the evidence he had previously confirmed to *The Critical List*, that the dioxin levels found in beef may present a serious health hazard. (As a result of this kind of backtracking, three lawyers from the Environmental Protection Agency in the US have quit recently, claiming that the agency is involved in a pesticide cover-up.)

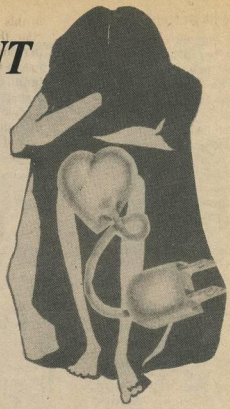
Although Dr. Morrison agreed with *The Critical List's* claim that dioxin is present in the food we eat, he said that he considers the level to be 'safe'. (This sounds to us like another version of the old argument – "If we kill people slowly with small amounts of toxins, then maybe no one will notice.") During a heated exchange Dr. Morrison called publisher of *The Critical List*, Dr. Jerry Green, "full of baloney". Green replied, "That's impossible, I never eat it. It has too many chemicals." Green also commented on the noticeably poor track record of Morrison and the Health Protection Branch. "They have done nothing significant about the mercury poisoning of Indians in Ontario. They were unable to prevent the tragic thalidomide disaster, and the recent irradiation catastrophe in Port Hope."

In spite of the governments' attempts to minimize the public's concern about dioxin's dangers, toxins aren't going unnoticed. The Alaska state government is looking into restricting the use of phenoxy herbicides. And the Fifth Estate, CBC-TV's national public affairs show, along with the BBC, have recently produced a feature story on the dioxin issue. □

poetry

SHOCK TREATMENT

by Martin Singleton



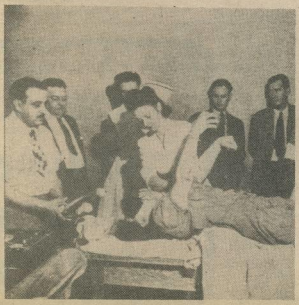
the white-tiled room, white unrumpled beds neat as geometry,
the black waiting box
your stomach's rumbling heralding the dawn
NIL PER OS AFTER MIDNIGHT FOR ECT AM
mondays and fridays

this i tell you is no more
than a needle's prick and
a sleep
followed by a meal

(winter sun
feeble through the curtains
curls in a pool at our feet)
and kitten-innocent you listen
while i explain

no longer do they cut part
of your brain to make
a docile smiling smelly vegetable
or salt your blood
till you lie comatose, at the mid-point
of life and death
only to pull you with orange juice
like a rabbit from a hat
back

twenty
or so nurses
'fat white legs'
discuss floor wax and mortgages
one with a bright needle
jabs and swabs you
your mouth turning dry
asks for water which i
must refuse
(three birds insane or well-
feathered sit under the eaves
in the cold
sunlight)



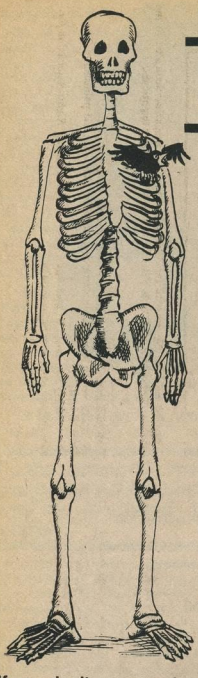
press my hands to
your shoulders over
and over saying
it won't hurt
you don't be afraid
there's no danger now of
your spine snapping
(the old days-fifty patients jammed into
one room waiting)
wheel you to
the box no bigger than a suitcase
hold you there
for the unsmiling doctor
ARE WE READY NURSE
voracious electrons
(a jet
on its way to toronto
silhouetted by the sun
framed in a window)

greasy yellow paste
on your temples
electrodes like silver dollars
GLISSANDO VOLTAGE AMPERAGE TIME
medusa-man
the last thing you remember
is a starched cuff flipping a dial
as the blue volts bend your back like a sprung rabbit's

your lips grow a black tube
to breathe with, you
awake to toast and jam
ritual meal to restore your
metabolism

and after smiles and congratulations
my arm in yours we walk
down sunlit corridors
as i tell you
who what and where you are

Talking back!



If you don't see your letter here this time – don't let it discourage you. Keep writing. Positive or negative it's great to know you're reading the Critical List.

Many Thanks...

Thanks for the most recent issue of *Critical List*. I am duly impressed and pleased. In particular, your treatment of mental health issues was really interesting – the stuff about D. Viscott (p. 40) was fascinating to me, since I'd read his book and found him so conservative. Perhaps things are getting so bad that even *he* can see it. Keep it up.

Carol for the RT Collective, Sommerville, Mass.

DIOXIN FEEDBACK

We heard some of Dr. Jerry Green's comments regarding dioxin in "The World at Six" on Feb. 17th/76, and are writing to express our support for this fight...

I have been involved in New Zealand in the fight against 2,4,5-T and 2,4-D and related chemicals and have only recently returned to Canada and have been searching for the most up-to-date information regarding dioxin. Shortly before leaving New Zealand in December, I received a pamphlet from the Agricultural Chemicals Board in N.Z. in which they had made the decision to use 24D on fruit! It appears that despite the alarm, the chemical clan are all out to increase the use of these chemicals rather than restrict them.

Lyn Davis, Prince George, B.C.

I heartily applaud your stand on herbicides. Unfortunately, as you have observed, the burden of proof is put on the individual who questions the safety of these substances. Not until public awareness reaches the stage of real concern do I feel anything will be done about additives, pesticides, etc. Government agencies are too firmly controlled by those whose interests are threatened.

I was also disturbed to read in the Patient's Rights Association of Dr. Green's hearing for an inch too large advertisement. Considering many more severe abuses, this sounds like a political move.

In any case I wish you the best.

Glenna Marr, Wingham, Ont.

Enclosed is my subscription for the *Critical List*, a magazine long overdue in representing the views of people in Canada...

[Concerning your pesticide story] at the moment I am battling the issue with little success. Larviciding with organ phosphates was given the go-ahead by the Clean Environment Commission. After two years of attending the hearings, the conclusion is "their minds were made up beforehand; not because it works, but because it's profitable."

Ms. Alice Zeiler, RN Navin, Manitoba

Touche!... We need 50 copies of Issue no. 2, pronto – on time to keep our three counties from getting doused with herbicide... Keep it up. I [only] found out about [the herbicide spraying] at the last minute – like just before the weed-killer season starts.

Congratulations. Stay useful!

Hester Elliott, New Sarpeta, Alta.

Yes, I'll help you get *The Critical List* more subscribers. It's about time someone from within the medical fraternity like Dr. Green became the conscience of that narrow-minded nutritionally-ignorant group of drug pushers. Enclosed is my subscription. Keep up the battle.

Phillip G. Anderson, Toronto

I am very impressed by your magazine, having had disillusioning experiences with arrogant, ignorant, uncaring, distraught, operation-happy, pill-pushing M.D.'s.

Please accept my subscription.

Gregory J. Biefer, Ottawa, Ont.

Beyond Patients' Rights

At present, the protection given by patients' rights is minimal. Those rights that exist, do so usually as "ethical" or "moral" codes and not as laws.

There is a great need to educate patients about their rights and to organize to demand more extensive rights. Rights are only meaningful if they are enforceable and if they are known and used. There is also a need to look at and begin to change the North American health care system of which this problem is a part.

Some Facts About The North American Health Care System

- One out of every five patients in hospital develops a **physician-caused** disease. Half of these are caused by testing procedures.
- Maybe Marcus Welby sees one patient a week, but the average family doctor sees 200 to 400 a week or more.
- Readmission rates in many of our psychiatric hospitals are very high — over 60%.
- The North American drug industry spends 25% of its budget on advertising or **$4,000 per doctor per year**. And as a result, our doctors write an average of 234 prescriptions per week.

Here lies the control of the system — in those large corporations which have the money and therefore the power to call the shots. And the shots are called as they are called in any other business: profits are put above everything else, including the health of the patients the system is supposed to serve.

SPREAD THE WORD. KNOW YOUR RIGHTS. INSIST ON THEM. IT MAY SAVE YOUR LIFE.

For extra copies of this informative handbook, write to The Critical List, 32 Sullivan St. Toronto, Ont. M5T 1B9.

Rates: 1 copy – $1.00; 2-5 copies – 65¢ each; 5-9 copies – 60¢ each; 10-49 copies – 55¢ each; 50-99 copies – 50¢ each; over 100 copies – 45¢ each. Subscription rates for the Critical List *are: 12 issues – $8; 24 issues – $14; 48 issues – $25 (institutions and outside Canada rates are $14; $25; and $40).*

PATIENTS' RIGHTS HANDBOOK

by

Dr. Jerry Green

and

Tom McLaughlin

Patients do have rights in this country. Yes, believe it or not, low man on the pole, patients do have rights. These apply in both hospitals and doctors' offices.

