

YOUR NUTRITION

Vol. 1 No. 4

The Critical List

Health & the illness business

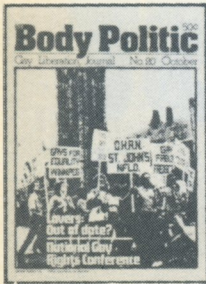
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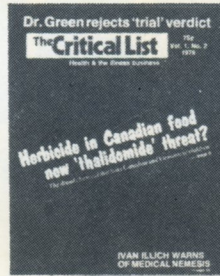
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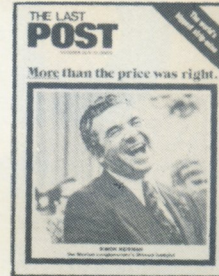
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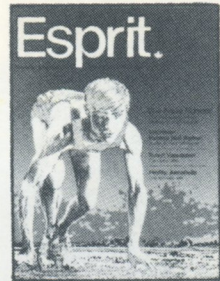
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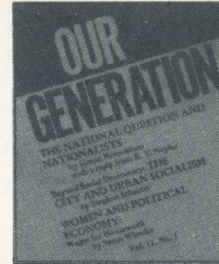
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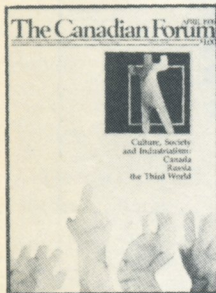
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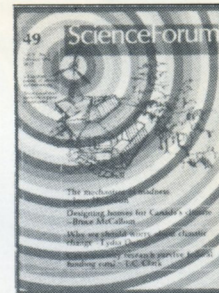
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The Critical List

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 Summer 1977*
 ISSN 0380-1446

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*Previous issue was Winter 1977 (Volume I, Number 3).

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Subscriptions:
 \$8.00 for 12 issues
 (\$14.00 institutions
 or outside Canada)
 Copyright 1977
 Second Class Mail
 Registered Number 3579
 Return Postage Guaranteed
 Member CPPA, APS, COSMEP

Printed by Charters Publishing Co.
 Distributed by Maclean-Hunter Distributing
 Type and Assembly by Action Print
 Address all mail to:
The Critical List
 32 Sullivan Street
 Toronto, Canada, M5T 1B9
 (416) 923-0716
 Page 10 photo acted by Ken Tancock and
 Shane Stuckey

The Critical Viewpoint

The Politics of Criticism

by Dr. Jerry Green

From its birth (natural, of course!), *The Critical List* has been dedicated to improving health care and the socio-political system which nurtures that care.

We are continuing to articulate the growing discontent concerning what happens in the doctor's office, in the hospital, in the pharmacy and at the supermarket.

However, our task has not been easy. Because we are a critical magazine, paid advertising has been low: an unfortunate occurrence since most magazines depend heavily on advertising. Distribution is also a problem that plagues most Canadian magazines.

The political environment has been difficult as well. Criticism of *The Critical List* has come from many sides. We expected this. After all, we are critical ourselves.

For example, from day one, some of medicine's most sacred cows (e.g. the multinational drug companies) signaled their eagerness to stomp us into the dirt—the sooner, the better. We exposed their interest in public victimization and questioned their right to carry on "business as usual" in the face of tragic human need.

Another example: some called our story on the deadly chemical dioxin (Volume 1, Number 2) "irresponsible" or "not credible". However, when we took that same story to the CBC's Fifth Estate and convinced them to do a similar story (in conjunction with the BBC), many of those critics rethought their charges.

We are also accused from time to time of being "sensationalist". Often this comes from well-intentioned, liberal-minded people who have restricted outlooks. They expect the present health care system—perhaps with some modifications—to produce what it was never constructed to do: provide good health care. That's like expecting a chicken to produce a duck egg.

Some believe we are too "negative" or "critical". Often these people would rather have inform-

ation about alternatives than criticism about existing conditions. We know there is a need for both and we are trying to achieve a balance.

Furthermore, there has been criticism from within: not untypical of the splits and disagreement found in groups fighting for social change. From time to time, some of the magazine staff have tried to direct the magazine towards their own ends rather than those of the magazine. They tried to put journalistic principles above the basic principles, philosophy and editorial stand of the magazine. And, to a point I agreed with them, we have always tried to achieve a high journalistic standard.

This is what happened: some of the magazine staff felt that this issue of *The Critical List* should emphasize the vital connection between nutrition and health (and you'll notice it does). Every day more and more evidence surfaces to support this. (The March issue of *The Canadian Medical Association Journal* did a cover story on nutrition).

Please remember that we have always been a magazine interested in the entire health field. We have gone out of our way to avoid emphasizing any particular area within that field. In so doing we unintentionally de-emphasized the vital and popular area of nutrition. Many

people interested in nutrition are therefore not reading the magazine.

After 2 1/2 years of publishing, the time for a cover story on nutrition was right. This took precedence over a story which, although important and overdue, had a more limited readership but appeared journalistically attractive. Because of the choice made we were heavily criticized.

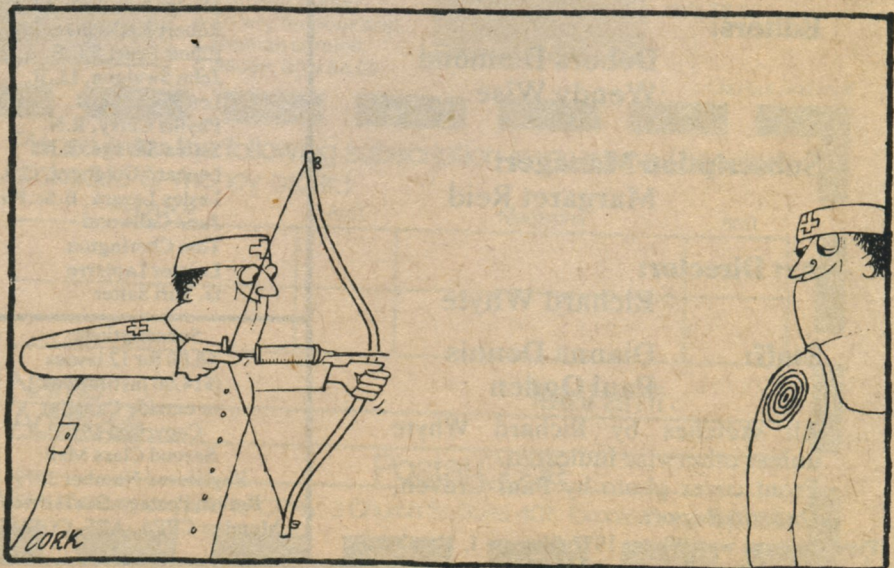
Other critics overlooked their own contradictions—smoking, drinking and consuming junk food while claiming to be pro-health. These same people are often completely intolerant of other peoples' contradictions.

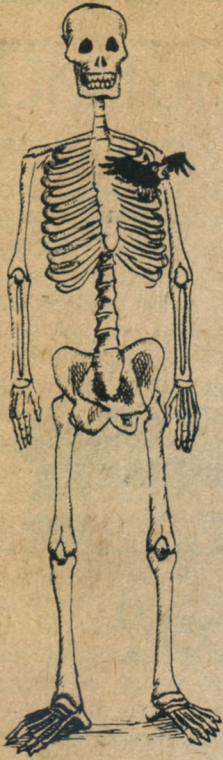
The final say of the publisher, something established from the beginning of the magazine, was also disputed.

The result was that some of the staff left the magazine right in the middle of the issue. It is unfortunate that they left, many of them were bright, talented people who's contributions were both needed and appreciated.

Amidst this, the magazine will continue to provide the same tough, careful service it has always done. All kinds of criticism will continue to be necessary. The magazine itself will continue to be critical, welcome criticism and offer alternatives.

Through criticism will come change. ● J.G.





Talking back! —————

We're Still At It

I hope you are still in existence! My one and only well worn copy is Vol. 1, No. 1, and it was a breath of fresh air. We have moved here from Ontario.

I feel quite embarrassed that I haven't subscribed before this, because I'm all for the ideas set forth in your first issue. I have been taking "Prevention" for several years—with two young children my biggest problem is time to read and digest the material. For me, you have more credence because you originate in Canada. I'm proud of that.

Ethelwyn Rempel
Beaconsfield, Quebec

Food Pollution

I have a borrowed copy of your Winter 1977 issue and like it so well that I wish to subscribe.

I am very much concerned with the pollution of our food with multiple additives by the large multinational processors and the health hazards they pose. Indeed the processing per se is fraught with hazards to health.

As a case in point, the Raney nickel catalyst used in hydro-

genation of vegetable oils for the margarine and shortening market (not to mention peanut butter), causes a shift in the molecular configuration. H.M. Sinclair wrote an article in 1957 in *Lancet*, (I believe), which deals with the subject "Essential Fatty Acids in Nutrition and their Relation to other Vitamins". It is a sobering article.

Since about 80% of families today use margarine instead of butter, one wonders about the long-term effects of consumption of these un-natural fats.

Best wishes for the success of your magazine.
A. George Osborne
London, Ont.

Junk Food in Schools

I feel that I must comment on the fact that Douglas Annex is holding another Hog Dog Sale.

I thought it was the modern trend to try and educate children into a more nutritional way of eating and here the school is making junk food available to young children. I believe some high schools have banned the sale of junk foods, the emphasis now being on fruit and foods that have considerably less additives. This attitude is excellent, so why not institute such an idea in primary and elementary grades where the children would hopefully learn good eating habits.

I realise that I have the right to decide what my own children eat, but I feel I am often forced into decisions contrary to my wishes in order that my children should not be made to feel left out from a class activity in which the majority participate.

Jan Gorman
Vancouver, B.C.

Changing The Establishment

I am a retired Registered Nurse and I have been at odds with the medical profession since I first

started nursing! Very little consideration was ever given to prevention of disease or the relation of diet to the same. The establishment is at a loss when drugs fail to cure. I am all in favour of fighting this establishment as they have considered themselves God Almighty far too long...

I heartily agree with your crusade to humanize and rededicate, if possible, the medical establishment. Keep up the good work. You have many supporters.

Edris Hutchinson
Victoria, B.C.

I need help. The local Children's Hospital does not permit parents to be present with their child during the induction of anesthesia and when he or she regains consciousness.

I want to change this policy and I would appreciate any information which you or your readers might be able to provide that could be used to accomplish such a change. Any information regarding this particular form of family centered health care will be gratefully received.

Rory O'Day, Ph.D.
Associate Professor
Halifax, N.S.

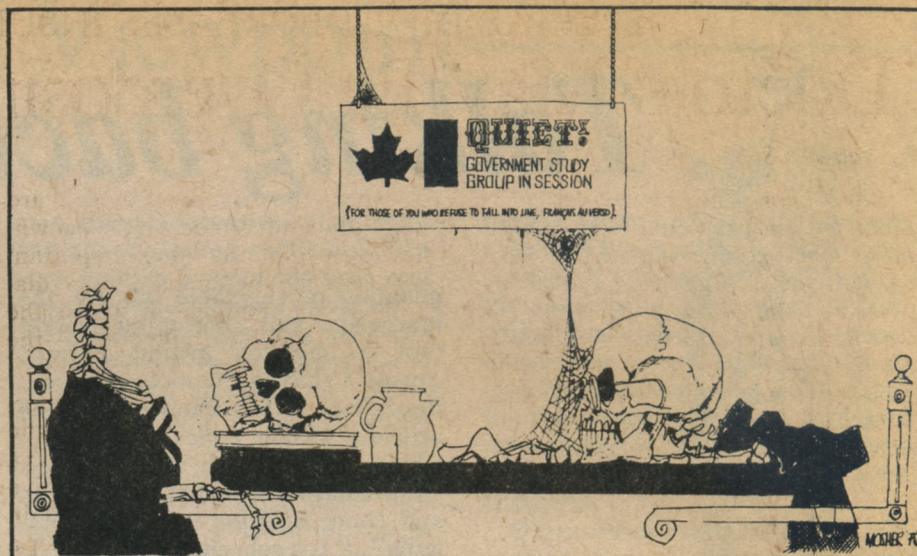
Unfortunately, we have only two suggestions for you. You could try circulating a petition for these changes and submit it to the Board of Governors of the hospital. Or you or any other people could run for positions on the Board of Governors. This is the body which holds the ultimate power in making policy decisions.

Hope this will be of some help. Your request certainly sounds like an excellent idea from the child's point of view. Hospital decisions are rarely made from that vantage point! Surely you know that the needs of the hospital staff come before those of patients!!

Good luck. ●

Government Reluctant to Talk

Vitamin B17 (Laetrile) Legal



Why has it been kept a secret?

by Debora Diamond

The Canadian government has made legal the importation of the anti-cancer substance laetrile for personal use. Laetrile, which is vitamin B17, is made from apricot and peach pits. It has been a while since B17 was made legal for importation and personal use. Unfortunately this has not been generally known or understood.

The key to the whole issue says George McDonald, food and drug inspector for the Canadian Health Protection Branch, is, "for personal use only". It is now legal to obtain and import small amounts of the substance for personal use. It is also legal for a doctor to administer laetrile pills or injections although he is not allowed to obtain the material for the patient. The patient must therefore obtain the laetrile and then may bring it to the doctor for administration.

Since its discovery in 1950 by Drs. Ernst Krebs Junior and Senior it has been a very controversial topic in the medical profession.

The Krebs father and son team did extensive research before concluding that laetrile was effective in the control of cancer. They concluded that when laetrile enters the body it produces hydrogen cyanide. In normal cells the hydrogen cyanide is immediately changed to a harmless compound by the enzyme rhodanase. However, in cancer cells

there is a lack of rhodanase so that the deadly cyanide starts to kill those cancer cells, thereby curing cancer.

Test cases support the view that laetrile is effective in obliterating cancerous cells. But, as long as there is one cancerous cell in the body it will proliferate, making it necessary to continue use of laetrile until there is no doubt that the cancer has been exterminated. Since there has never been a reported case of a harmful side effect caused by laetrile this doesn't present a problem.

Indeed, laetrile seems to work where conventional techniques fail. Radiation, chemotherapy and surgery are the traditional methods of treatment for cancer. There is little guarantee of success and often much harm is done. Laetrile along with other nutritional therapies (such as pancreatic enzymes, BCG vaccines, vitamin C and special diets) has been shown to be very effective in the treatment of many forms of cancer. So much so that it has been used in 20 countries for many years.

Canada and the United States did not follow their example. Medical associations scoffed at the thought that a mere vitamin could cure cancer. Doctors conveniently forgot the lessons of history. For, when Drs. Murphy, Whipple and Minot first suggested that eating

raw liver could cure pernicious anemia, they too were scoffed at. It was subsequently discovered that pernicious anemia was the result of a vitamin B12 deficiency, and, that raw liver contained high quantities of vitamin B12.

The notion that scurvy could be cured by simply increasing vitamin C intake was not immediately accepted. Now the deadly scurvy has been almost entirely eradicated because of vitamin C.

Similarly, it was once assumed that pellagra was caused by a mysterious virus. The real cause was a vitamin deficiency. This time it was that of vitamin B3 found in milk, eggs, lean meat and vegetables.

Why then, does the medical profession continue its denial of the almost indisputable evidence of the benefits of laetrile? Well, cancer is a very profitable business. In 1974 in Ontario alone 12,500 died of cancer. That is a lot of money spent on treatment.

In 1975, Dr. Jerry Green wrote a letter to Dr. Robert A. Mustard, a Toronto surgeon who headed a cancer fund-raising campaign. The letter was the subject of an article in the *Globe and Mail* in May of that year. It was critical of the medical establishment's suppression of evidence supporting the effectiveness of laetrile. Dr. Green said that,

"conventional toxic anti-cancer
continued pg 8

Doctors May Be Overdosing Thousands

by Rebecca Schechter and Margaret Reid

Ray Taylor is 27. He trained as a biologist and suffered retinal damage while still a student. He was working as a high school teacher when he went blind. A year later he was in hospital with kidney failure. He is not expected to live. Ray Taylor is dying because he has diabetes. His health problems are complications of his diabetic condition.

Public opinion has it that diabetes doesn't kill anyone anymore. Public opinion has it that since the discovery of insulin, all diabetics need is their daily shot, and from there on it's clear sailing. Ray Taylor's case would generally be regarded as an anomaly—a great departure from the usual events that surround a diabetic's life.

Unfortunately, public opinion on this issue is resoundingly and often tragically in error. Not only is diabetes still killing and crippling its victims, but the facts reveal that the medical community has shown a shocking degree of callousness towards diabetics and plain mismanagement of the disease. The more that is known about diabetes, the more evident it becomes that the tragic consequences for the diabetic stem not from the disease itself, but from the treatment the diabetic receives from his or her doctor.

The Complexity of Diabetes

An estimated 5% of Canadians are diabetic. About half of them are unaware of their condition. In Ontario, one in every ten hospital admissions is for diabetes or a related disorder. Diabetes is recognised as the single most common cause of blindness. Many diabetics are invalided because of retinal damage, or nerve disease or kidney damage, or loss of limbs. Many more actually die from diabetes and its complications. Figures from the United States indicate that modern medicine is not presently dealing with the disease in an effective manner. In 1965, it was the eighth major cause of death in the U.S. By 1976 it was the third greatest killer of Americans.

Diabetes mellitus is a complex

disorder, the causes of which are not fully understood. It is known, however, that the most important aspect of the metabolism to the diabetic is the manner in which the body deals with carbohydrates—the starches and sugars of the diet.

It is relatively simple to understand the process through which the body obtains glucose, which is a vital source of energy. Digestive juices break the carbohydrates in the food we eat into glucose. After a meal, a flood of glucose enters the blood stream. Not all of it is needed by the body immediately, so the excess is carried from the digestive tract to the liver and the muscles where most of it is converted to glycogen and stored. Glycogen stored in the liver and the muscles can be readily converted to glucose and released into the circulatory system, when the body needs it for energy and cell processes.

Glucose Storage

Insulin is the body's key to the use and storage of glucose. A hormone secreted by the pancreas, it enables body cells to take glucose circulating in the blood out of the bloodstream for storage. Other hormones in the body have the opposite function and help trigger the release of glycogen from body stores or limit the entry of glucose into body cells. To simplify and generalize, it could be said that insulin tends to lower blood sugar (because it helps take sugar out of the blood for body processes, while the action of another group of hormones—growth hormone, adrenalin, cortisone, glucagon and thyroid among them—act to raise blood sugar by triggering the release of the stored sugar in the body's cells. When the glucose level of the blood is too high, insulin controls it. When it gets too low, the other hormones come into play.

These processes are held in a delicate balance in a healthy body. Blood sugar levels are maintained between 80 and 120 milligrams per 100 cubic centimetres of blood—with slightly higher levels over a limited period following a meal. In

the diabetic, however, the balance goes askew. The body becomes unable to properly use the glucose that is in the blood. Blood sugar levels soar, sometimes rising to five times their normal level. The kidney filters out some of the excess of sugar, and as a result, sugar passed into the urine can amount to as much as 10 grams in every 100 grams of urine. This process of eliminating sugar from the blood is wasteful of the body's supplies of water, minerals, proteins and fats.

“An estimated 5% of Canadians are diabetic. About half of them are unaware of their conditions.”

Unable to efficiently use sugar, the body begins to use fat stores for its energy needs. But in so doing it creates poisonous by-products which can bring about coma and death. There is one possible, immediate short-term remedy—the injection of insulin.

Disagreement about the cause of diabetes continues. In the early 1900's, many subscribed to the 'pancreas deficiency theory', which held that an individual became diabetic if his pancreas failed to produce the quantity and quality of insulin required. Others rejected this view, however, because at post-mortem the pancreatic tissues of diabetics were found to be as healthy as those of non-diabetics.

Opinion was swayed, however, when insulin use began in 1921. The excitement of its discovery, the momentum of popular and medical opinion behind it, and the undeniable efficacy of its use made it difficult for therapists to consider any theory other than that of 'insulin deficiency'. Many researchers continued in their opposition to the theory, maintaining that there was no solid evidence to support it and declaring that insulin might treat the symptoms of the disease, but it did not necessarily pinpoint its

DOCTORING FOOD WITH CHEMICALS

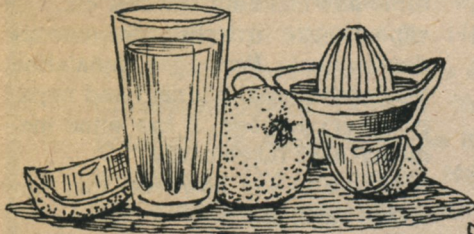
How about lunch?

By D. L. Sanders

No Extra Charge for the 55 Chemicals

Joe and Mary met for lunch yesterday. She was dieting and decided on a "nutritious" glass of juice and a fruit salad. Joe ordered a bowl of soup, a meat and cheese sandwich and topped it off with a piece of fruit pie and ice cream.

Let's translate their individual selections into the preservatives and food additives they also probably consumed.



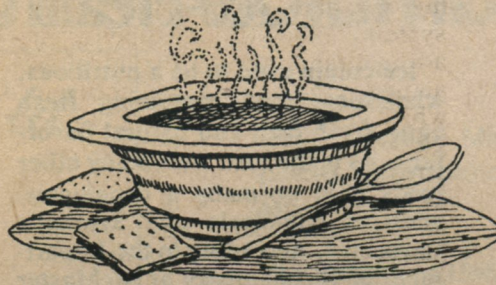
Juice

Benzoic acid (preservative)
Dimethyl polysiloxane (anti-foaming agent)



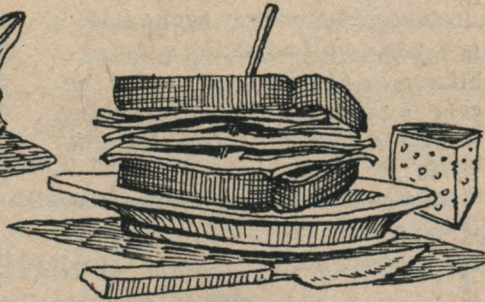
Fruit Salad

Calcium hypochlorite (germicide wash)
Sodium chloride (to prevent browning)
Sodium hydroxide (peeling agent)
Calcium hydroxide (firming agent)
Sodium metasilicate (peeling agent for peaches)
Sorbic acid (fungistat)
Sulphur dioxide (preservative)
FD & C red #3 (cherry coloring)



Soup

Butylated hydroxyanisole (anti-oxidant)
Dimethyl polysiloxane (anti-foaming agent)
Sodium phosphate dibasic (emulsion for tomato soup)
Citric acid (dispersant for soup base)



Meat and Cheese Sandwich

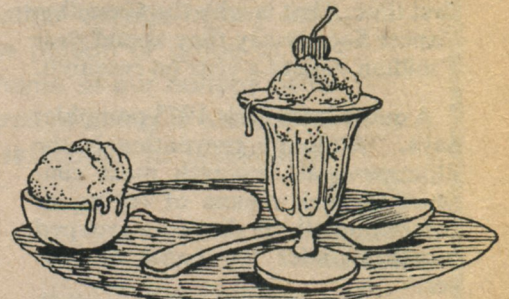
Sodium diacetate (mold inhibitor)
Mono-glyceride (emulsifier)
Potassium bromate (maturing agent)
Aluminum phosphate (improver)
Calcium phosphate monobasic (dough conditioner)
Chloramine T (flour bleach)
Aluminum potassium sulphate (acid baking powder ingredient)
Ascorbate (anti-oxidant)
Sodium or potassium nitrate (color fixative)
Sodium chloride (preservative)
Guar gum (binder)
Hydrogen peroxide (bleach)
FD & C yellow #3 (coloring)
Nordihydroguaiaretic acid (anti-oxidant)
Alkanate (dye)
Methylviolet (marking ink)
Asafoetide (onion flavoring)
Sodium phosphate (buffer)
Magnesium carbonate (drying agent)
Calcium propionate (preservative)

Calcium citrate (plasticiser)
Sodium citrate (emulsifier)
Sodium alginate (stabilizer)
Chloramine T (deodorant)
Acetic acid (acid)
Pyrolygneous acid (smoke flavor)



Fruit Pie

Sodium diacetate (mold inhibitor)
Sorbic acid (fungistat)
Butylated hydroxyanisole (anti-oxidant)
Sodium sulphate (anti-browning agent)
Mono-and-di-glycerides (emulsifier)
Agar-agar (thickening agent)
Calcium carbonate (neutralizer)
Aluminum ammonium sulphate (acid)
FD & C red #3 (cherry coloring)
Calcium chloride (apple pie mix firming agent)



Ice Cream

Mono-and-di-glycerides (emulsifier)
Sodium citrate (buffer)
Amylacetate (banana flavoring)
Vanillidene ketone (imitation vanilla flavoring)
Hydrogen peroxide (bactericide) ●

for more on ice-cream see pg. 8

Sketches by Richard Whyte

Laetrile Legalized

continued from page 4

drugs and radioactive materials make huge profits for drug companies. Surgeons keep the operating room churning". (There are 100,000 people in Canada who are receiving medical treatment for cancer.)

Dr. Mustard replied that accusations like the ones Dr. Green has made "are best ignored. I think the common sense of most people would realize it's nonsense."

In reaction to the letter, Dr. Robert Taylor, executive director of the National Cancer Society, denied suppressing evidence pertaining to cancer cures. He is quoted as saying, "I don't think we've blocked any remedy when there was reasonable evidence it was successful."

The facts are the same now as they were two years ago when the statements were made. Laetrile is effective. Despite this, it is likely that most doctors will continue to prescribe toxic anti-cancer controls. The drug companies can therefore be assured of maintaining their market and their astronomical profits. In the meantime hundreds of thousands of people across the country will continue to die of cancer. In one year about 65,000 new cancer cases are diagnosed for the first time. That is why the Canadian Cancer Society say they spend over 7 million dollars a year on research.

A quote from their 1975 pamphlet says, "Although prevention is the ultimate goal, research must continue to seek means of curing or controlling all the diseases grouped together under the name of cancer."

The booklet continues to say that, "There are two ways in which prevention of cancer can be brought about: by identifying cancer-causing agents and removing them from the environment; and by the discovery of pre-malignant conditions."

If prevention is the ultimate goal why then does the Canadian Cancer Society do nothing about removing cancer-causing agents, such as industrial pollution from the environment? Instead it spends millions of

dollars researching how to cure cancer.

It is not surprising that in this political game a natural vitamin such as laetrile should be outlawed in the

treatment of cancer. After all, it is known how to prevent cancer and is not being done. Why should it be expected that a cure for cancer would be used once it is known? ●

Ice-cream for dessert?