Your rights may be denied or violated. But no patient has to accept a violation of rights without question. Many patients as well as their healers do not know these rights. Knowing them and pointing them out is the first step.

Know your rights. Insist on them. Accept no substitute. It may save your life.

The Critical List: Health and the Illness Business is a magazine dedicated to the analysis and criticism of the health care industry as it relates to patients.

Tom McLaughlin is a Toronto artist and hospital worker.
Dr. Jerry Green is a Toronto nutritional physician, journalist and publisher of **The Critical List.**

Special thanks to Anne Coy and David Coburn of the Patients' Rights Association for their help in preparing this pamphlet.

1. You Have The Right To Complete Information

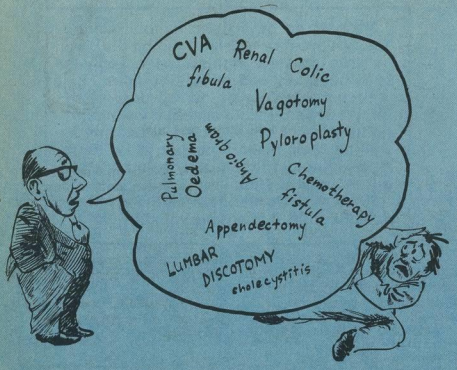
You have the right to receive complete information and to have an explanation of your condition, treatment and chances (if any) of recovery **in laymen's terms**. You also have the right to an interpreter, if needed.

You have the right to know the nature and purpose of procedures, the hazards and side effects they may cause, and by whom they are to be done. Don't allow a lumbar-puncture behind your back without knowing whether your doctor or his medical student is doing it.

You have the right to expect that your doctor will summon another colleague when diagnosis or treatment is beyond his capabilities.

You have the right to know, **by name**, the physician responsible for your care.

You have the right to a full explanation of your bill.



If you live in **Manitoba**, complain to
Dr. J. B. Morison, Registrar
The College of Physicians & Surgeons of Man.
1410-155 Carlton St.
Winnipeg, Man. R3C 3H8
(204) 947-1694

If you live in **Saskatchewan**, complain to
Dr. H.D. Dalgleish, Registrar
College of Physicians & Surgeons of Sask.
211-4th Ave. S.
Saskatoon, Sask.
(306) 244-7355

If you live in **Alberta**, complain to
Dr. L.H. leRiche, Registrar
College of Physicians & Surgeons of Alta.
9901-108th St.
Edmonton, Alta. T5K 1G9
(403) 422-6184

If you live in **B.C.**, complain to
Dr. W.G.McClure, Registrar
College of Physicians & Surgeons of B.C.
1807 W. 10th Ave.
Vancouver, B.C. V6J 2A9
(604) 736-5551

Complaints Against Hospitals should be sent to:

Canadian Hospital Association
25 Imperial St.
Toronto, Ont. M5P 1C1
(416) 481-2244

Canadian Council on Hospital Accreditation
25 Imperial St.
Toronto, Ont. M5P 1C1
(416) 487-8175

Additional help and advice can be obtained from the following Patients' Rights Associations:

IN CANADA

Patients' Rights Association
40 Homewood Ave., Ste. 315
Toronto, Ont. M4Y 2K2
(416) 923-9629

B.C. Patients' Rights Association
P.O. Box 1144
Prince George, B.C. V2M 2J5

Committee on Veteran's Esprit de Corps (COVE)
382 Parkview Ave.
Willowdale, Ont.

Health Care Rights Committee
Saskatchewan Association on Human Rights
311 20th St. W.
Saskatoon, Sask.
(306) 244-1933

IN THE U.S.

LMA
Room 317
634 N. Grand
St. Louis, Mo. 63103
U.S.A.

You can also send copies of your complaints and their outcomes to (1) your local newspaper, (2) The Critical List, 32 Sullivan St., Toronto, Canada, and (3) to the patients' rights associations listed above.

Sources

These right are mentioned by the Canadian Medical Association in its Code of Ethics, the World Medical Association in its International Code of Medical Ethics, and the Canadian Council on Hospital Accreditation in its guide to hospital accreditation. You can obtain copies from these organizations or from a public library.

Patients' rights are specifically talked about in the preamble of the latter group's guide to hospital accreditation. Their list of accredited and provisionally accredited hospitals and extended care centres will give you some indication of the quality of care in your local nursing home or hospital. Be aware that very few hospitals meet all the C.C.H.A.'s standards.

Cdn. Council on Hospital Accreditation
25 Imperial St.
Toronto, Ont. M5P 1C1
(416) 487-8175

Canadian Medical Association
1867 Alta Vista Drive
P.O. Box 8650
Ottawa, Ont. K1G 0G8

World Medical Association
10 Columbus Circle
New York, N.Y. 10019
USA

How To Complain

If your rights are violated, complain until you receive satisfaction. Complaining may have limited value, since people in the health care system tend to maintain a closed shop and do not welcome lay input. Often, when complaints are recognized, very little action is taken. As a first step, however, complaints may be useful in helping health workers improve their services.

There are two types of rights: legal rights which are sanctioned in law, and ethical or moral rights which are sanctioned in ethical codes or normal customs.

If your legal rights are violated or if you are the victim of medical negligence, you can take legal action against the physician, nurse, and/or hospital or other institution involved. Legal action is the only way to get financial compensation for medical negligence or malpractice, and must be commenced within a specific time limit which varies by province.

Another formal method of enforcing your rights is to complain to the professional college or association of the person involved, or to the hospital administration. In certain instances and in certain provinces appeals may be made to the Provincial Ombudsman. If you do not get satisfaction from speaking to the person or institution directly you have the right to complain to the following places:

But Remember: The best way to enforce your rights is to know them and to communicate to the health workers around you that you want to be informed and consulted. The first line of complaint might be most profitably directed to the individual who is violating your rights.

For Complaints Against Doctors:

If you live in **Newfoundland**, complain to
Dr. G.M. Brownrigg, Registrar
Newfoundland Medical Board
47 Queen's Rd.
St. John's Newfoundland
(709) 726-8546

If you live in **P.E.I.**, complain to
Dr. Stewart MacDonald, Registrar,
Medical Council of P.E.I.
206 Spring Park Rd.
Charlottetown, P.E.I.
(902) 894-5316

If you live in **New Brunswick**, complain to
Dr. S.D. Clark, Registrar-Treasurer
Medical Council of New Brunswick
50 Crown St.
Saint John, N.B.
(506) 652-5221 or 672-7100

If you live in **Nova Scotia**, complain to
Dr. M.R. Macdonald, Registrar
Prov. Medical Board of N.S.
Sir Charles Tupper Med. Bldg.
Halifax, N.S.
(902) 422-5823

If you live in **Quebec**, complain to
Dr. Augustin Roy, Secretary General
Professional Corporation of Physicians of Quebec
1440 St. Catherine St. W., Ste. 914
Montreal Que. H3G 1S5
(514) 878-4441

If you live in **Ontario**, complain to
Dr. D.M. Aitken, Registrar
Ont. College of Physicians & Surgeons
64 Prince Arthur Ave.
Toronto, Ont. M5R 1B4
(416) 961-1711

2. You Have the Right to Refuse Consent

Sign it! We'll fill in the rest later

You must be given enough information regarding proposed procedures and their alternatives, in order to give informed consent before treatment. You then have the right to consent to or refuse such treatments as well as to know what other treatments there are to choose from. Some doctors may be reluctant to tell you about other alternate methods of healing.

You have the right to obtain a second opinion from another medical doctor, or from other healers who use entirely different principles.

Beware of 'all inclusive' consent forms. Don't be afraid to refuse to sign consent forms or to modify them by adding or crossing out parts.

REMEMBER: your consent is valid only if it is **voluntary** and **informed**.

NOTE: Treatment may be done without consent, but only in emergencies or on minors where consent is obtained from parents, guardians, or the courts.

3. You Have the Right to Privacy

No matter what your economic status is, or what source of payment you use, you have the right to keep your records private and confidential. Your records and any information about your case can only be released to another person with your consent. The records themselves, in most cases are the property of the doctor and the hospital, but the information contained in them is yours.

You have the right to know the information contained in your records and the right to keep this information confidential.

You can obtain a copy of your records by giving written authorization to a sympathetic doctor who can then send your authorization to the institution that has your records. They will send your records to this doctor and s/he will give them to you.