Ice-cream used to be a nutritious, wholesome food containing fresh eggs, fresh fruit and natural flavorings. As is the case with many other foods it is normally a conglomeration of chemicals and synthetic flavorings. According to the Department of Biochemistry at McMaster University, it is presumed legal that ice-cream be permitted to contain:

Propylene glycol— used in Annato color which is used to color butter and dairy products including ice-cream. It is also used as a flavor and essence carrier.


Acetic acid—Once it is added to something else it is no longer glacial acetic acid but simply acetic acid. It is used as a pH adjusting agent.

Diacetyl—Also known as 2,3 butanedione, is a carrier of the aroma of butter, vinegar, coffee and other foods.

Anethole—Also called p-propenyl-anisole, is the chief constituent of anise, star anise and fennel oils and among other uses, it is a flavoring agent.

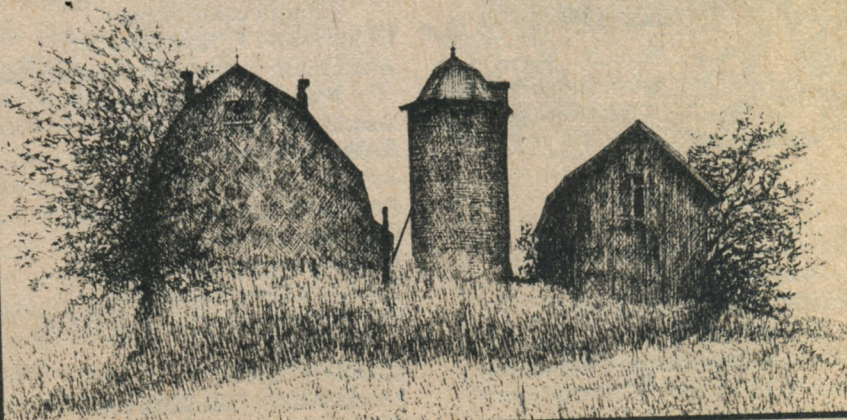
Ethyl Acetate—Used in spice extracts and unstandardized flavoring preparation. A quote from Merck Index 1968 says, "Use: artificial fruit essences; solvent for nitrocellulose, varnishes, lacquers and aeroplane dopes; used in the manufacture of smokeless powder, artificial leather, photographic films and plates, artificial silk, and perfume and cleaning textiles, etc. . . vapours are irritating to mucous membranes. Prolonged inhalation may cause renal (kidney) and hepatic (liver) damage. It has some medicinal uses taken orally."

It is safe to say however, that ice-cream has none. ●



Manna,

a good source of natural foods



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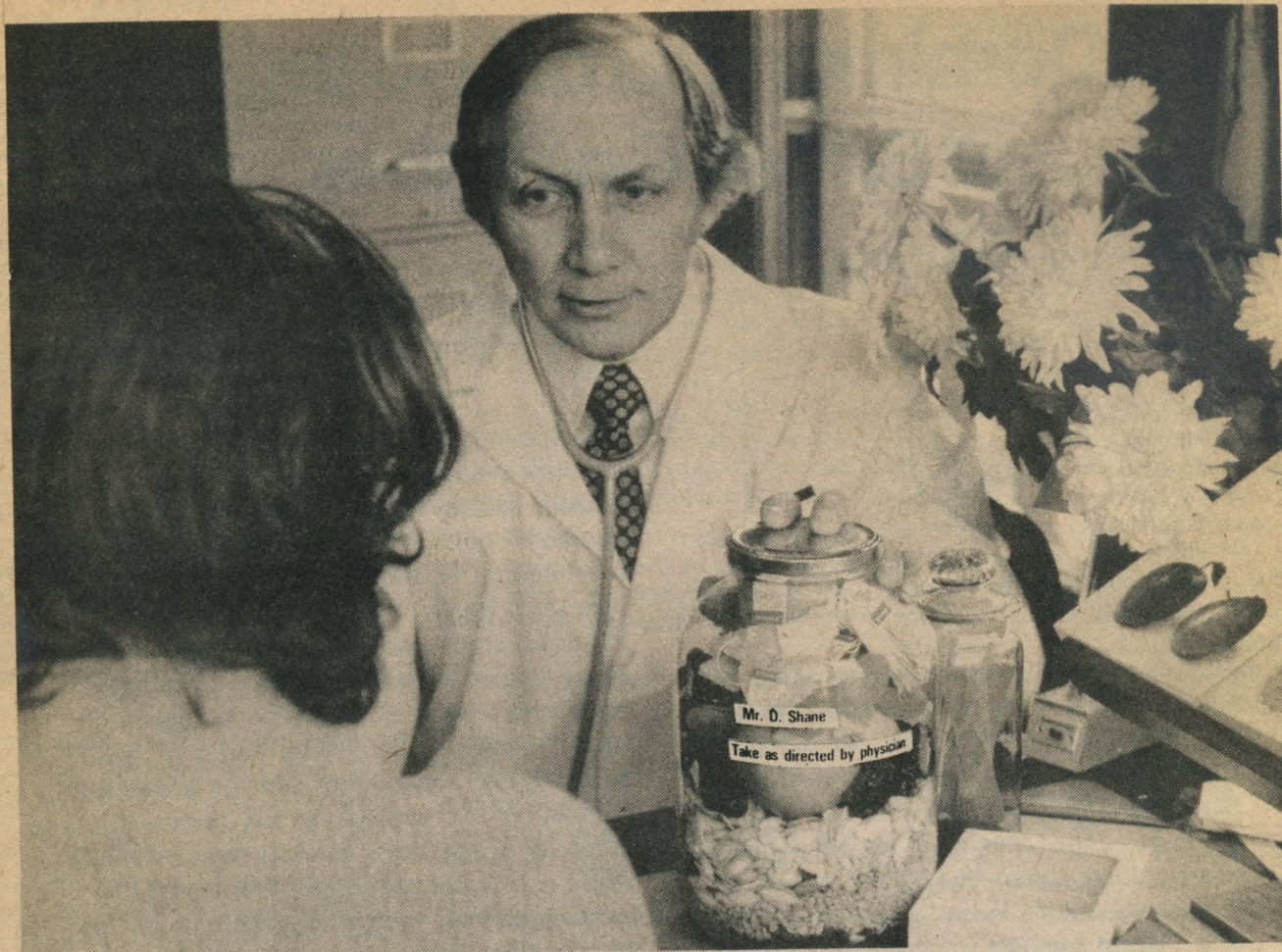


Photo by Peter Fletcher

Predictive, Preventive, Nutritional— That's The New Medicine

by Dr. Jerry Green

Hoffmann-LaRoche, the world's largest drug company (one share costs upwards of \$45,000) is now also the world's largest vitamin manufacturer (it has 80% of the market). Another large multinational drug firm recently bought a vitamin company for four times the actual value. In addition, other companies, like prehistoric monsters destined for extinction, have expanded their vitamin production. It all adds up to one thing: a nutrition revolution.

People are becoming disillusioned with symptom-oriented drug and surgical treatment. They are abandoning their doctors in ever-increasing numbers and turning to drugless healers for help.

Consider these facts:

1) Our Nutrition Canada Survey

showed severe nutrient deficiencies throughout the population.

2) 96% of school age children have tooth decay.

3) Some restaurants buy steaks with grill marks chemically painted on them.

4) We use more steel for soda bottle caps than we do in the manufacture of automobiles.

These are the sad facts of our existence. Is it any wonder that people are becoming disillusioned with these environmental factors, and are searching for alternatives to modern health care?

One point makes itself increasingly clear. Modern diseases are caused by environment and lifestyle. Even establishment medicine admits that 80% of cancers are caused by the environment—such

things as the air we breathe, the water we drink, the food we eat and even the stressful conditions we are forced to deal with daily.

The result has been a shift to the "natural". A growing legion of doctors are throwing the drug multinationals out of their offices and joining this movement. The ones that don't will be left behind. In the future they will be seen as museum piece curiosities. For the medicine of the future is developing today. It is natural, preventive, predictive and nutritional.

Ivan Illich opens his disturbing new book, *Limits to Medicine*, by stating, "The medical establishment has become a major threat to health." Patients and doctors alike are echoing this across North America. They understand that, at

best, traditional medical treatment only temporarily relieves the superficial symptoms of disease, fails to heal the basic problem and is, in fact, harmful.

Patients able to see through the medical mystique are beginning to take responsibility for their own health. This new breed of patient is complemented by a new breed of doctor, who predicts problems before they occur. Most old breed doctors have their patients returning year after year for annual "health" checkups. These disease detection check-ups find the doctor saying, "No disease today, come back next year to see if you're diseased then." The sad part is that usually very little can be done once the discovery of disease is made.

That is where the new breed really count. They examine present subtle changes which may lead to

future disease. Non-specific complaints such as diarrhea, headache, heartburn along with detailed tests are combined to predict the possibility of disease, thereby recognizing that people don't retire healthy and wake up the next morning with chronic disease. Most disease develops slowly and insidiously over many years of abuse and neglect.

Neither does the new medicine accept the so-called "normal values" of blood tests. These are not "normal" but "average" in that they are based on an average taken of thousands of presumably healthy people. But, a large percentage of presumably healthy people are actually ill as evidenced by problems of overweight, irritability, depression and other "minor" aches and pains.

Another important concept is that

not everyone exposed to the causative agents of a disease develops that disease. For example, not everyone exposed to the swine flu virus gets the swine flu. Individual susceptibility and body resistance determine whether the person will succumb. In turn, lack of nutrition and fitness determine body resistance. Of course other factors, such as genetic makeup, may be involved.

One would think there would be a lot of interest in preventing disease before it happens rather than trying to patch it up after it has been raging for years. Unfortunately, this is not being done. Most of our health care dollars are spent on futile patch-em-up and send-em-home band-aid treatments.

The new medicine, like a breath of fresh, unpolluted air, emphasizes nutrition in the prevention and

How good is your diet?

Modified from Psycho-Dietetics by Dr. Emmanuel Cheraskin.

Circle "yes" or "no" for each of the following questions:

1. Are you on a special diet (to lose weight, low salt, diabetic, low cholesterol, or because of food allergy)? yes no
2. Is your appetite frequently poor? yes no
3. Do you usually skip one or more meals a day? yes no
4. Do you frequently consume sweet foods or drinks between meals? yes no
5. Do you often feel shakey or weak if you do not eat on time? yes no
6. Do you usually drink some form of alcoholic beverage (whiskey, beer, wine) daily? yes no
7. Do you usually drink coffee or tea more than three times each day? yes no
8. Do you usually use sugar in your coffee or tea? yes no
9. Do you usually eat desserts once or more each day? yes no
10. Do you frequently use low

- calorie (dietetic, artificially sweetened) foods and drink or artificial sweeteners (like saccharin)? yes no
11. Do you consume soft drinks of the regular kind almost daily? yes no
12. Do you eat starch foods frequently (macaroni, bread, biscuits, breakfast cereals, cornbread)? yes no
13. Do you frequently eat sweets (sugar, syrup, jams, jellies, candy)? yes no
14. Do you frequently eat bakery products (cakes, pies, cookies, doughnuts, pancakes)? yes no
15. Do you frequently eat ice-cream, ice milk, or canned or frozen fruits? yes no
16. Do you usually add salt to your foods at the table? yes no
17. Do you usually eat meat or meat substitutes less than twice a day? yes no
18. Do you omit eggs? yes no
19. Do you omit seafoods from your diet? yes no
20. Do you usually avoid milk, cheese, butter? yes no
21. Do you avoid raw vegetables (lettuce, tomatoes, carrots, etc.)? yes no

22. Do you eat green or yellow vegetables less than twice daily? yes no
23. Do you usually avoid citrus fruits or juices? yes no
24. Do you usually avoid other types of fresh raw fruits or juices? yes no
25. Do you usually omit vitamin or mineral supplements daily? yes no

Total score ('no' answers) _____

Add up the no answers and multiply by four. The higher your score, the better your diet.

90-100 excellent; you're probably a "health nut"

70-89 good; you're on the right track

60-69 poor; you must make changes now

50-59 very poor

below 50 atrocious; you're probably lucky to be alive

As you work toward changing your eating habits check your progress from time to time with this test. As your score improves, you should feel healthier. ●

treatment of disease. Linus Pauling, the twice Nobel prize winner, coined the astute term, "orthomolecular medicine". Because "ortho" means right, the term means having the right molecules in your body at the right time and place to prevent or treat illness. Therefore, molecules, or the very food we eat daily, play a large role in health. "We are what we eat." If this is true then most of us must be disaster areas.

I, myself, used to be a sugar junkie. I had dishes of candy, 26 oz. bottles of soda pop and chocolate bars on my desk constantly. Whenever I needed energy I would indulge. I did receive immediate energy but I also noticed the after-effects: falling asleep at lectures, nervousness.

The use of whole natural foods eliminates these symptoms. An experiment was conducted on two groups of rats. One was fed boxed breakfast cereal and another was fed the box from which it came. The group that ate the box was healthier than the group that ate the cereal.

In other words, the less doctored foods you choose, the less doctoring you'll need yourself. Some complain that this takes too much time. Yet, the average person watches four hours of television per day. Why not reduce this by half an hour and take that time to prepare food properly? If you don't spend the time now, you may have to make it up later—underground.

Some people haven't time because they're too busy taking their children to the dentist, the pediatrician, the allergist. It's too bad they don't realize that many visits might be avoided through proper nutrition.

Don't be afraid of being called a "health food nut". If a person who is fussy about good wine is called a wine connoisseur, then a person who is fussy about good food should not be called a nut.

The new medicine also emphasizes physical fitness. A study showed that switching typists from a manual to an electric typewriter caused them to gain two to four pounds a year.

The natural state is to use the body in daily activities. The cave-man had to hunt and gather his food. He was naturally active. Modern man has machines. Therefore regular exercise or sport must be

added to his daily life.

Many practitioners have used this type of medicine for years. Included are chiropractors, osteopaths, naturopaths. It is only recently that medical doctors have switched to this form of medicine. It's hard to blame doctors for their lack of nutritional knowledge. Most medical institutions have no training in nutrition. The few that do, have an average of five hours in a seven year course. A study showed that the average doctor knows a little bit more about nutrition than the average doctor's secretary, unless the secretary has a weight problem. Then the secretary knows a little bit more than the doctor.

If you don't spend time now, you may have to make it up later—underground

If a patient learns about, and practices, good nutrition what can he hope to gain from the new medicine? Often a detailed nutritional-metabolic analysis is done to determine to what extent nutrition is playing a part in the patient's prob-

lems. If there are no problems the analysis is used as a base line and to see if there are subtle changes which may produce future disease. This is what is meant by "predictive" and "preventive" medicine.

Here are some of the tests that may be performed.

(1) *Hair analysis* This involves the taking of a sample of hair which is sent to a special laboratory where it is analyzed for mineral content which reflects the mineral content of the body tissues. Deficient levels of minerals can be corrected by supplementation while the presence of toxic minerals can be eliminated.

(2) *Computerized profiles* There are computer services which will analyze patient questionnaires. A print-out is produced which contains such things as the number of grams of protein, carbohydrate, fat, the amount of vitamins and minerals in the patients' diet, activity levels and unhealthy lifestyle habits. Harmful foods and imbalances are discussed. These analyses show that less than 3% of patients have absolutely no signs or symptoms, that the average is five major problems

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per patient, and that 84% are deficient in at least one nutrient.

(3) *Health hazard appraisal* A computer analysis of a special questionnaire compares the patients' risk of dying of various conditions compared to others in his age group. Advice is given as to how to reduce this risk.

(4) *Thermography* Thermography, a non-invasive, painless measurement of blood flow and circulation records the infra-red emission of heat from the body. It helps to diagnose a wide variety of illnesses, such as stroke potential and arteriosclerosis by recording blood flow to the forehead. Skin temperatures are photographically recorded without damage of any kind to the body.

(5) *Lingual vitamin C test* A drop of special dye is placed on the tongue and the time it takes the dye to disappear is measured. Since vitamin C changes the dye to a colorless compound, the measured time reflects the amount of vitamin C in the tongue and therefore in the body tissues generally. The longer it takes for the disappearance of the dye, the more deficient the patient is of vitamin C.

(6) *Achilles reflex* Also called a photomogram, this test measures the amplitude of the ankle reflex. A machine is placed around the ankle while the patient kneels. The ankle is tapped with a reflex hammer. The movement of the foot interrupts a light beam and is transmitted to an electrocardiograph where a tracing is made.

The amplitude of the reflex is a subtle measure of thyroid function.

(7) *pH levels* Acidity of the urine and saliva is measured using nitrazine paper. An acid condition is corrected by using alkaline foods and supplements and an alkaline condition is corrected by using acid foods and supplements.

(8) *Questionnaires* Detailed analysis of all symptoms whether major or minor is done to assure that nothing has been missed. Specific questionnaires may be used and directed to certain interest areas such as: present diet, thyroid function, hardening of the arteries, reasons for smoking or risk of suffering a heart attack.

(9) *Blood wet mount examined under dark field microscope* In this test the patient sees his own blood under a darkfield microscope and is

given a picture of it. This is often done one to two hours after a fairly high fat meal, to learn how the body handles fats, and to determine if blood fats are sludging (sticking together) and thus impairing circulation.

It is a test designed to achieve a better understanding of the relationship of excessively high dietary fat intake (like fried foods) to the later development of disease, particularly arteriosclerosis. These fats have to go through the thin cells that line the blood vessels. As they become overloaded their ability to handle fat particles decreases. The cells become choked with fat particles and later calcium settles in and, when combined with fats like cholesterol and triglycerides, it forms the hard material called arteriosclerotic plaque. This plaque can close off the lumen of our vessels so that blood can no longer get through.

(10) *Physical examination* This is a complete examination of the body, similar to that which most ordinary M.D.'s perform, but with a view to nutritional signs of disease. However, nutritional deficiencies and imbalances usually don't make themselves known until very late. Therefore, some of the other tests look for more subtle changes.

(11) *Tissue fat content* A special caliper is used to measure the percentage of fat in skin folds.

(12) *Vital capacity* The patient exhales as much air as possible af-

ter taking a deep breath. This is recorded by a machine. The amount of air expelled reflects both the condition of the lungs and physical fitness. Decreased vital capacity may be predictive of lung disease.

(13) *Laboratory tests* Various blood and urine tests are done to determine liver function, vitamin levels and major disease.

(14) *Color photographs* Comparison color photographs are taken before and after treatment.

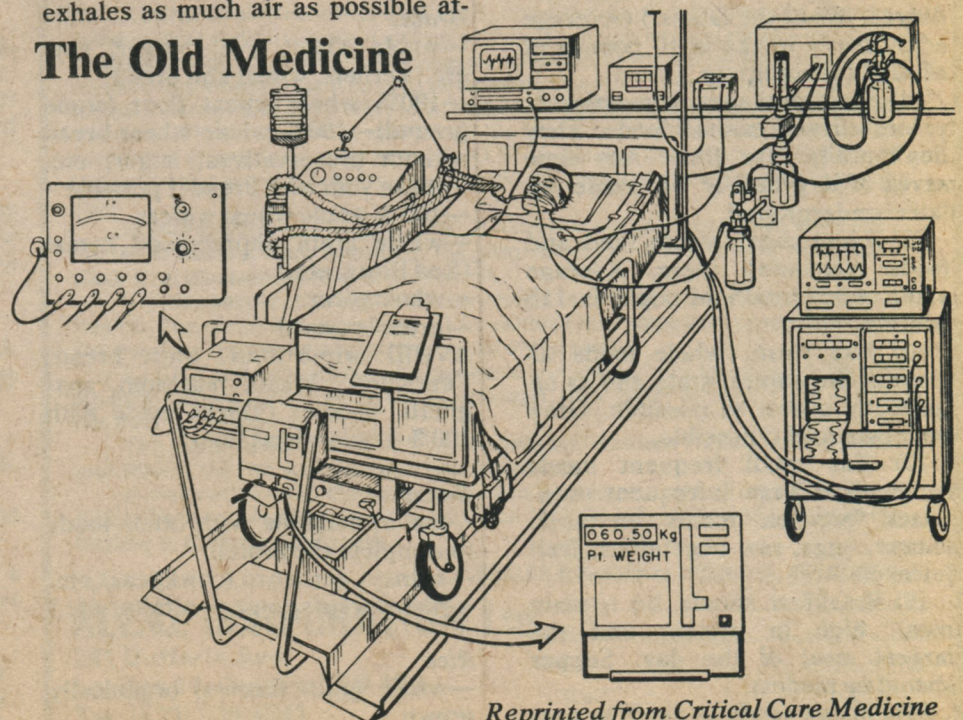
(15) *Physical fitness* This is conducted to determine how physically unfit the patient is.

(16) *Endocardiogram (phonocardiogram)* A special stethoscope placed on the chest picks up the heart sounds which are amplified by a heart sound amplifier and an electrocardiograph machine records them on graph paper. Subtle changes in the recorded heart sounds point to the need for certain supplements, food and activity.

(17) *Doppler ultrasound* An additional screening test to determine circulatory disease is the Doppler ultrasound instrument. This tiny device is about the size of a pen. Patients are tested by placing a pencil probe transducer over the blood vessel above the eye. When a stable pulse is obtained, the superficial temporal artery is compressed manually against the side of the head and the subsequent change in

continued on page 15

The Old Medicine



Reprinted from *Critical Care Medicine*

Doctoring With Food

By Jerry Green, M.D.

The following is a diet that I have put together as a result of my understanding and experience in nutrition and health.

It is based on the principle of whole natural foods.

Traditional Western medicine puts very little emphasis on diet as a factor in the prevention and causation of illness. For this it must be criticized since the very things you put into your body day to day must have something to do with the state of health of that body.

This is contrary to the standard North American diet where nutrients are removed and chemicals added to prevent spoiling, prolong shelf life and permit shipping over long distances. Food is grown on depleted and chemically ridden soils. Taste and convenience is put above nutrient composition. This is sold through mass advertising, wherein we are made to think that the food we eat is good.

General Principles

(1) Eat basic whole foods as the caveman did: foods made by nature and not by man.

(2) The less doctored foods you choose, the less likely you'll need doctoring yourself.

(3) Avoid foods with chemical additives. (Read the labels.) (Average adult yearly intake is 10 pounds of about 2,000 additives.)

(4) Avoid packages, convenience, processed and canned foods. They don't really save time. Any time saved will probably be made up later: underground.

(5) Avoid sugar, white flour and foods containing them. Average adult yearly intake of sugar is 115 pounds.

(6) Use fresh, whole foods as close to the natural state and as organically grown as possible. Grow your own food if possible.

(7) Eat small frequent meals rather than large infrequent ones. Snack between meals on nuts, cheese, eggs, raw vegetables, fruit juice, etc.

(8) Breakfast should be a main meal, high in protein and the largest meal of the day. Supper should be modest.

(9) Eat raw foods as much as possible.

It is not necessary to cook food.

(10) Handle, wash, cut, cook food as little as possible.

(11) Avoid alcohol, cigarettes, coffee and regular tea.

(12) Don't be concerned about cholesterol content of foods. The amount of cholesterol in the diet is not a significant factor in the development of hardening of the arteries for most people since the human liver produces far more than is obtained in foods.

(13) Chew foods thoroughly.

Vegetables

—buy them fresh, preferably organically grown

—eat them raw or cooked slightly in a small amount of water using a steamer

—eat them with skin intact unless they have been coated with wax, etc.

AVOID: canned, sprayed, frozen, fried vegetables, potato chips

Fruits

—eat raw fresh fruit preferably organically grown.

AVOID: fruit, packaged in sugar or syrup, canned, frozen, sprayed or sulphured fruit

Grains

—whole wheat, rye, bulgar, soy, etc.; kernels, wheat and bread

—100% whole wheat flour (stone ground)—100% whole wheat bread without preservatives, sugar, etc.

—make your own bread if possible

—100% whole wheat wafers

—whole grain unprocessed cereal (Red River, etc.)

—wheatgerm

—granola cereal

AVOID: white flour, white bread, "enriched" bread, macaroni, spaghetti, noodles (unless made with 100% whole wheat flour)

Beans

—use to combine with other foods to complete the protein

—kidney, garbanzo (chickpeas), etc.

—beansprouts (mung, alfalfa, etc.)

Rice

—whole grain (brown) organically grown

AVOID: white rice, instant rice

Nuts

—must be unroasted, unsalted, raw

—peanut and other nut butters must be unpasteurized, non-hydrogenated

Juices

—unsweetened fruit juices

—best made fresh with a juicer or squeezer

—fresh frozen juice is second best; make sure it is juice and not drink

AVOID: canned or bottled juices

Salt

—sea salt

AVOID: ordinary table salt

Beverages

—herbal teas such as camomile, peppermint, rose hip

—dandelion tea (natural coffee substitute)

—soya or nut milk

—fresh fruit juices and vegetable juices

AVOID: coffee, ordinary (fermented) teas, soda pop (ordinary or diet), chocolate drinks, alcoholic beverages, cocoa

Butter and Oil

—use butter

—vegetable oils should be cold pressed unsaturated (e.g. safflower, sesame, corn, soya)

AVOID: margarines, rancid oils, continuously heated oils (deep fryers, movie buttered popcorn), solid cooking fats

Yogurt

—very good for protein and for an aid in digestion

Paperback Books by Beatrice Trum Hunter

The Natural Foods Cookbook, \$1.25; The Natural Foods Primer, \$1.95; Whole-Grain Baking Sampler, \$2.25; Consumer Beware!, \$1.95; Food Additives and Your Health, 95¢; Yogurt, 1.25; Fermented Foods and Beverages, \$1.25; also, in hardcover only: Gardening Without Poisons, \$5; Favorite Natural Foods, \$7.95.

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—should be plain, without sugar or flavoring

—flavour your own with fresh bananas, oranges, etc.

Milk

—milk has many good components but also many harmful ones

—use certified raw milk, goats milk, soy or nut milk

Cheese

—buy whole natural cheese such as hard cheeses and cottage cheese

AVOID: processed cheese, cheese in jars, tubes, and cans

Eggs

—should be free range, fertile

Sweeteners

—unprocessed, unpasteurized honey

AVOID: sugar (white, brown, yellow, raw, turbinado, confectioners, etc.) jello, jams, custard, candies, chocolate, syrups, cakes, pastries, ice cream, artificial sweeteners such as saccharin, sucaryl

Water

—spring, mineral or distilled water
AVOID: city tap water (may contain up to 63 different chemicals)

Animal Products

—most animal products are poor in quality and contaminated with chemicals. Therefore it is good to avoid or decrease them although I do not insist upon this.