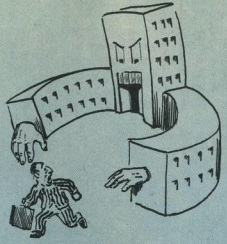
4. You Have the Right to Refuse to be in Experiments

You have the right to know whether you are being used in teaching, research or experimentation and the right to refuse to participate.

5. You Have the Right to be Treated in Emergencies

You have the right to be treated in an emergency by a hospital and by a doctor unless he is assured that treatment can and will be given by others.

6. You Have the Right to Leave



You have the right to leave the hospital or doctors' office whenever you decide to and even when advised against it. You may be asked to sign a form releasing responsibility for any harm that might come to you. (An exception occurs if you have been involuntarily committed to a mental institution.)

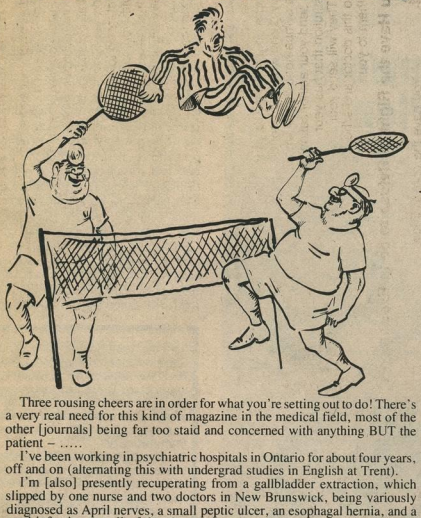
7. You Have the Right to Quality Care

You have the right to considerate, respectful, suitable, good quality, humane care. You also have the right to courtesy, respect, dignity and continuity of care.

8. You Have the Right to Switch.

You have the right to choose your doctor(s) and to change doctor at any time. Shopping for a doctor is no different from shopping for any service. Once you choose, there is nothing obligating you to continue as a patient. It is advantageous, however, to find a doctor with whom you can develop a good rapport, and to stay with him or her so that you will have continuity of care.

TENNIS ANYONE?



Three rousing cheers are in order for what you're setting out to do! There's a very real need for this kind of magazine in the medical field, most of the other [journals] being far too staid and concerned with anything BUT the patient – .....

I've been working in psychiatric hospitals in Ontario for about four years, off and on (alternating this with undergrad studies in English at Trent).

I'm [also] presently recuperating from a gallbladder extraction, which slipped by one nurse and two doctors in New Brunswick, being variously diagnosed as April nerves, a small peptic ulcer, an esophagal hernia, and a viral infection (or all of the above), in spite of a five day stay in Victoria Public in Fredericton. It was also dismissed in Emergency of Oshawa General, being again diagnosed as a virus. Finally caught in Ruddy General at Whitby, Ontario by a very astute GP who my wife and I were lucky enough to have as our family doctor during our year of residence in Whitby while I worked at the psychiatric hospital there. Thank God – I was beginning to feel like a tennis ball! The ramifications of this type of non-judgment are pretty frightening, to say the least.

Martin Singleton,
Oshawa, Ont.

Sensational

I've just finished reading Vol. 1, #2...I certainly applaud your attacks on the health and illness business but I feel put down by your [Toronto] **Sun**-like sensationalism. I know Big Business (whether its product is health care, law, food, our minds or our souls) is ripping me off economically. What I want to know is: what are the effects of Red Dye #2 which is periodically reviewed by the FDA in the U.S. and always dismissed (similar to your article on dioxin); how do tranquilizers "relax" our bodies and minds; what are those 20-letter ingredients in almost all the food we buy on supermarket shelves, etc. – and leave it at that – reliable facts. *Or* include some concrete analysis of how and why government and other "pure institutions acting in our interests condone the mental and economic seduction and betrayal of us as consumers. *Or* include alternatives, i.e., methods of organized attack on institutions or individual products (e.g. in the ABC of Death" mention the Union of Injured Workers) and/or information on herbal remedies, community mental health clinics run by the community, etc...

I don't want to totally discourage you or anything of that sort – we are in critical times and very much need the *Critical List*.

Karen Englander,
Toronto, Ont.

Whilst I am very much in sympathy with your magazine and your aims I feel that you have to sharpen up on the statements made in your articles, or your hyperbole will destroy your case. In your article in March on dioxin you printed a comment about a mother who had an abortion for an anencephalic fetus a few months after spraying in the area. You present no evidence of cause and effect and as you well know, anencephaly is a not uncommon anomaly that was certainly seen before pesticides were invented.

Here in New Brunswick we are currently concerned about the link between spraying and Reyes syndrome. There are many good reasons for stopping this crazy spraying policy, but unwarranted assertions such as the one you printed do not help our case.

Trevor Hancock, M.D., B.S.
Chipman, N.B.

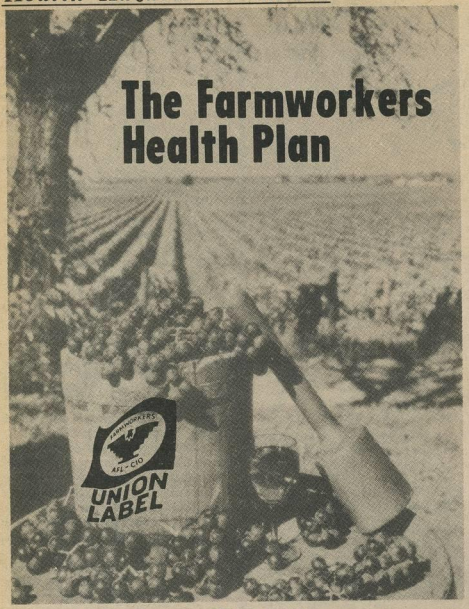
Vitamin Sales

Critical List is a real boost to the growing numbers trying to find answers to the serious problems with which man, in his arrogant disregard of basic values has confronted himself. Congratulations to you and your colleagues on your courage and honesty, telling things as they are. I hope the challenge to each and everyone of us to do our part in steering our present course to destruction onto a course for constructive change, will be quickly acted upon.

I became involved in environmental problems in 1969, and have felt a growing sense of bafflement and frustration at the silence of the medical profession concerning the fact that every day our environment is deteriorating and becoming an increasing health hazard. Ignoring this means that medical practice has become a drug oriented (kill or cure) treatment affair, disregarding what should be its basic role, that of creating good health in a healthy environment and **preventing** sickness.

I was disappointed in Dr. Sabry's (Vol. 1, #2, p. 29) stand against vitamins being sold in Health Stores, since this would leave the drug stores as sole vendors. Their assistants are no more qualified to sell vitamins than those in Health Stores. Vitamins should only be sold on prescription issued by a person who has done extensive research in this field. Like so many other things, vitamins need much tighter control, until such time as more is known about them.

Alice M. Coppard
Vancouver, B.C.



health care FOR the people

by R. Schechter

Migrant farmworkers have until recently been among the most medically neglected segment of our population. In 1967 the per capita health care expenditure for migrants in the U.S. was $7.50, while the average per capita expenditure for the population was $200. Since the United Farmworkers Union has fought and won so many victories in their struggle to gain legitimacy as a bargaining agent with the grape growers in California, at least in California these conditions have begun to change. Not only has the union sought to improve working and living conditions for the workers in the fields, but they have instituted a worker-controlled health plan.

Marion Moses, a nurse who worked with the UFW in California for five years, described the farmworkers' health plan in an article in *American Journal of Nursing*: "The keystone of the union's health program is its Health and Welfare Plan. The contracts between the union and the growers provide that ten cents an hour be paid into a central fund. This is jointly trusteed by the union and the growers and used only for medical benefits for the workers. Union negotiators fought very hard for this clause and our initial experience with it was a bitter one. For over two years after the agreements were signed the grower trustees stalled and maneuvered so that the union was unable to get a health plan operational."

As a result of these problems the union leadership made two basic decisions: the plan would be self-insured and benefits and implementation of the plan would be worked out and approved by the workers themselves.

This was no easy task. When the workers were asked what kinds of things they wanted their health plan to include they wanted everthing: dental care, medicines, ambulance, hospitalization, maternity, glasses, surgery, etc. Union health plan consultants conservatively estimated that the plan the workers wanted would cost 68 cents per worker, per hour. But the union only had 10 cents per worker per hour to finance the plan. A committee then went back to the workers and presented them with the options. Each feature was attributed its appropriate value (dental care – 5 cents, ambulance – 1 cent, maternity 3 cents, etc.) and each worker was asked to select those features he wanted in the plan, up to a total of 10 cents. The results were tabulated and the plan included those features that had received the greatest amount of votes from the workers. The benefits of the plan include doctor visits, prescription medicines, x-ray and laboratory, maternity, a small hospital and surgery benefit and a death benefit.

from the 1969 Report of the Senate Subcommittee on Migratory Labor:

- "...the agriculture revolution of the past 30 years has mechanized the farm and increased the use of chemicals, **so that today, the farm has as many hazards, if not more, than industry.**"
- "Approximately 375,000 children between the ages of 10 and 13 perform hired farm labor. The most common reason for their employment is the low wages paid to the family breadwinner, which are not sufficient to meet minimum family expenses."
- "Children who engage in such arduous labor become undernourished and undersized. Second, chronic fatigue lowers a child's resistance to disease."

The health plan is run by the workers themselves; they police it and enforce it, approve all claims and investigate claims when it is necessary. The plan is administered by elected committees at each ranch and committee members play an important role in educating the workers so that they understand that the plan is self-insured and that false claims or abuse of the plan only hurts them.

Another important problem the farmworkers faced after the plan

(inaugurated the "Robert F. Kennedy Farm Workers Medical Plan") went into operation was controlling the costs and quality of the care they were receiving. Once they could afford the medical services the health plan covered, the workers had to deal with the medical establishment. Once the hospitals and doctors started taking the plan seriously – i.e., believing that their services would be paid for by the RFK plan – they began 'over-treating the workers' giving more x-rays than necessary, more blood tests than seemed reasonable, etc. Eventually the union decided that in spite of the large amount of time, energy and resources required, the only solution to controlling the costs and quality of the care they were receiving was to set up their own medical clinics. Only then could the union begin to deal with the health care system in its broader context, with worker education and preventative medicine.

The farmworkers Health Committees have undertaken a campaign to educate the field workers. They inspect the sanitary facilities, keep regulatory

"...the first ban on DDT in California was in a farmworker contract 3 years before the statewide ban..."

checks on pesticide usage, attempt to recognize needs for medical attention early on, and promote and carry out basic preventative testing and diagnosis.

Healthier working conditions have always been a part of the farmworkers' demands in bargaining. In particular the problem of pesticide spraying required regulation. The first ban on DDT in California was in a farm workers' contract three years before the statewide ban went into effect. The biocidal chlorinated hydrocarbons, Aldrin, Endrin, and Dieldrin were banned in farm worker contracts four years before the Environmental Protection Agency restricted the use of these poisons. The signing of the table grape contracts was delayed by at least a year because the workers refused to compromise on the issue of pesticide control.

To date, the farmworkers have set up four clinics run by core teams of health professionals assisted by many others. The farmworkers have 'de-doctorized' their attitudes to medicine. The myth of the sacred powers of the doctor is being dispelled by the sharing of his/her knowledge and skills through 'physician expanders'. New roles for nurses, nurse practitioners and midwives are being developed. Farmworkers are being trained to serve as para-medicals in the clinics, the fields and in their own homes. The clinic staff work as a team, and the 'patients' of the clinics are fully participatory consumers – not passive recipients of medical care. In addition, there is an attempt in the clinics to respect traditional medical practices and the cultural beliefs of the people being treated. Modern medicine is not used to oust the workers' traditional remedies, but to augment and eventually be integrated into them.

Marion Moses explains the basis of the farmworkers' success: "I believe the success of the farmworkers' approach to a health care plan is based on three things. First, they insisted on having their own program and refused to seek or accept federal funds. The

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'Farmers Lung'

Health Hazard for Canadian Farmers

Research done in southern Manitoba by a team of doctors from the University of Manitoba medical school has shown that 950 farmers in that area are suffering from lung diseases caused by exposure to grain dust and damp hay. Ten per cent of farmers who work with damp hay show signs of 'farmers' lung' – a pneumonia-like illness characterized by wheezing and heavy coughing.

Other illnesses caused by constant exposure to grain dust, such as chronic bronchitis, may be severe enough to force farmers to give up their occupation.

A mold that forms in both damp hay and grain dust are suspected by researchers to be at the root of the problem.

"LA MUERTE ANDANDO":
THE WALKING DEATH

The Salud Medical Clinic in California's Tulare County found in a recent study that **80% of 774 farm workers interviewed suffered pesticide poisoning symptoms** and a nutritional study in the same County detected pesticide poisoning in almost 50% of the farmworkers' children examined.

Special feature

CANCER

A thorough summary of the recent developments in cancer research would fill up this entire magazine. Since we have only four pages, we've selected a variety of choice bits of information. Some are warnings against possible carcinogens, and one article is scientist Linus Pauling's very controversial theory on a method of cancer prevention. We'll look into more cancer-causing substances and the other side of the Vitamin C controversy in the next issue of the **Critical List**.

Women Beware! Estrogen and Cancer

Since the introduction of the Pill as a contraceptive in 1956, and the simultaneous popularization of Estrogen Therapy (ERT) to relieve the symptoms of menopause, more and more women in North America have taken larger amounts of estrogen than their own bodies would have exposed them to.

In itself, estrogen is a natural and very important element of the female reproductive system. It is the hormone that is responsible for the development of the sex organs during puberty and for most of a woman's life.

Recently, however, the beneficial effects of both the Pill and ERT have been brought into question by reports that high estrogen intake may be related to certain kinds of cancer. In particular several studies published in the New England Journal of Medicine in 1975 provoked the Canadian government's Health Protection Branch to appoint a special task force to look into the risks of estrogen-intake. The task force reports that evidence does indeed show that constant estrogen stimulation is capable of producing changes in the endometrium (the mucous lining of the uterus) which can progress to become malignant cancer.

In an article on the "Estrogen Controversy" in September's **Chatelaine**, Dr. James Paupst explains how estrogen has become implicated as a cause of cancer.

It seems that the parts of the body in which there is a constant cyclical growth and loss of cells are more susceptible to cancer than other parts. In women the breast, uterus, cervix, ovary and vagina are such areas where cellular turnover is cyclical. Estrogen increases cell growth in these areas. Thus it is thought that estrogen may act as a catalyst to cancer which is essentially a condition where cell growth has 'gone wild'.

The Health Protection Branch Task Force has issued a warning to doctors to exercise extreme caution in the use of the Pill and ERT. And as of last April ('76), 'sequential' birth control pills have been withdrawn from the market. Sequential pills provided a certain number of days of unopposed estrogen, followed by a number of days of progesterone. The 'combined' birth control pill, which is the type most commonly used by Canadian women, contains estrogen combined with progesterone taken throughout the entire 21 days of the month that a woman is 'on' the pill with 7 days off. But even the combined pill has been implicated in the research linking estrogen to cancer.

The studies that prompted drug companies and the Government to take action to limit the use of the Pill and ERT estimated that women on ERT had a 4.5 times greater risk of getting uterine cancer than women who were not on ERT. One out of every 1,000 women who has passed menopause without any serious uterine problems and who has not taken ERT risks contracting uterine cancer. Among women aged 50-70 who **have** taken ERT, however, the number of women who risk cancer is 4 to 8 per 1,000.

"...studies... estimated that women on ERT had 4.5 times greater risk of getting uterine cancer..."

It is only since these rather dramatic statistics have been revealed that the real information concerning the dangers of estrogen have surfaced into the public consciousness. Finally, at least in the U.S., the government is asking the drug companies themselves to issue strong warnings about estrogens on the labels of their products. The Food and Drug Administration in Washington has decided that women should know of the risks involved in taking estrogen so that they can decide for themselves whether the benefits are worth the dangers.

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Corporate Cancer?

"It's time to put the burden of proof on the perpetrators of these carcinogens, not the victims." So said Ralph Nader, U.S. consumer advocate in January 1976 at a briefing on cancer and the environment held for congressional staff in Washington D.C.

Mr. Nader pointed out that both Republican and Democratic administrations have showed "more concern for the health of the tobacco industry than the health of the industry's victims." The tobacco industry in the U.S. has been receiving about $60-million per year from government subsidies, while government educational efforts to curb smoking are given only $900,000 per year.

Citing estimates that 80% of cancers are environmentally caused, Mr. Nader suggested that a new term be coined to bring the matter into its proper perspective: Corporate Cancer. The bulk of environmentally caused cancers are "caused by the pesticides and other chemicals produced by corporations and allowed to enter the air, land and water.□

Can Vitamin C Prevent Cancer or Cure It?

On February 14, 1976, a meeting of the California Orthomolecular Medical Society, heard a speech by Linus Pauling, entitled "Ascorbic Acid and Cancer." Well-known and well-respected in the scientific community, Dr. Pauling has recently received considerable publicity for his controversial stance on vitamin C and the common cold. In this speech, Dr. Pauling explains not only how and why he has come to believe that vitamin C can be a very effective treatment for the cold, but also how it may be an effective therapy for numerous diseases, including cancer.