—There is a good case for being a vegetarian. For how to do it properly, read *Diet for a Small Planet*, by F. Lappé.

Meat

—as lean as possible

—organ meat (liver, kidney, brain, heart) good and inexpensive

AVOID: canned meat, cold cuts, hot dogs, salami, sausages, bacon, fried meats

Fowl

—the poorest type of meat unless animals are allowed to exercise (free range) and are not injected or force fed.

Fish

—best of the animal products although fish can be contaminated by polluted waters

—fresh as possible

—use canned fish (sardine, salmon, tuna) sparingly if at all

—health food stores have many good foods especially raw ingredients

—try to buy fruits and vegetables in a local farmers market from farmers who farm organically

Dr. Green is a Toronto medical doctor who specializes in nutritional medicine.

The New Medicine

continued from page 13

the blood vessel is noted. The procedure is repeated on both sides.

Treatment Program

A program is set up based on the findings. This is directed towards prevention as well as the treatment of any disease the patient has. Nutrition often plays a major role in the cause of disease. However, there may be other causes. If other causes are large, then these also must be considered if the patient is to improve. Nutrition, then, is not the answer to everything. However, often nutrition plays some role in the causation of disease. And, if nutrition is improved the patient gets better.

The price of such an evaluation can range from \$100 to \$400 or more. Too much you say? Compared to a \$300 Saturday shopping spree for clothes to make the body look good superficially, a root canal job for \$600, a new \$5,000 car every two or three years, or a \$500 to \$1,000 one week stay in hospital, it is actually small.

You may say: All my other medical bills are paid by health insurance. Why aren't these? Indeed, they should be. It is unfortunate that most health insurance schemes will not pay for newer, innovative methods. Hopefully they will in the future. Extended coverage such as Blue Cross or other work-oriented plans may pay for these costs. It is true that you can go to any physician for two to 12 minutes and it won't cost you anything—except perhaps your life. Iatrogenic (physician caused) disease is a growing area of medicine. The doctor gets paid a very small amount (in Ontario \$6.75) for such a cursory visit. It is cursory because it is usually impossible for a professional to do anything worthwhile for \$6.75.

If you want something more than this cursory visit, then you have to pay for it. Unfortunately this will remain so until all health care is considered a basic right and thus given free, as it should be. In the meantime, surely the investment in ones body is at least as valuable as an investment in clothes to make that body appear healthy and attractive.

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KLENZ Oral Cleanser is a non-grit, non-flouride, mouth cleanser. It contains neutral sodium oleate, calcium carbonate, glycerine and dicalcium phosphate which give essential protective composition to the mouth structures. It has no toxic ingredients, such as grit, detergents or perborates. Because it is a biological cleanser and not a cosmetic, KLENZ is compatible with the soft tissues of the mouth. It is designed to cleanse all the tissues of the mouth. It has been noted that after a few weeks of using KLENZ, general cleanliness of the mouth improved and the gingival crevices around the necks of the teeth became healthy.

In young children using KLENZ, it has been noted that cavities were prevented or healed, fissures sealed, the gingival tissues became light pink stippled. Oral diseases were also prevented.

In older people, the tooth structure became revitalized and the enamel healed. The gingival tissues took on a healthier pink stippled appearance, and the gingivae tightened around the necks of the teeth.

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Richard Whyte

200 reported cases of temporary paralysis and six deaths in the U.S. may have been caused by swine flu shots.

Swine Flu Swindles: Just \$150 Million Worth

by Wendy Wise

The Canadian and American governments have spent a combined \$150 million on a swine flu vaccine whose usefulness is doubtful.

The controversy began at the military recruit base in Fort Dix, New Jersey when a recruit died of what the Centre for Disease Control in Atlanta believed to be a swine flu virus, similar to that which killed over 20 million people around the world in 1918-1919.

Medical and scientific advisors to Health and Welfare Minister Marc Lalonde in Canada and to ex-President Gerald Ford in the U.S. proposed a mass vaccination program.

The justification was threefold:

- The swine flu outbreak at Fort Dix marked the first person-to-person spread of the virus.

- The virus appeared similar to that which caused the 1918 epidemic.

- The Fort Dix flu was found to be a mixture of A/Swine influenza and A/Victoria/3/75. The effect of the two strains simultaneously infecting the population is unknown.

The Canadian National Advisory Committee on Immunizing Agents concluded on March 23, 1976, that "further A/Swine influenza virus

infections in man are possible and likely to occur in the next year".

Other experts made no definite comparison with the 1918-1919 virus because the medical technology need to fully isolate, examine and describe the virus wasn't available during 1919. At best, authorities could only guess at the similarity of the two virus.

Until the incident of swine flu last year, and since then, there has not been one other documented case of person-to-person infection. It has been uncovered that not even the sergeant who gave mouth-to-mouth respiration to the sick man became ill.

One urgent question raised by the vaccination scheme is that of the public's right to be informed. It is the basis of a legal suit being filed in the United States by consumer activist Ida Honorof speaking on behalf of both Charles Crecelius, president of the National Health Federation, and, People Against Political Vaccinations. They charge that U.S. government officials are guilty of "a deliberate coverup of the hazards of the swine flu immunization program".

Canadians were just as ill-informed as Americans, being deluged

with government-sponsored propaganda urging us to get our shot in the arm. While every person had the right to refuse the vaccination, adequate information was not provided to help people in deciding on the issue.

The public was not informed that the recruit who died at Fort Dix had disobeyed orders and, in spite of being ill, got out of bed and went on a long basic training march. He died after making the rigorous trek when his body was already in a weakened condition.

Little publicity has been given to the fact that the swine flu virus disappeared despite having infected 500 soldiers in the space of a few weeks. A New York Times article says that, although other recruits caught Victoria flu, there was no continued evidence of swine flu anywhere on the post. There was no evidence to suggest an outbreak of swine flu anywhere else in the world.

Despite the facts, both Canada and the U.S. jumped into a mass immunization program. Although no other country saw fit to establish their own programs, France, Australia, Holland, West Germany and the United Kingdom were only too happy to produce vaccine for

Canada and Canadian money.

A special report from the National Advisory Committee on Immunizing Agents (the group who advised Health and Welfare Minister Marc Lalonde) says in the *Canadian Medical Association Journal* that in April 1967 a World Health Organization (WHO) conference in Geneva discussed the potential threat of swine flu virus and made specific recommendations. They suggested that mass vaccination was not essential but that each country make its own decision. They also recommended that countries stockpile antibiotics for treating secondary effects of the flu.

The Canadian decision was largely based on the American move to mass immunization. The U.S. stand was taken after consulting with "experts" in various health agencies, industry, universities and the military, with all but a few endorsing the program. The *New York Times* says of this group: "...many (of those consulted) were individuals who might be predisposed to favor a mass vaccination campaign: government officials who thrive on bold gestures to protect the public, scientists itching to get the upper hand over influenza, and manufacturers who profit from making vaccines. Largely missing from the decision-making process were two groups apt to raise questions about the campaign—consumer advocates, who are concerned about side effects from the vaccine, and state health officers, who must balance the need for influenza vaccination against other, possibly more pressing health programs."

Fired for speaking out

Even the highly respected British medical journal, *The Lancet* ran an article in July 1967 saying that the swine flu virus appeared to be mild; that it didn't seem to be spreading and suggested that the Fort Dix incident might have been an isolated case. It also questioned the efficacy of a mass vaccination program and suggested waiting until more information was gathered.

Despite the evidence, Dr. J. Anthony Morris was fired from the American Food and Drug Administration for speaking out

against the vaccine. Morris' animal research showed that the vaccine, when inhaled, enhanced cancerous tumors. In the *National Health Federation Bulletin*, Morris is described as being critical of the vaccine because it causes the wrong kind of immunity.

While it has been shown that the vaccine does produce antibodies, it has yet to be shown that these antibodies will protect against the virus. It is not known if the vaccine evokes enough antibodies or that the antibodies, once formed, will be effective against the flu, or that there will not be unpleasant side effects as a result of the vaccine. What is recognized is the high incidence of paralysis, in most cases temporary, which seems to be a result of the vaccine. It has, fortunately, led to both countries putting the brakes on the program. The U.S. has had 200 reported cases of temporary paralysis and six deaths. There have been six cases of temporary paralysis reported in Canada.

No Insurance

It is not surprising that no major insurance company in either Canada or the U.S. would become involved with the mass vaccination scheme. American companies refused to insure the manufacturers of the vaccine against possible lawsuits. Canadian insurance companies refused to insure the two suppliers contracted to import the vaccine for processing, packaging and distribution in Canada. In both countries the federal governments had to step in and assume the responsibility for possible lawsuits.

Deciding to go ahead with the program anyway, the Canadian government agreed to spend \$10 to \$15 million on the program, the U.S. government allocated \$135 million for the project. The result of this pointless money squandering is that two million Canadians and 40 million Americans have been vaccinated against a virus whose threat appears to be minimal.

The rationale used by the federal government in jumping into this great flap about swine flu was that they couldn't afford not to take the chance. It seems that the chance they could not afford to take was a political one. But they could afford

to take a chance with the health and lives of the population.

Cancer epidemic

The statistics on the number of people suffering and dying from cancer are not speculative—nor are they dropping. Why isn't the federal government in a state of panic over those figures? Why are billions of dollars not allocated for cancer-prevention research? There IS an epidemic of cancer. And it has been going on for many years.

Since many cancers are believed to be environmentally induced such research would undoubtedly lead to gross economic disruption, especially if direct action were taken to eliminate industrial and automobile pollution and to ban food additives and tobacco production. Perish the thought.

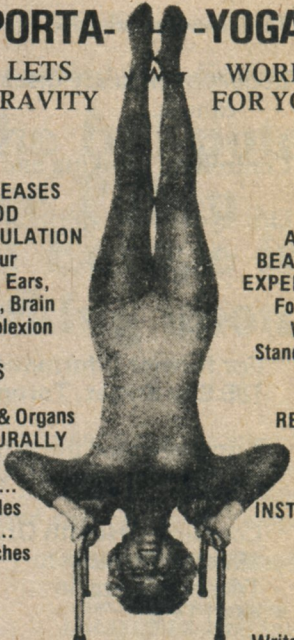
What has become evident as a result of the controversy is government priority: the politics and economics of health. With those priorities it is advisable for the government to maintain an ignorant and ill-informed population. •

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Dr. Ann Wigmore
authoress of *Why Suffer?*

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R.W.D. Turner, OBE, MD, FRCP, FRCEP of Britain, senior research Fellow in Preventive cardiology, University of Edinburgh

Gaylord Hauser, of Italy, Author and lecturer

*Beatrice Trum Hunter, of the U.S., Authoress of *Consumer Beware* and *Food Additives*

(And many more interesting and vital people.)

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For further information, free brochure and tickets write to C.H.O.C. Convention Headquarters, 185 Bay Street, Toronto M5J 1K8, or phone (416) 869-0831, or 222-3083

Admission for the entire three days is \$12; and individual tickets are transferable—if you can't be there all the time yourself send a friend.

Consumer Health Organization of Canada
185 Bay Street
Toronto, Ontario
M5J 1K8

Please send me _____ sets of tickets at \$12.00 per set (covering all three days) for the "Total Health '77" Convention at the Royal York Hotel, April 9, 10, 11. Enclosed is a cheque _____ money order _____ for \$ _____.

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*Read some book reviews by Beatrice Trum Hunter on pg. 31.

Pass the Saltpeter, We're Preserving the Bacon

by Ken Sherman

It seems that every day some new health hazard is announced. But unless people are dying like flies as a result of the new menace, usually nothing is done. Because, invariably, some industry is making money selling us the latest menace, and has probably been doing so for years.

In response to health warnings, the industry's public relations men call press conferences to display their housebroken scientists and doctors who assure the press there's no need to be alarmed. They point out, often truthfully, that the evidence isn't all in yet, and that we don't know for sure that people are in danger.

One example: Redpath Sugar wanted to get some free publicity last year, so they invited the media to tour their Toronto refinery. At the press conference, scientists and executives told us that there is no proof that sugar is implicated in heart disease or diabetes. They even had some doubts as to how bad sugar is for your teeth.

And the tobacco industry still isn't convinced that cigarettes are bad for you, let alone that they cause cancer.

If the peddlers of sugar, tobacco and alcohol can feel self-righteous selling their products, then what kind of honesty can we expect from meat packers, who stand accused of using a preservative that probably causes cancer?

Sodium nitrate, or saltpeter, was used for centuries in pickling cures. When it was discovered that a derivative, sodium nitrite, was more active, it was substituted. For the last 50 years, nitrite has been used to preserve ham, bacon, hot dogs and luncheon meats.

An unfortunate chemical by-product of nitrite and some common substances called *amines* is a group of chemicals called nitrosamines. They can be formed in the meat itself, or in our stomachs. Nitrite will combine with amines from a

multitude of sources: from eggs, fish, cereals and meat, and from beer, tea, wine and cigarette smoke. Amines are also found in many commonly used drugs like antihistamines, tranquilizers, nasal decongestants, oral contraceptives and many others.

The nitrosamines formed are among the most potent carcinogens, or cancer-causing agents, known to man. They have caused cancer in all species of experimental animals in which they have been tested; they have induced cancer in almost every organ of some animal or other. And, they are most effective when given by mouth in many small doses over a long period, which is exactly how humans eat nitrite-cured meats.