Dr. Pauling began his career as a scientist in the field of chemistry. His early work into the nature of chemical bonds of molecules, and the crystal structure of molecules, and especially his reseach on the application of quantum mechanics to chemistry and molecular structure, won him numerous awards, medals, fellowships and grants. When Pauling turned his attention to immunochemistry – that is, the study of the immune systems and the formation of antibodies that fight off disease within the human body – he brought to light the possibility of 'molecular disease'. Molecular disease refers to a disease which is related to the formation of molecules in the human foetus, and is controlled by the inherited genes in the DNA. This concept received a great deal of attention in the scientific community when Dr. Pauling and his associates published a paper, demonstrating that sickle-cell anemia (an anemic condition, commonly found in blacks, in which the red blood cells are shaped like sickles or quarter moons instead of being round and disc-like in shape) was a molecular disease, caused by an abnormal protein created in the body by the genetic structure of the DNA. This was in 1949.

By the early 1960's Dr. Pauling's studies had led him to investigate the role of vitamins, and particularly vitamin C in assisting the immune mechanisms of the body. Although his initial work in this area focussed on treatment of the common cold, Dr. Pauling began to be interested in the relation between vitamin C and cancer.

He explained: "It occurred to me that one thing we do know definitely about vitamin C is that it is required for the synthesis of collagen." Collagen is the major protein in the white fibres of connective tissue, cartilage and bone in the body. Pauling related this fact about vitamin C to another argument a Scottish doctor, Dr. Ewan Cameron, had made in a book, entitled *Hyaluronidase and Cancer*. Dr. Cameron felt that if it were possible to strengthen the 'intercellular cement' in the normal tissue which surrounds a malignant tumor, this would give the normal tissues increased resistance to infiltration by the malignant tumor, and this resistance alone might bring the tumor under control. 'Intercellular cement' is the firm gelatinous substance found between all the cells in the body which consists mostly of 'hyaluronic acid'. However, intercellular cement also has in it fine fibrils of the protein collagen which form a network between the cells of various body tissues.

So, Dr. Pauling reasoned, if an increased intake of vitamin C would permit the body to make more collagen fibrils, then vitamin C might help to strengthen the body's intercellular cement which in turn would make the body more resistant to the spread of a

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FLUORIDATION
cancer instead of cavities

John Yiamouyiannis, Ph.D., a biochemist and Science Director of the National Health Federation in Monrovia, California, has been working for years to educate the public, professional and non-professional, on the potential dangers of fluoridation.

Fluoridation is the addition of fluoride to public water systems, usually in proportions of 1 part fluoride to 1 million parts water by weight.

In addition to being used in water systems, fluorides have been used as poisons, and in insecticides for the control of cockroaches, lice, grasshoppers, cutworms, silverfish and other chewing insects (**Fluorides**, National Academy of Science, 1971, p. 25). Fluorides have also been used in pesticide preparations for the control of mice, rats, and other small pests. In human adults, eating about one tenth of an ounce of fluoride will lead to death.

Fluoride poisoning is first evidenced by mottling of the teeth. In mild cases, there will be chalky-white areas on the tooth. In more advanced cases, teeth become yellow, brown or black and the tips break off.

Fluoride accumulates and can lead to complications in bone, teeth, kidneys, thyroid, reproductive organs and liver.

Most frightening, however, are statistical links between fluoridation and cancer. A "fluoridation census" conducted in 1969 by the U.S. government (available from the U.S. Government Printing Office, 1970 0-380-791, Division of Dental Health, Bethesda, Md., 1970) indicates that of cities with populations over 1 million those whose water is fluoridated have a cancer death rate 20% higher than the national average. Cities of the same size whose water is unfluoridated have a cancer death rate dramatically lower. Houston, where there is some natural fluoridation, has a cancer death rate 8% higher than the national average. As for other unfluoridated cities: Los Angeles has a cancer death rate equal to the national average and Phoenix has a rate that is 8% **lower**.

About 90% of the increased cancer death rate (in fluoridated cities vs. nonfluoridated cities) is due to cancer of the mouth and tongue, esophagus, stomach, large intestine, rectum, kidney, bladder and urinary organs, female breast, and ovary and fallopian tubes. About 65% of the increased cancer death rate in fluoridated cities is due to an increase in gastrointestinal cancer.

Recent Canadian statistics show that nearly 8 million people in 662 communities across Canada have fluoride in their water – either induced artificially into the system, or found naturally in the water. Most major centres in the country are fluoridated, with several notable exceptions, including Vancouver and Montreal.

Fluoridation has recently become an issue in Vancouver, where several politicians and interest groups are fighting against the fluoridation of their city's water.

The anti-fluoridationists feel that the issue is a civil rights one, as well as a health issue. Vancouver Alderman Kennedy, for example, doesn't see why anyone who doesn't want to drink fluoridated water should be forced to. The alderman agrees with dental experts who say that fluoridation is the best way to protect children's teeth but feels that other ways of using fluoride would be more efficient and less dangerous.

In an article in the Toronto **Globe and Mail** (Aug/76) Ald. Kennedy says that because only very small amounts are actually proven to be necessary to prevent tooth decay, fluoridating water that is used for everything from watering lawns to making tea is not the best use of the chemical. He favors an intensive educational campaign for preventative dental care among children – explaining the importance of brushing, flossing, etc. – coupled with free distribution of fluoride tablets, so that parents could selectively use the chemical in their drinking water.

Statistics relating fluoridation to cancer in Canada are presently being compiled by the Consumer Health Organization of Canada. The sooner research into the harmful effects of fluoridation is completed, the sooner we will be able to lobby to change fluoridation patterns in Canada. □

Flame-Retarder May be Carcinogenic

Dr. Bruce N. Ames, a University of California biochemist has blown the whistle on another possibly cancer-producing chemical. Known to the chemist as tris-dibromo-propyl-phosphate, and nicknamed simply Tris, this chemical used to flame retard children's pajamas, has been shown by Dr. Ames in a simple laboratory test to be a mutagen (that is, it can alter genetic material).

In a speech at the American Chemical Society meeting in San Francisco in early September, Dr. Ames said he was so concerned about the chemical that he won't let his own children, ages 12 and 13 wear flame-retarding fabrics.

Dr. Ames' test, a very inexpensive laboratory experiment, shows in more than 90 per cent of cases whether a chemical substance will cause mutations in salmonella bacteria. And Dr. Ames argues that if a substance is mutagenic there is a high probability that it is also carcinogenic.

Tris accounts for five to ten per cent of the weight of children's pajamas. The chemical rubs off on the children's skin as they turn and twist during the night and may even be swallowed if they chew on their clothing: "An explosive increase in the incidence of birth defects and human cancer may be the outcome, if too many of the new chemicals to which we are being exposed turn out to be powerful mutagens or carcinogens," Dr. Ames warned the meeting.

In response to Dr. Ames' warning the U.S. Environmental Defence Fund petitioned the Consumer Product Safety Commission to require that fabrics treated with Tris have a label advising washing them 3 times before wearing to reduce the risk that the chemical will be absorbed through the skin.

"We're living in an environment that is a sea of cancer-causing substances," Ames said. "We need to know a great deal more than we do about the carcinogenic potency of a lot of things we eat and use. The cancer they cause often doesn't show up for 10, 20 or 30 years."

Thermal underwear, anyone?

DELIVERING YOUR BABY AT HOME

In April 1976, "Metro Morning", CBC Toronto's local radio program (on air from 6:00 to 9:00 a.m.) broadcast an interview with a Toronto doctor. The Doctor, who requested to remain anonymous in the radio interview – and shall remain so here – is the major obstetrician who performs home births in the Toronto area. He wished to remain anonymous to avoid the barrage of requests and hostility that public exposure usually brings him. In the interview, he described some of his experiences with home deliveries and discussed his reasons for performing them as well as other doctors' reasons for **not** *performing them.*

On the following day, Dr. Jerry Green, **Critical List** *publisher, phoned the "Metro Morning" staff and suggested that they ask their listeners who have had experiences with home birth or who would like to see the practice made more feasible to write about their experiences to* **The Critical List.**

Following are a few of the responses we received:

April 6th/76

With reference to the cutbacks being advocated by the Ontario Provincial Government in respect to hospitals, staff, etc., I would like to see home birth instituted in this province, as a means of cutting down on medical costs.

I speak from experience when I say that I had two of my babies delivered, in England, at my home, with a midwife in attendance, until the doctor was called in to actually deliver the child. I had perfect deliveries, with no problems, and, had there been any, I had confidence that my physician would have taken the necessary and qualified steps to see that I got further attention.

I was given no anaesthetic, but a little pump to administer gas and air to myself when labour became stronger; I had full confidence in both the midwife and the doctor - the whole atmosphere was a happy one for all concerned, even allowing the rest of the family to be part of the event.

I was dismayed when I asked my doctor here if I could have my child at home, to find that this was not possible here in Canada. I was also dismayed to learn that I had to be strapped down, as if I was an invalid, on the way to the delivery room.

This was twelve years ago, and of course, the rules and regulations have changed in respect to births at hospitals. I have generally found Canada to be far behind England on the whole business of birth control, delivery of babies, etc.

Leonora Sewell
Hamilton, Ont.

P.S. I still write to my Midwife in England, who helped in the delivery of my babies. Home deliveries bond people together – hospitals do not.

April 8th, 1976

Dear Dr. Jerry Green:

Four months ago, in the Elder Schoolhouse, I gave birth to an 8 pound screaming, wild boy – Nathan.

I was very lucky to have a woman such as my Midwife on the other end. My confidence in her was total. Her willingness, her sincerity, her knowledge and faith made the birth of Nathan an enjoyable one.

The birth was planned before hand, and I had made sure throughout my pregnancy to do all I could to guarantee a safe birth. That included reading, talking with other mothers, checking out doctors, and most important, keeping physically fit.

I feel that the birth of a child is a very special event, and wanted only those people who were close to my heart to be present.

Although I had regular check-ups with my doctor during my pregnancy, I never told him that I planned to have the birth at home, because I knew that home delivery is illegal.

After Nathan's birth, my doctor said he wouldn't have 'reported' my plans if I had told him about them, but also that he wouldn't have helped me at all with the birth. The only thing his nurse had to say was, "How could you cheat a doctor out of his delivery pay?" I'm glad I did if that was the case.

I think that every woman should have the right to say how and where she wants to have her baby. I hope that midwifery is legalized soon, so that women who want home births can have them legally. Good Luck.

Lynn Longbottom
Orangeville, Ont.

"...the whole atmosphere was a happy one..."

April 9th, 1976

The stories of the birth of my two children are about what one would expect, given that the first took place in a Canadian hospital and the second was a home birth attended by an English midwife. The first had an artificial beginning – prep, ARM – and an artificial end – "Foetal distress", epidural, episiotomy, forceps – and in between was a standard amount of institutional neglect. The doctor arrived just in time for the delivery and became the hero who had saved my baby. I have

''The only thing the nurse had to say was, ''How could you cheat a doctor out of his delivery pay'. If that was the case, I'm glad I did.''

since become a prenatal teacher and a huge proportion of my pupils are told either that the baby's heart rate has dropped or that the baby is ''stuck'' and, in both cases, that forceps are necessary to save the baby. I suppose that obstetricians have no notion of what it does to a woman's self-image when she thinks herself incapable of giving birth.

The birth of my second baby, in the bed in which she was conceived, was a calm and happy event and natural, not just in the sense of ''natural childbirth'', but also in terms of how it fit into our lives. There was no separation of the family and I was able to share my joy with them all – husband, child and infant. The care of the midwives was superb, supportive, comforting, knowledgeable.

If the differences stopped five days after birth (at the end of the hospital stay) I would still consider that a valid reason to opt for the second experience. But the differences don't stop there. Childbirth is such an overwhelming experience in a woman's life that the quality of the experience affects how she feels about her body and herself and her children, probably forever. A good birth can put a woman in touch with her body and give her confidence and pleasure in it. To receive the infant on to her abdomen and into her arms warm and wet and slippery from the womb provokes a bond of kinship that smoothes the path of motherhood.

I get very annoyed when I hear people talking of the dangers of home births. Doctors never warn their patients of the risks to their babies of the analgesics and anaesthetics that will almost certainly be administered in hospital. They seem blissfully unaware of the risks created by institutional neglect and unnecessary interference. They ignore the fact that most labouring women are for most of the time in the care of relatively unskilled nurses. And that deliveries are conducted by doctors, most of whom have never seen a really normal birth or learned such basic skills as how to deliver carefully with the mother's co-operation, or how to guard the perineum. Obstetricians operate within the vicious circle they have drawn. Hospitals make childbirth dangerous, and since childbirth is dangerous, women must have their babies in hospital.

I would like it to become possible for women to have their babies at home. In addition, I would like to see midwifery legalized with midwives **not** as members of the obstetric team, but as independent professionals who conduct deliveries both at home and in hospital. Because of the scare-tactics of obstetricians, it will be many years before large numbers of women can happily have their babies at home. To have hospital deliveries conducted, in the meantime, by midwives would be of enormous benefit to the women involved.

Catherine Penz
Toronto, Ont.

Last summer (June/76) a group of 15 health care professionals met and formed an organization to help the increasing number of women who are seeking home births.

Known as the **Home Birth Group**, their aim is to provide prenatal and post-natal advice for couples who are seeking an alternative to hospital delivery. The organization believes that the expectant mother is a healthy woman, and that normal birth in the home is an attractive alternative to hospitalization.

The Home Birth Group is composed of family physicians, midwives, public health nurses and concerned women. **For further information**, contact Phyllis Curry, Bedford Road Centre for Health and Education, 10A Bedford Road, Toronto, (416) 921-2154.

Worker-controlled Health Plan

Cont. from page 21

support of the workers came first... Second, and more important, the workers realized that an ounce of prevention is worth a pound of cure. I use this cliche because it is one that is universally accepted as true and almost universally ignored in health planning. I remember a meeting... with Blue Cross in Los Angeles at which the union was advised not to self insure and to put all their money into hospitalization insurance. The workers reasoned that Blue Cross was offering them not health insurance but sickness insurance; it paid you to be sick and did nothing to keep you well... The third and most important aspect of the workers' success was that they began to improve their health care by attempting to change the social and economic conditions that led to and created the problems in the first place. In this process they are dealing with the health care crisis in its true dimensions.''

The undeniable successes of the UFW's health plan, has created a growing need for more clinics and more people to staff their clinics. They need professional people to run the clinics and to train non-professional people. The National Farm Workers Health Group is looking for ''medical personnel with a social consciousness. The basic need is for people dedicated to people – doctors, nurses, lab and x-ray techs, dentists, pharmacists, midwives, nurse practitioners, physicans' assistants – and any and all who would contribute their medical skills while learning with the people what it means to be a community organized to live healthy lives.''* □

*For further information on how to become involved in the farmworkers Health clinics contact, National Farmworkers Health Group, P.O. Box 131, Keene, Calif. 93531 USA – phone # (805) 822-5571.

The Critical List presents

A Medical Dictionary for Laypeople

Words You Should Understand Before You Have A Baby

Anesthesia: Only artificially induced methods of anesthesia are described here. The entire area of analgesia through "natural childbirth" requires far more than a glossary of terms.

(a) **gas:** inhaled; may or may not cause loss of consciousness. Gas is used during the second and third stages of labor. Light gases used as pain-killers are sometimes given to the patient to administer to herself as needed.

(b) **narcotics:** Cause relaxation and raise pain threshold. They may cause undesirable side effects, i.e., nausea, slows down and weakens uterine contractions, depresses baby.

(c) **paracervical anesthesia:** "freezing" the cervix. The anesthetic can be injected when the cervix is dilated four to five centimeters and it helps relieve pain during the later part of the first stage of labor. It may briefly retard the progress of labor.

(d) **pudendal block:** "freezing" the area around the vagina making it easier for the physician to do an episiotomy (see below) and to use forceps in the delivery of the baby. The anesthetic is injected into the area around the vagina just prior to delivery.

(e) **spinal:** injection of "freezing" into the spinal canal causing relaxation and anesthesia of the pelvic area.

(f) **epidural:** freezing injected through the back into a space before the spinal canal. This form of anesthetic is less dangerous than a spinal anesthetic because the anesthetist has more control over the areas being anesthetized. It causes relaxation and freezing of the pelvic area.

A.R.M. — artificially ruptured membranes: Membranes form the sac containing the baby and the fluid in which it is suspended. This procedure is performed by the obstetrician at the time of labor for a variety of reasons. Most commonly, it is done in order to examine the fluid surrounding the baby. Fluid that is not clear or is mixed with any feces from the baby is a warning sign that the infant is in distress. Membranes are not ruptured artificially in the case of a breech delivery (feet first instead of head first).

Ectopic Pregnancy: a pregnancy occurring outside the uterine cavity (i.e., in the fallopian tubes, ovary, cervix, abdominal cavity).

Engorgement of the breasts: distension of breasts that occurs about three days after birth of the baby, due to pooling of blood and lymphatic fluid at the same time as the milk is beginning to flow.

Episiotomy: incision made by the obstetrician, in order to enlarge the vaginal opening for delivery. This is usually performed just as the baby's head begins to appear and prevents ragged tearing of tissue around vagina. The incision is sewed up following delivery. Hence, the frequent complaints from women during the first few days after delivery regarding discomfort from their "stitches".