It's been 20 years since nitro-were nitrosamines found in human

stomachs.

Although almost all preserved meats contain nitrosamines, bacon is the worst offender, because nitrite and amines combine most readily in high heat, like that used to fry bacon.

It wasn't until November of last year that I became aware of the controversy. That month's Esquire magazine published an article by Hugh Gardner: "Sowbelly Blues, the links between bacon and cancer." My first reaction was disbelief...surely if what Gardner dug up was true, there would have been a great hue and cry in the 13 years nitrosamines have been known to inhabit human stomachs. Which just goes to show that a journalist can't be too cynical.

In my research for a documentary



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which ran November 26th on CITY-TV's City Show, I found no one who would dispute that nitrosamines are fearful substances: scientists, meat packers, government regulators; they all agreed—nitrosamines are nasty things indeed.

Common sense would then say that nitrite would be banned, or at least strictly controlled. Nothing could be further from the truth. Industry and government regulators have formed an impenetrable wall of logic which genuine concern for human health hasn't got a chance of breaching.

The first line of defense goes like this: there is not a single proven case of cancer in a human being caused by nitrosamines. Therefore, there must be some point at which nitrite is safe. This argument is used by both the packers and the government agencies that are supposed to regulate them.

The counter argument is more convincing: we live in a sea of chemicals, some known to be carcinogenic, others suspected, still others lurking untested and unknown. How is it possible to fix the blame on any one chemical, which may have a gestation period of 50 or more years. How do you isolate that one chemical that caused a specific cancer?

Also, synergistic effects can't be ignored. It's possible that a chemical, like one of the nitrosamines, by itself poses little risk. But in combination with one of the thousands of other chemicals we ingest daily, it could create a third compound with a frightening carcinogenic potential.

Since there are no clear answers to these questions, the packers go merrily on their way, pretending to balance the risks of nitrite against the benefits.

Because there are benefits. The official one is that nitrite prevents the formation of botulism. The unofficial ones, and historically the real reasons for using nitrite: it creates a uniform pink colour, and lends the familiar cured taste.

There are other ways to preserve meats, although they are undeveloped, or extremely expensive. And there may not be a good way to preserve bacon and have it come out tasting like bacon.

So far, the government seems to be playing a minor role in this public health drama. Civil servants

like to keep a low profile, but they are accessible, if you go through the right channels. The man in Ottawa who could crack down on nitrite has a formidable title. He is Dr. W.P. McKinley, Director General, Foods Directorate, Health Protection Branch, Department of National Health and Welfare.

Dr. McKinley pointed out that there is a limit to nitrite use: 200 parts per million are allowed in all preserved cured meats, except for side bacon, which is cut down to 150 (which conveniently still allows the packers to get their colour and flavour benefits).

McKinley was concerned and honest—he admitted freely we

“Common sense would then say that nitrite should be banned or at least strictly controlled.”

don't know the effects of synergy and that there's "not enough evidence to draw the line." He doesn't know how much nitrite would guarantee safety.

I asked him how he could then justify drawing the line at 200 ppm. His only answer was to spout the packers' position: we have to weigh the potential dangers of botulism against those of nitrosamines.

So much for the title "Health Protection Branch". Perhaps it

should be renamed Industry Protection Branch. I'm not saying McKinley is the cause of the problem. If he were to cut down drastically on nitrates, he might risk losing his job.

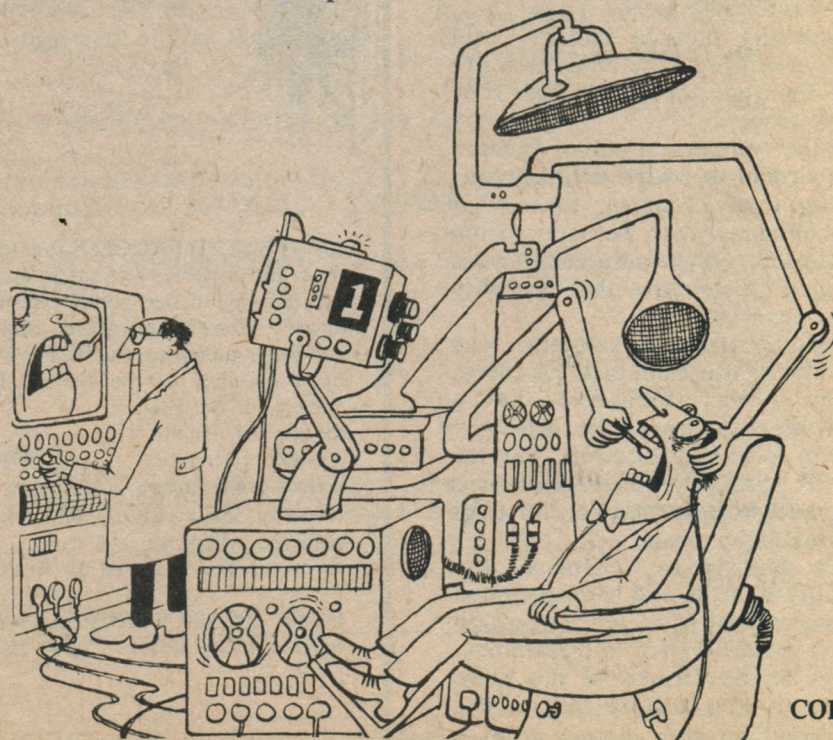
Politically, government regulations follow industry need simply because industry is much more effective at lobbying than are consumer-health oriented groups.

The most effective action against nitrite would be for each individual to weigh the risks and make a personal commitment by cutting down on preserved meats and cutting out bacon. Many of the scientists who work in the field have done that.

I used to take great enjoyment from a bacon, lettuce and tomato sandwich (with lots of mayo). I almost regret the knowledge I've gained in my research. But the only weapon that will succeed against health hazards like nitrite is an informed consumer.

But it's a losing battle: for every seven-minute documentary on television, there are hundreds of commercials extolling the delights of bacon. By complete coincidence, a 30 second Canada Packers commercial for bacon followed my segment of the City Show. It was a coincidence, but conspiracy buffs take note. •

Ken Sherman is a reporter with CITY-TV in Toronto.



Doctors May be Overdosing Insulin

continued from page 6

nevertheless cause an over-activation of the adreno-pituitary protective system. This system goes into operation as soon as the sugar level in the blood declines below normal levels, or when it drops suddenly from a high to a somewhat lower—but still above normal level.

Continuing hypoglycemic episodes, with the accompanying rebound effect have wide-ranging implications for the diabetic. Not only does his diabetic condition become 'brittle' and difficult to manage, but the circulatory and hormonal system throughout the entire body are strained and often damaged, the small blood vessels of the eyes are subject to enough damage to cause blindness. In fact, many of the complications that result from a diabetic condition—and many of them lead to death—can be attributed to the problems created by the secondary adreno-pituitary diabetes which has been created by insulin overdosage, and not the original problem.

to be continued

tune in to find out:

- 1] how to spot a poorly regulated diabetic
- 2] how to test urine to discover "rebound"
- 3] how diabetics can feel better and have less complications
- 4] how the majority of diabetics need only proper diet and weight loss [as opposed to pills and injections]
- 5] how a high carbohydrate [complex], low fat diet can bring down insulin requirements •

A Person of My Times

By Charlene Babb Knadle

I am a person of my times.

I feed my children nitrates, distilbesterol and DDT.
(I do for them what was done for me.)

I clothe them in jackets made of polyvinylchloride;
They shine where it counts—on the outside.
Their school has ceilings of flown asbestos;
Aluminum wiring lights our house for us.

I barbecue cholesterol-laden patties in my back-yard patio;
Let the grass replace the oxygen; I have no trees, you know.
My birds are great 747s and an occasional SST.

I am widely travelled via my living-room TV.

My New York skyline is a row of cereal boxes on the breakfast table.

I avoid exercise to keep my condition stable.

Traffic whizzes past my windows and I breathe the air,
recommended or not;

What do I care? My lungs can take it; they're conditioned
by cigarettes and pot.

When trouble comes, I have medical insurance.

If the doctors can't do it, I'll sue.

I don't waste time being afraid. (What can one do?)

I adjust.

For I am a person of my times.



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Health Organization Fights for Nutrition

Hyperactivity in children, nutrition, fibre in the diet, obesity, heart disease, cancer, smoking and alcohol dependency are among topics to be explored in Toronto at a three-day convention—"Total Health '77"—sponsored by the Consumer Health Organization of Canada.

The convention (April 9-11 at the Royal York Hotel) will assemble health experts from around the world "to provide information on a wide variety of health subjects to consumers and government representatives," Leon Shelley, president of the non-profit organization, announced.

Convention Goals

One goal of the convention, Mr. Shelley said, is to establish CHOC as a permanent health information centre in Canada which would maintain the momentum established at the convention. CHOC, affiliated with the National Health Federation in the United States, was chartered last November.

The organization was formed during two years' preparatory work and will disseminate information to the general public and governments with a view to improving the quality of individual lives by creating greater interest in good health and the factors that undermine it.

One of CHOC's functions is the planning of seminars in which representatives of consumers, the health profession, governments, business, unions, education groups, service clubs, the mass media and others will have an opportunity to examine and discuss matters related to achieving total health.

Some other topics to be explored at "Total Health '77": physical fitness, stress, junk foods in schools, emotional and mental balance, chemicals, soil/blood relationship, enzymes, sugars, maturation, personality, and health in youth, in middle years and in old age.

Participants will include: Dr. Keith P. Ball, secretary, Action

on Smoking and Health, Royal College of Physicians of London, Eng., and an examiner for the University of London. Dr. Ball has said that "smoking is undoubtedly the most important type of behaviour disturbance with which modern physicians have to deal." He maintains that doctors must "spend less time prescribing with drugs than in trying to modify his patient's behaviour." Infective diseases cause only 1 per cent of all deaths and deficiency diseases are rare, he says. "Many beds in medical wards are filled with patients suffering more from the way they live than from their external environment."

International Speakers

Marie-Louise Carp, of Switzerland, a hygienic-dietician and lecturer on health. Mrs. Carp maintains that "In Europe, food is already much polluted, filled with chemicals, colored artificially and most of it is not really fit for human consumption. In the U.S. it is even worse.

Dr. Allan Cott, of New York, president of the Academy of Orthomolecular Psychiatry, author of *Fasting: The Ultimate Diet*, was an invited lecturer and observer at the Moscow Psychiatric Institute in 1970 and 1972. His views on nutrition in health have made him internationally respected. His writings include controlled fasting and biochemical treatments for schizophrenia and megavitamin treatment in childhood schizophrenia.

Dr. Ben F. Feingold, of the U.S., author of *Why Your Child is Hyperactive*, who says hyperactive children can be helped without the use of drugs. The reason for hyperactivity in the majority of cases, he says, is food additives—in cookies, ice cream, hot dogs, dry cereal, etc. Cut out food additives and there would be a dramatic decrease in the problem of hyperactivity in children, he says.

Beatrice Trum Hunter, author of

Consumer Beware and Food Additives, and a number of other books on food and consumerism and an extensive lecturer is a past-honorary vice-president of the American Nutrition Society and an honorary fellow of the International Academy of Preventive Medicine.

Dr. R.W.D. Turner, O.B.E., senior research fellow in preventive cardiology, University of Edinburgh, who along with many other international nutritionists blames milk, fat meat, solid cooking fats, most margarines and cooking oils for the increase in heart attacks. Dr. Turner has pressed for improved health education at school and in the mass media and wants family doctors, community nurses and other welfare workers to start preventive programs for the new born.

Dr. Ann Wigmore, founder of the Hippocrates Health Institute in Boston, holds doctorate degrees in divinity, psychology, metaphysics, philosophy and naturopathic philosophy. Dr. Wigmore is an advocate of combining diet—vegetarian and completely uncooked foods, with an emphasis on seeds, sprouts and grasses—with exercise and "clear thinking". Her writings include *Be Your Own Doctor*, *Why Suffer*, and *Naturama Living Health Textbook*.

Other Speakers

Some of the other participants include: Dr. Bernard Jensen, nutritionist and author of *Blending Magic*; V. Earl Irons, vice-chairman of the National Health Federation of the United States; and Dr. Joseph D. Nichols, author of *Please Doctors Do Something*.

For further information call 869-0831 or 222-3083. ●

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SKIN CARE TIPS

Doctoring Your Skin Naturally

by Geselle Roder

You are what you eat.

Looking at or complaining about dry or oily skin, even the mixed type of skin, should remind you that your skin is nourished from "within" by nutrients and oxygen carried to the skin by your blood: your circulation. There is no way of caring for your skin from the outside only.

Your body needs more vitamin supplements if food is shipped to your area unripe, or grown with growing aids (fertilizers) and insecticides. If no worm will go into the apple it can't be that good! If you can grow fruit and vegetables in your own backyard, you are lucky. Nevertheless, a daily supplement of vitamin C and the B complex (B1, B2, B6, B12) help to keep you healthy and your skin looking young. Vitamin E (especially if it is the complex E) helps to correct the oxygen content of your blood thus improving the rejuvenation or renewal of skin cells.

Looking at your daily food intake, make sure that you have carbohydrates as well as protein and polyunsaturated fats. Eat less than you feel like eating if you want to lose weight but do not remove fats and carbohydrates completely since a minimum is needed by the body. If your skin is dry have a tablespoon of highly polyunsaturated oil a day. You may have it in your food, salads or drink. (Freshly pressed carrot juice with 1/2 lemon and oil is nice.) You will find more recipes in my booklet "Giselle's Combined Skin and Diet Treatment Plan", available through your health store.