Forceps: blunt double-bladed instruments used to extract the head or pelvis of the baby upon delivery. Forceps are used more frequently with the increased incidence of spinal anesthesia which relaxes the muscles needed to push, so that the woman cannot voluntarily use these muscles. The need for forceps delivery increases with the amount of anesthesia used.

Pitocin Drip or 'pit drip': intravenous infusion of a drug used to increase the strength and frequency of uterine contractions.

Placenta Previa: presentation of the placenta before the baby is delivered. This happens when the placenta develops too close to the cervix. Therefore, when the cervix begins to dilate, part or all of the placenta is detached from the wall of the uterus. It may or may not be diagnosed prior to labor.

Toxemia: syndrome in pregnant women characterized by high blood pressure, generalized swelling, rapid weight gain and protein in the urine during the last three months of pregnancy. If the condition is ignored, the woman could go on to have convulsions and coma.

Three stages of labor:

First stage: from the onset of labor to full dilation of the cervix (10 cm.). This is the longest stage and can last from 1 to 24 hours, with wide variation.

Second stage: from complete dilation of the cervix to delivery of the baby. It lasts for a few minutes to several hours.

Third stage: from delivery of baby to one hour after delivery of the placenta.

BOOKS BOOKS BOOKS

There's Gold in Them Thar Pills

by Dr. Alan Klass
Penguin Books, 1975 $2.25

reviewed by Ken Wyman

Dr. Alan Klass, an eminent physician in his late 60's, and former president of the College of Physicians and Surgeons of Manitoba is calling for a revolt.

"The time has come for the individual doctor to be the spearhead of the revolt that is necessary to break apart the industrial-medical complex and to direct the profession to its proper task: supporting the interests of the ill. In this kind of revolt," he writes, "doctors have nothing to lose but their samples."

He has published a medical manifesto that he hopes will mobilize doctors who "not by accident, but rather by training and conditioning... are conservative and anti-radical in their views."

The problem, as Klass sees it, is "that the drug industry has made captive my profession, the profession of medicine... (and) diminished an honourable profession to the level of junior partner in an immensely powerful industrial-medical complex."

In Klass's eyes, the source of the problem lies in the power the drug companies wield because of their sheer size. "The total turnover of drug sales in 1971 has been estimated conservatively at sixteen billion dollars, with the leader of the pack a Swiss firm, Hoffman La Roche, doing a turnover in 1971 of one thousand, two hundred and fifty million dollars. Number two in the field was the American conglomerate, American Home Products, doing a thriving sale in drugs of eight hundred and two million dollars. Even number twenty-two in the list, British Beecham, hit a respectable one hundred and forty-two million dollars... What chance then has a consumer who is ill or a group of consumers representing the ill? In considering size or wealth or power, how can any consumer or professional groups be anything more than a Mickey Mouse alongside these financial giants?

Because so many apologists for the drug industry claim that the high sales and equally high profits of the industry are justified by the expense of research, Klass scrutinizes their programmes carefully.

Not surprisingly, he finds that much of the research is directed towards cold remedies, and other over the counter treatments for diseases that virtually cure themselves in a short time. Equally profitable is research on new variations of patent-protected prescription medications. Only a small proportion of research money is actually spent developing significant advances in therapeutics, according to Klass.

Even when new and important drugs are developed, Klass points out, their beneficial effect is often overrated. "The introduction of antibiotics and immunization against diptheria," for example, seems to have made no significant change in death rate decline of mortality from this disease. Ninety per cent of the improvement had already occurred prior to the introduction of immunization and antibiotics. It seems obvious that other factors were already creating a favourable effect prior to the introduction of these agents. It is not, as protagonists of the drug industry have claimed, an undivided victory for the industry."

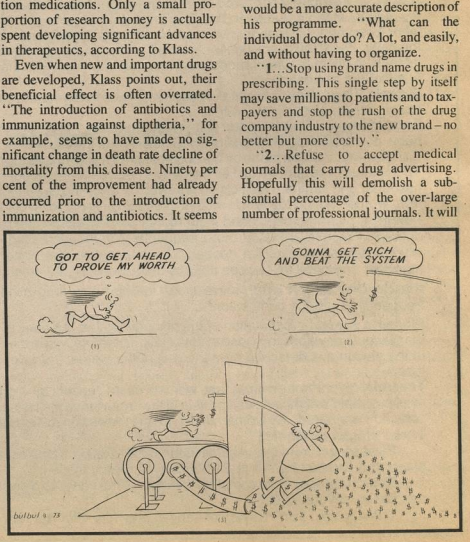
What the pharmaceutical companies have been researching is advertising. And they have been remarkably successful in their drive towards recruiting doctors as their unofficial sales staff, Klass feels. By filling medical journals with colorful ads, sponsoring conventions, giving away drug samples, and spending in total $3000 on each doctor every year (1968 pre-inflation figures) they have encouraged doctors to prescribe over-priced brand name drugs in situations where drugs are not necessarily needed.

The result? A hundred deaths a day in the U.S. alone from adverse drug reactions. Fifteen to twenty per cent of hospital beds filled with people with iatrogenic diseases (diseases caused by medical treatment). Enormous financial burdens on sick people. A drug oriented society.

The cure requires what Dr. Klass calls a non-violent revolt within the medical profession. Passive resistance would be a more accurate description of his programme. "What can the individual doctor do? A lot, and easily, and without having to organize.

"1...Stop using brand name drugs in prescribing. This single step by itself may save millions to patients and to taxpayers and stop the rush of the drug company industry to the new brand – no better but more costly."

"2...Refuse to accept medical journals that carry drug advertising. Hopefully this will demolish a substantial percentage of the over-large number of professional journals. It will



vastly improve the quality of those that survive.

"**3**...The responsibility of continuing medical education should be removed from the too-willing shoulders of the drug companies.

"**4**... Subscribe to the Medical Letter (United States) and to the Prescribers Journal (United Kingdom) ...Needless to say these magazines carry no advertising.

"**5**...Doctors.. can treat their own urge to prescription writing as they treat compulsive eating in obese patients: trim off the fat.

"**6**...All advertising of drugs in the public media should be stopped. No one except the media will suffer. Many thousands will be spared the countless hours of boredom at the inane stupidities and sheer lies these advertisements exhibit. There is literally nothing that can be said honestly in their favour."

If the medical profession were to follow these and Dr. Klass's other suggestions, the world would be a healthier place. And doctors would have no choice but to act if their patients knew all the facts about the drug industry, as Dr. Klass details them in **There's Gold in Them Thar Pills.**

If the book has a central fault, it is that Dr. Klass does not outline any role for the public or advocate organizing in preparation for what he calls "The coming struggle for the prescription pad." He also has what would seem to be a naive hope that drug companies are full of honourable men, whose money is "honestly earned and legitimately applied" and who "may be induced to re-examine the direction of [the industry's] research." despite years and years as ruthless profiteers. □

The Consumer Health Organization of Canada would like your help. It is dedicated to working for the betterment of health care for Canadians, and is unfettered by any ties with any commercial enterprise or profession – so it feels free to speak and work without bias or prejudice. It has recently affiliated itself with the National Health Federation in the United States, a group that has been working toward the same goals for 21 years. Some areas of concern which will be worked on this year: junk foods in schools; fluoride and cancer; Pharmacy Act to limit potency of supplements. The Organization would like your volunteer help to work on one of their committees; and are seeking to augment their membership. For more information, contact:

Leon Shelly, President
Consumer Health Organization of Canada
108 Willowdale Avenue
Willowdale, Ont. M2N 4X9
(416) 222-3083

Vitamin C and Cancer

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malignant growth.

Since that time Dr. Pauling has found that vitamin C has other effects on the body which may protect it from cancer. Taken in optimum amounts, vitamin C stimulates the body's natural immune mechanisms. It increases the synthesis of natural antibodies and of lymphocytes (the white blood cells that move independently through the blood and cell walls ingesting and killing disease organisms). There is also evidence which shows that C can inactivate some of the viruses that may be involved in cancer and control secondary bacterial infections.

In recent experiments, vitamin C has been shown to be able to control 'cachexia' – the medical term used to describe the general lack of nutrition and wasting that is associated with chronic disease. In other words, C increases a chronically ill patient's general sense of well-being.

In his February speech to the Orthomolecular Society (orthomolecular is a term that has been coined by Dr. Pauling and refers to treatments which normalize the chemical constituents of the body) Dr. Pauling summarized the results of what he considers to be reliable studies that have shown vitamin C treatment to be effective in controlling cancer.

One of these studies, carried out by Dr. Ewan Cameron and his associates in Scotland, reported that 46 out of 50 patients with advanced cancers had benefited from the vitamin C treatment (10 grams of ascorbic acid were administered daily): 17 showed no measurable clinical benefit, but seemed to feel better in themselves as a result of the treatment; 25 were clearly improved in general physical condition and showed some control of the cancer before a usually rapid decline which culminated in death; and 4 improved greatly and are still living after two to four years, with the cancer apparently under control.

Only four of the first 50 (200 altogether have been tested by Dr. Cameron – reports on the other 150 will be published shortly) responded unfavourably to the ascorbic acid treatment.

Dr. Pauling cited two other cases in which cancers have been brought under total control with vitamin C treatment.

One patient was referred to a doctor in July 1973 with a progressive disease of some seven or eight weeks' duration. The condition was diagnosed as 'reticulo-endothelial malignancy', a cancer which involves the layers of flat cells that line the body's cavities. His doctor decided to initiate ascorbic acid treatment, hoping this would retard the malignant growth until conventional treatment would begin. The patient's response to intravenous ascorbic acid was dramatic: within ten days of commencing therapy he claimed to feel quite fit and well, and two important indications of disease had returned to normal in laboratory tests. He was released from hospital, returned to work, and for about six months continued taking 10 grams of ascorbic acid per day, orally. Eventually, his physician decided that he was cured, and that the "drug" should be stopped. Within one month he had again become seriously ill, with chest x-rays and other tests showing that the cancer had returned.

continued on p. 31

Estrogen & Cancer

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If women are to have any real control of their bodies – which the freedom of the Pill supposedly gave them – they must insist on obtaining accurate information on the risks of such drugs. At a conference held recently in Toronto which dealt with the Politics of Contraception, these issues were clearly stated by Toronto lawyer, Marlys Edwardh. Ms. Edwardh said that the pharmaceutical firms that manufacture birth control pills and devices have control over the kind of information that the public is given about contraceptives. She said that the manufacturers make huge profits through an enormous propaganda machine. These companies, among whom Ortho and Wyeth figure most prominently, spend close to 30¢ of each sales dollar on advertising and promotion, and the bulk of that 30¢ goes into training the 'detail men' that the drug companies send out to sell their products to doctors. Ms. Edwardh asserted that if the contraceptive 'oligopoly' is to be broken it will have to be by women lobbying for independent research groups to test new products coming onto the market and to ensure that reliable information is distributed to both doctors and patients.

To further the spread of reliable information to concerned women, we've summarized some of the warnings that have recently been issued concerning estrogens:

•Women who have a history of breast cancer on either side of their families, or who already have breast cancer or are suspected to have it, should not take the Pill.

• Danger from the Pill increases as women near menopause – blood clotting in the brain, the arteries and the lungs are more likely to occur in women approaching menopause who are taking the Pill.

• Women who have suffered from blood clots in the veins (thrombophlebitis), from a blood clot which has broken away from the inflamed vein and damaged an organ in another part of the body (thromboembolism), or from a stroke should not take the Pill.

• Impaired liver function is another indication that the Pill should not be taken.

• The Pill should never be taken by women with undiagnosed, abnormal genital bleeding or where there is a known or suspected pregnancy.

• There is also some evidence that the Pill is dangerous for women who have high blood pressure or heart attack.

• Estrogen Therapy (ERT) is equally dangerous in all of the above situations. In addition, migraine headaches and partial or complete loss of vision from ophthalmic vascular disease indicate that ERT should not be given.

Before either the pill or ERT is prescribed, women should have a thorough physical examination to ensure that none of these danger signals are present. And once the treatment has begun, regular (6-monthly) check-ups with a doctor are advisable. If anything, such as classical migraine headaches or visual disturbances or blood clotting should develop, the medication should be stopped immediately. The development of irregular vaginal bleeding also calls for immediate cessation of the medication and D & C treatment to make sure that there is no malignancy present in the uterus. □

Vitamin C and Cancer cont.

Cont. from page 29

His doctor recommended the oral ascorbic acid therapy, but the cancer continued to worsen. The patient was re-admitted to hospital and treated with continuous intravenous infusion of sodium ascorbate (20 grams per day for fourteen days) followed by oral ascorbic acid (12.5 grams per day). He showed steady and significant improvement, was released from the hospital and he remains fit and well, in active employment, and continues to take 12.5 grams of vitamin C per day, with no evidence of the active disease.

There is one other report, in a case of leukemia where a similar remission of the disease occurred. "In both these cases," Dr. Pauling stated, "the regressions occurred immediately after the beginning of the administration of high doses of ascorbic acid, and there is little doubt that the ascorbic acid was responsible for controlling the cancer."

Dr. Pauling concluded his speech with a positive assertion: "It is my opinion now that ascorbic acid may turn out to be the most effective and most important orthomolecular substance in the control of cancer. I have made the estimate that the... incidence of and mortality from cancer might well be reduced by 75% by the intake of ascorbic acid in the optimum amounts (both as a preventive measure and as a therapeutic treatment for cancer). In addition, I believe that other orthomolecular methods for the control of cancer, such as increased intakes of various vitamins and other nutrients, and decreased intake of sucrose and other harmful substances, can have an equally great effect. Through these kinds of measures, it should be possible to achieve a nearly complete elimination of cancer as a cause of death – perhaps decreasing it from 20% of all deaths to as little as 2%." □

A report from the Health World
By Martin Rutte

The Big Drag

Most Canadians do NOT smoke. This and other interesting facts about people and cigarette effluent in *Smoking Habits of Canadians, 1965-1974, Technical Report Series No. 1*, available free from Research Bureau, Non-Medical Use of Drugs Directorate, Department of National Health and Welfare, Ottawa, Canada.

Bloody Money

The American Red Cross has pledged it will cooperate with other Red Cross societies to halt the commercial collecting of blood in developing countries for sale in the U.S. This practice endangers the voluntary blood donor programs of many nations. The private companies engaging in such practices were deservedly labelled "vampires".

Legal Drug Abuse

An excellent annotated bibliography entitled *Women and Psychoactive Drug Use* is available from the Addiction Research Foundation, Marketing Services, 33 Russell Street, Toronto, Ontario, Canada. The long neglected subject of licit drug abuse will hopefully begin to gain some of the attention it deserves with this volume.

Health Care System

An important new book by the Health/Pac collective explores the major issues in American health care – professional strikes, corporate profiteering from health services, national health insurance, and other vital concerns. It shows why consumers and all health workers – not just doctors and institutions – should control our health system. *Prognosis Negative* a paperback from Vintage Books.

Health Planning

How fit are Americans? In the first report ever on the state of the American people's well being, officials of the U.S. Department of H.E.W. attempt an answer. This report attempts to merge health statistics with figures on population trends and health costs, so that planners and policy makers can make decisions based on factual information. (Needless to say Canada doesn't have any such publication.)
Health, United States, 1975, Department of Health, Education and Welfare, Washington, D.C.

Contaminated

A special report entitled *Energy Probe on Port Hope Radioactivity Contamination* looks at the problems involved in the Ontario city that was subjected to this deadly pollutant. It also offers 12 action steps you can take to fight. Available for 25¢ from Energy Probe, 43 Queens Park Cres., E., Toronto, Ontario, Canada.

Free Posters

A variety of non-smoking posters can be obtained from Non-Medical Use of Drugs Directorate, Information Services, Dept. of National Health and Welfare, 9th floor, Journal Bldg., 365 Laurier W., Ottawa, Ontario, Canada.

Workers' Health

Humber College is organizing two health-related courses. One deals with occupational health and how workers can effectively deal with health hazards in the work place. The other examines the problems faced by health care workers in times of economic restraint, and what they can do about it. Information is available from J. Grogan, Director, Centre for Labour Studies, Humber College, P.O. Box 1900, Rexdale, Ontario, Canada.

Taped

The Great Atlantic Radio Conspiracy produces audio tapes on a wide range of topics – Politics, Women and Men, Ageism, and Health. For a catalogue of titles write them at 2743 Maryland Avenue, Baltimore, Maryland 21218, U.S.A.

New Magazine

Madness Network News, is a magazine dedicated to exposing psychiatric oppression, and to exploring alternatives to psychiatry. In addition, the legal and political aspects of forced psychiatric treatment are explored. It serves as a communications network for people interested in demystifying "mental health". M.N.N. 2150 Market Street, San Francisco, California, 94117, U.S.A.

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.

TOOLS for HEALTH EDUCATION

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Lampoon Balloons

Balloons have more appeal than perhaps any other inexpensive toy. Protest Balloons are ideal for stimulating interest and participation in classrooms, churches, clubs and offices.

Each can contains 55 assorted balloons printed with colorful protest slogans, which educate through humor. Two sizes of balloons in the assortment are round (9" dia.) and long (18").

Graffiti Balloons are available in 3 varieties: (1) Protest Smoking (2) Protest Drug Abuse (3) Protest Alcohol Abuse.

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