The "outside-influences" causing dry skin are:

- 1) using too heavy, too rich creams
- 2) lack of humidity and moisture in your home.
- 3) not enough fresh air and exercise
- 4) mistakes in make-up and/or outdoor protection

Let's take a closer look.

Using heavy, rich creams causes the skin to reduce its production of its own oils and the skin dries out more and more. Creams with a mineral base or mineral oils are "heavy" on the skin forming a coating or layer, especially if used over-

night. Never go to bed with a greasy face. Any cream or oil should be in your skin and not on your skin. My suggestion is a cream with a wheat-germ oil base or other highly unsaturated oils with a content of carotin, which will protect you during the day. Make sure that you don't use more cream than your skin can absorb. The cream should not show on your skin. A good diet for your skin is "Oil Special" with St. John's wort and camomile extract. It also prevents or helps wrinkly skin. Should the skin age or show drying signs use a Cremepack for a carelifting.

Make sure that the air in your home is renewed every day. Open a window or a door to allow fresh air to come in. You won't use more heating fuel because fresh air will warm up much faster. It's a matter of oxygen once again.

Leaving the door or window open for 15 minutes will be enough. Walk with your dog or a friend, go out to have some fun, but get some fresh air and exercise. Dry-brush your body in the morning to mechanically remove the dead skin cells and improve circulation for better oxygen

content of your skin. Dr. Morehouse author of "Total Fitness in 30 Minutes a Week" says that dry-brushing increases your pulse rate and is an exercise in itself. (Dr. Morehouse is the co-ordinator of physical fitness for U.S. astronauts.)

If you cover your skin by using mineral based make-up liquids, creams or powder, you also slow down the natural output of oils produced by your glands. You will see that after a while your own skin colouring will be sallow and you feel naked without your artificial make-up. Do not remove the so-called skin acid film produced by your own skin by washing with soap and hot water in the morning.

Use cold water rather than warm water in the morning. This maintains elasticity and keeps a skin acid protection on your face. Massage as much cream (not a moisture cream) into your facial skin as is easily absorbed. If you plan on staying in the house you may use moisture cream.

Questions and letters are invited. Send a preaddressed, stamped envelope to Giselle Roder, Professional Cosmetologist, Winnipeg, Manitoba. ●

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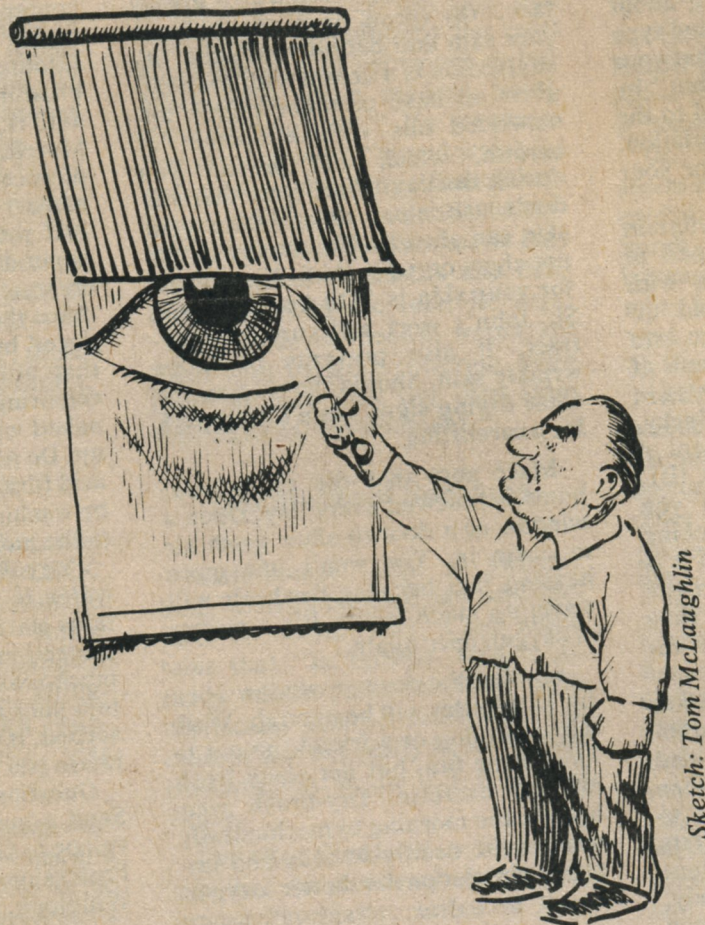
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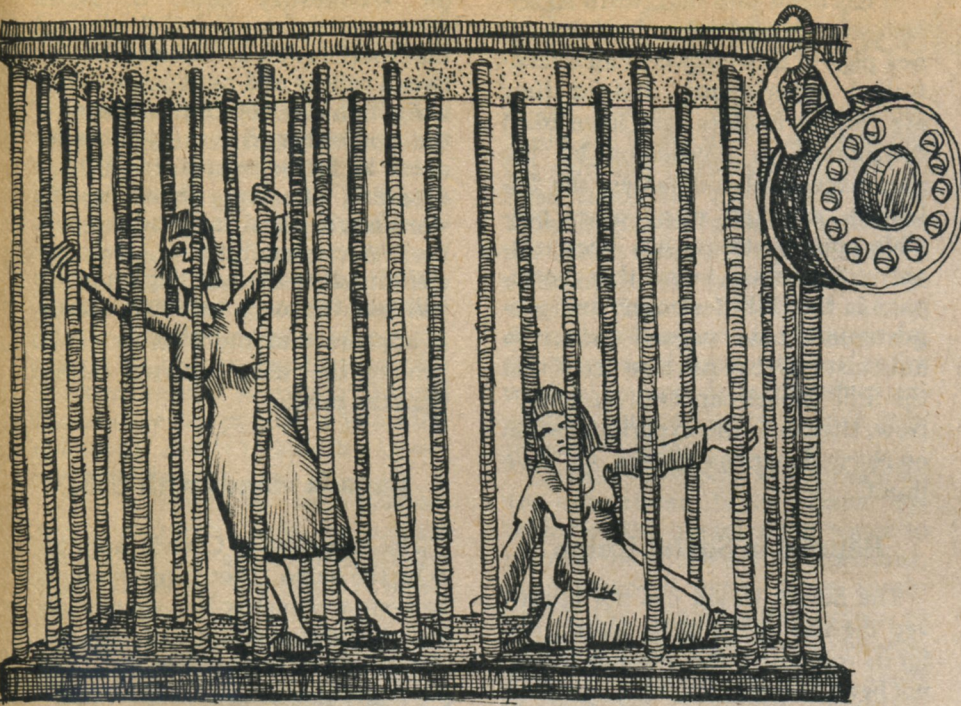
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Women as guinea pigs, the continuing saga

by *Alfreda M. Mordas*

Estrogen and progesterone hormones cause cancer. It's a well known fact, yet doctors continue to prescribe estrogen, in the form of the "Pill," and women continue to request it. And, drug companies continue to turn out the "Pill" in its present carcinogenic form, conducting experiments, not in a lab but on women as a whole. They have become estrogen guinea pigs.

Dr. Roy Hertz, the well known U.S. medical scientist and Chairman of the Federal Drug Association Task Force on the Carcinogenic Aspects of the Birth Control Pill, was quoted in *Newsweek Magazine* in 1968 as predicting that the early seventies would reveal the evidence of cancer of the female reproductive organs, especially that of the breast of those women who were on the birth control pill. The induction period for cancer is usually ten years and the birth control pill was officially sanctioned for public use in North America in 1960.

There were many others who warned against the use of such strong medication on perfectly healthy women. That such potent drugs

as estrogenic hormones should have certain biologic dangers seems inevitable. More than fifty metabolic changes which modify important biochemical processes in all body tissues have been reported to be associated with estrogens and the "Pill". Most of these changes as noted in *Lancet* "are unnecessary for contraception and their ultimate effect on the health of the user is unknown." The many side effects that have been connected to the oral contraceptives are by now, pretty well-known, i.e. thrombophlebitis, embolism, liver disturbances, diabetes, eye diseases, etc.

Research findings purport the most recent side effects to be cancer of the reproductive organs. These findings would seem to support Dr. Roy Hertz' warning of 1968:

(1) Two San Francisco area physicians, Dr. E. Fasal and R. Paffenberger of the Department of Health at Berkeley, California, conducted a three year case-controlled study of women with benign and malignant breast tumors. They reported in the October 1975 Journal of the *National Cancer Institute* that patients who took oral contraceptives for two to

four years had a "significantly increased" risk of developing breast cancer—as much as two and a half times greater than women who did not take the "Pill." They also reported that women with a prior history of benign breast lumps increased their breast cancer risk factors as much as elevenfold by prolonged use of the "Pill."

(2) Two studies reported in the *New England Journal of Medicine*, in December, 1975, indicated that prolonged estrogen therapy might contribute to the development of cancer of the uterus. Dr. D.C. Smith and his co-workers at the Mason Clinic and the University of Washington Medical School in Seattle reported that the risk of developing cancer of the endometrium (the lining of the uterus) was five to nine times higher in menopausal and post-menopausal women who were on estrogen therapy as compared to those who were not on this medication.

The second study was done by Dr. Harry K. Zill and Dr. W. D. Finkle of the Kaiser Permanente Medical Center in Los Angeles who reported similar findings. They also reported that the risk of cancer seemed to increase with the length of time the estrogen therapy was continued.

In a recent article in the *Toronto Star*, August 18, 1976 under the heading "Study Links Breast Cancer to Estrogen" reference was made to a report that showed the rates to be even higher than in the preceding two studies. The report states that post-menopausal women increased the risk of cancer of the lining of the uterus to between 4.5 to 13.9 times normal by sustained use of estrogen.

(3) In the August 19, 1976 issue of the *New England Journal of Medicine* a study carried out by doctors from the Harvard School of Public Health, the National Cancer Institute and the University of Louisville, Kentucky School of Medicine revealed that the incidence of breast cancer in the observed women who averaged 49 years of age was 30% greater than could be expected. This was a study done on women

who were receiving estrogen therapy for menopause and post-menopause. However, the researchers termed this figure as "of borderline statistical significance" because of the small number of women involved. The study involved 1,891 women for an average of 12 years. The report also said that if a woman on estrogen therapy developed a benign breast tumor, the possibility of breast cancer following was seven times normal.

It is interesting to note that the first controlled research study of estrogen effects on women was the well known study in connection with the birth control pill which took place in Puerto Rico in 1956. In this study there were only 132 women who had received estrogen continuously for a year or more. Therefore, the foundation for the conclusion of safety included a mere 132 women. No one complained that the findings were of borderline statistical significance because of the small number of women involved.

Effective, not safe

It is obvious that in the Puerto Rico study the main thing which was monitored was effectiveness and not safety. Several women died and were not autopsied. At the time their deaths were attributed to a "heart attack" but in retrospect it appears that pulmonary embolism was a more likely cause.

It should be mentioned that as early as 1968 a study spearheaded by Dr. Myron R. Melamed under the auspices of Memorial Hospital and Planned Parenthood of New York, raised the possibility of a causal connection between cervical cancer and the "Pill." It consisted of a three year study of 33,000 women who were using the diaphragm, IUD and the "Pill" as birth control methods. There was a small but statistically significant higher percentage of very early cancers or pre-cancers in women who were on the "Pill." It is interesting to note that the American Medical Association refused to publish these results. This research was eventually published in *The British Medical Journal* in 1969.

It has been said that North American women are being used as guinea pigs in this largest of all uncontrolled experiments. Indeed they are. In the leaflets that have been distributed to physicians by the pharmaceutical companies, the following, amongst many other possible complications, has been stated: "Scientists know that hormones in the 'Pill' (estrogen and progesterone) have caused cancer in animals, but they have no proof that the 'Pill' causes cancer in humans." Now, thanks to the experimentation on North American women, we have proof.

Banned in Soviet Union

The Soviet Union has not approved the use of the birth control pill for its women on the grounds it has not been proven safe. They said that the Western world is their guinea pig. In Cuba, the "Pill" is also not considered safe enough for distribution and, as health is not a commodity in Cuba, it is not distributed. Contraceptive pills can be prescribed in France only on special government issue chits, similar to the narcotics prescription used in the majority of the States (U.S.) and provinces (Canada).

"There were many others who warned against the use of such strong medication on healthy women."

Similar restrictions should be imposed on the use of estrogen in Canada and in the United States. However, up to now, it appears that nothing is being done. The public is not even being alerted about the dangers. A *Toronto Star* article on September 1, 1976, made reference to the Federal Drug Administration (FDA) stating that "A Ralph Nader health research group says the proposed government delay in issuing a cancer warning for women using estrogen pills is 'absolutely outrageous'." In a recent report to the CBC following the 6:00 a.m. news

on Wednesday Sept. 8, David Wordsworth from the U.S. claimed that there is now a "definite link between cancer and estrogens—unusually high rates of uterine cancer of the womb from five to 14 times for users as for non-users, the FDA is dragging its feet about issuing warnings to physicians and the public." According to him, they are claiming that the wording on labels will take too much time and money. It appears that the FDA is out to protect the drug industry rather than the public.

Canada stands with U.S.

The situation in Canada appears to be the same. There apparently is no system whereby it is mandatory for physicians to record adverse effects of any medication. Knowing the many side effects of the "Pill," cancer is only one of them, the least one should expect is the passing of legislation which would require the systematic monitoring of these side effects. There is the belief that up to recently, the so-called "safety" figures on the "Pill" in particular were exaggerated because researchers used only a small or unrepresentative sampling of subjects. Others say, and it seems likely, that the contraceptive-related side effects are in fact under-reported since the association between the side effect and the contraceptive use may not always be recognized. The government, if it had the interests of the consumer in mind would develop methods to facilitate a more accurate reporting.

As we can see, the government is not protecting the public, nor are the doctors who know better but are willfully ignorant or have an unholy alliance with the drug industry. It would appear that the medical consumers have to protect themselves, especially with respect to hormone therapy. Dr. Ralph Benson is reported to have said at a meeting about the controversy over the use of the Pill: "Women make superb guinea pigs. They don't cost anything, they clean their own cages, they pay for their own pills, and they even remunerate the clinical observer." ●

Orthomolecular Centre Seeks Support

There are few places in Canada where a patient can receive Orthomolecular medical treatment, also known as megavitamin therapy. (This involves a nutritional approach to medicine, wherein patients are provided with the proper nutrients through diet and vitamin supplementation.) Even if a patient finds someone to prescribe this treatment it is usually discontinued once the patient is admitted to hospital and is treated by a conventional doctor.

So, a non-profit organization, based in Toronto, is in the process of setting up an Orthomolecular Medical Centre. The board of directors include Dr. Paul Cutler, Dr. Jerry Green, Mrs. Edythe May, and Mr. J. Ander.

The size and functions of the Centre will be dependent upon the funds collected. It appears that most of the money will have to be

raised through public donation. There are books and pamphlets being sold and bazaars being held to raise funds for the Centre. Pure water distillation units sold through the Centre mean a five percent sales commission on each item for the Centre. These methods of raising funds however, are inadequate for the purpose of supporting an entire medical centre. It is therefore essential that the Centre receive public contributions.

Initially the centre will operate on an out-patient basis. Once established the organization hopes to provide many more vital functions, an out-patient basis. Once established the organization hopes to provide many more vital functions, 1) To promote interest in the study of predictive, preventive and orthomolecular medicine. 2) To establish centres for research and practice in these fields.

- 3) To fund research in these fields.
- 4) To communicate via distribution of audio-visual material, conferences and teaching seminars, information pertinent to these fields of endeavor.
- 5) To encourage greater public emphasis in the science of human nutrition, in particular in medical schools.
- 6) To build and maintain hospitals and/or centres with 24 hour facilities.
- 7) To develop half-way houses for orthomolecular patients.

In establishing such a centre it will provide schizophrenics, hypoglycemics, alcoholics and those with learning disabilities with an alternative to conventional medicine. Orthomolecular medicine may not provide the proper medication for everyone. But, it has never injured anyone. The same cannot be said of conventional medicine. ●

For Doctors

New Sections on Orthomolecular Medicine Needed

I am a member of the Canadian Medical Association and would be interested in forming a new section, of my provincial association, on Orthomolecular medicine.

Name _____
Address _____
City _____ Postal Code _____

For Everyone Send in Your Membership Form

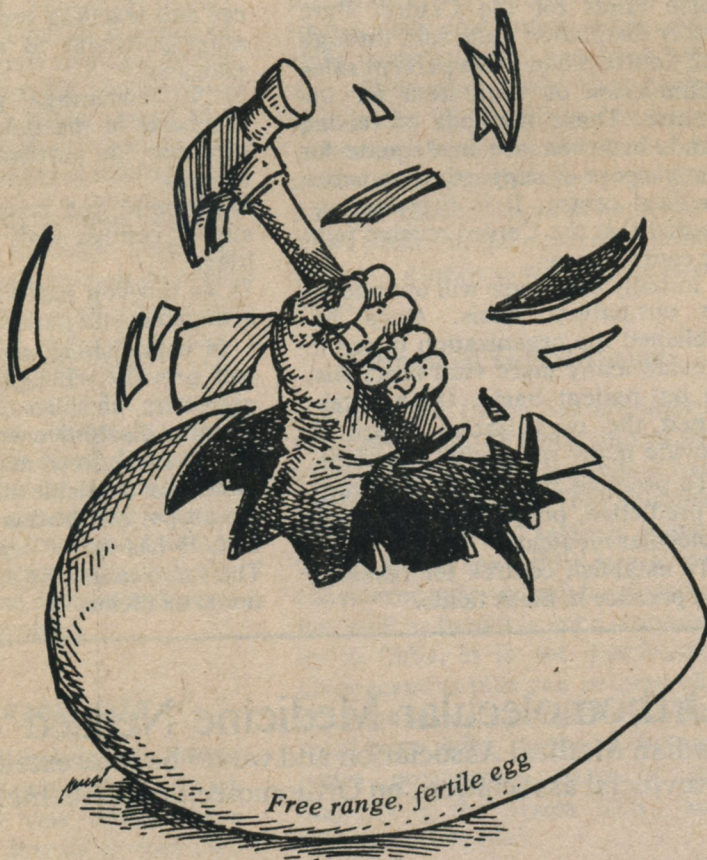
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Toronto, Ontario M5M 2E1

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- () I wish to become a *life member* and will pay the sum of \$ _____ monthly until the sum of \$500.00 is reached.
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Health News Analysis

How to Analyse A Prescription

You have the obligation and the right to be the primary guardian of your well-being. In doing so it is your duty to seek knowledge about yourself and your environment.

The *New York Times* ran a series of articles in 1976 about incompetent doctors. One of their best suggestions involved patients familiarizing themselves with every step of their treatment.

Millions of prescriptions are written by physicians each year, a large portion of which are unnecessary. A University of Rochester School of Medicine study shows that 51% of prescriptions are never filled and used.

There are some basic questions patients should ask their prescribing physicians.

Find out what your diagnosis is and how it was made.

You should know the name of the prescription drug, why it was prescribed and what it is expected to do for your condition. Antibiotics are overprescribed. If you have received an antibiotic, find out the basis on which the physician has made this decision. Have tests been done to give direct evidence that you have a bacterial or fungal infection (ie. throat culture)? Maybe you are another statistic of overprescription. Remember that, with rare exception, known antibiotics are not effective against viruses.

Obtain definite instruction on taking the drug. Should it be taken before or after meals? Are their certain foods (or other drugs) which you must avoid while on this drug? The activity of tetracycline is disturbed in the presence of milk and milk products. Cheese cannot be eaten when some anti-depressant drugs are used.

If you find no changes in your symptoms, how long should you wait to return to see the physician? Should you have the prescription refilled? If so, how often?

Determine all possible side effects you may expect from this drug. Find out which ones you

should report. Since there are long lists of contraindications for most drugs, make sure you have given your physician a detailed account of your medical history including any drugs you are now taking. You must always advise your doctor of any adverse effects to drugs in the past.

Drugs can be lethal when abused or misused. If it is essential that you take a drug, do so with caution. But also make sure that you are satisfied that the drugs are necessary.

Physicians frequently attribute their high use of drugs to patients' expectations. They feel they will alienate patients if they don't give them a drug for their malady. Are you perpetuating this attitude?

Great Improvements in Health Pre-date Modern Medicine

Improvements in medical technology and greater accessibility to medical facilities has failed to reduce the death rate of leading disease-killers over the last twenty years.

This indicates that the psychiatric *Need Your Doctor Be So Useless*, and two colleagues implore the medical profession to encourage patients to be more self-reliant in health practices and to stop banking on doctors and medical technology to cure them after they have allowed themselves to become ill.

A letter in the *Canadian Medical Association Journal* says the greatest reduction in mortality is described as having taken place from 1865-1934, prior to the use of sulfonamide drugs. The incidence of infectious diseases was reduced with the introduction of cleaner water, proper sewage and pasturized milk.

The attitudes of staff and students at the University of Toronto towards the effectiveness of health care were released in a report last year. There proved to be a generally erroneous assumption that medical

advancement has significantly altered the death rate in the developed world. This widely accepted opinion of their own self-importance leads those in the medical profession to rely more on prescribing treatment. It also fosters an unwarranted expectation among patients and absolves them of the responsibility for their own health.

Rainbow of Dyes

Canadians have an impending battle ahead of them in trying to convince Ottawa bureaucrats that they don't want artificial dyes in their foods.

The problem is that the food directorate won't ban dyes from food until they can be scientifically satisfied of the precise danger of the additives.

Perce McKinley, Director-General of the Federal Food Directorate, told the *Toronto Star* that the U.S. ban on Red Dye No. 2 was "not based on good scientific information." That's why it is still in our food in Canada!

Lacking this proof, the food directorate has "suggested" to the Department of Consumer and Corporate Affairs that the name of any dyes added to food be specified on the container. He didn't discuss a program for educating all people in Canada about the whole spectrum of food dyes which might enable them to make sense of the information on such labels.

Ralph Nader's health research group has recently demanded bans on six more food dyes, four of which are still used in Canada:

- Yellow No. 5 (Tartrazine) is used in baked goods, candy, ice cream and pet food. The group claims this dye causes allergic reactions and feels there are still questions of cancer causing properties yet to be answered.

- Citrus Red 2 makes some Florida oranges bright orange and the Nader group says it has been shown to cause cancer.

- Blue No. 1 (Brilliant Blue FCF) is used in beverages, candy and baked goods. It is claimed that the safety of this dye has yet to be

Health News Analysis

in the edible portions whatsoever," McKinley said.

Evidently he doesn't know that many children (and some adults) eat oranges by cutting them in halves or quarters and drawing the pulp and skin between their teeth. Also he doesn't seem to be aware that grated orange peel is used in most baked goods (bought and home-made) with orange flavour.

Holy Cow

Meat eaters are unwittingly being dosed with antibiotics in Canada. But this time you can't hang it on physicians. You can thank the farmers.

Farmers are "needling" cattle, hogs, chickens, turkeys and sheep with antibiotics without consulting veterinarians, says a recent editorial in *The Medical Post*. A group of vets working as meat inspectors have complained to their superiors at the Department of Agriculture that the level of antibiotics in beef is a menace to public health.

"Meat eaters are unwittingly being dosed with antibiotics in Canada."

proved.

• Red No. 3 (Erythrosine) is found in drugs, cosmetics and some food. Again, the group says there is already sufficient evidence of this dye possibly being a carcinogen to warrant a ban.

McKinley says that Citrus Red 2 is limited by law to 2 parts per million while in the U.S. there is no such limit.

"We have checked oranges and did not find any residue (of the dye)

The federal Food and Drug Act prohibits the sale of meat containing toxic substances beyond a given level. But a spokesman for the group of vets says that the Act is rarely used.

Many people responsible for taking cattle to market on open trucks, give the animals massive doses of antibiotics in case they catch pneumonia en route. The idea is to prevent the pneumonia from

spreading through the herds at the sales barns.

It has been suggested that the persistent physiological resistance to antibiotic therapy in humans can be related to the high levels of antibiotics which people have been ingesting in their meat. A tolerance to these antibiotics has built up in those who eat meat. There is a new strain of gonorrhoea, which is resistant to penicillin. It may result from continued high amounts of penicillin in the human body over a long period of time due to meat consumption.

What can we expect to be done about this?

The veterinarian spokesman for the meat inspectors at a Montreal slaughterhouse says, "Cracking down on the excessive levels of antibiotics, particularly penicillin and tetracycline, could cause serious economic effects in the beef industry."

How to Argue for the Saccharin Ban

Marc Lalonde announced the federal government's ban on saccharin recently. Public reaction has been generally critical and angry. We would like to present some arguments which are not getting very much coverage. This is probably due to the control of the large corporations involved in this area.

There are over 2,000 chemicals in the environment, many of which are probably more dangerous than saccharin. But, perhaps the government feels it must at last give in to pressure from citizen's groups (such as *The Critical List*). Despite this the federal government's stand must be supported.

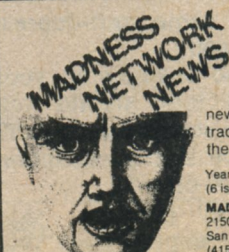
First of all, the statement that one would have to consume 800 12 ounce bottles of diet soft drink a day is not correct. We know that man is often more sensitive to some chemicals than rats (thalidomide is one example). Also research showed only the amount necessary to produce cancer. The amount necessary to produce a lesser condition or other problems eventually leading

to cancer are unknown.

One researcher suggested that the only thing necessary is a warning label saying: "caution saccharin may be hazardous to your rat". The implication that saccharin is only harmful to rats is nonsense because a large percentage of scientific research has always been done and accepted on animals other than man. When a new chemical is allowed on the market, tests on rats are allowed as proof of safety. We must see the tests on rats as predictive for man.

People have argued that the ban will produce more serious problems in diabetics and the obese. This again is a fallacy. The assumption here is that saccharin is the main substance available to these two groups. Both these groups can use natural sweeteners in moderation such as fruit and honey. (see our article on diabetes in this issue). Weight reduction can be achieved by a natural, non-junk, whole foods diet accompanied by regular exercise.

We must realize the following sad fact: just as many years ago there were epidemics like the bubonic plague, there is now an epidemic of cancer in our modern day affluent society. And many scientists are admitting that eventually we will discover that most of these cancers are caused by factors in the environment (ie food, water, air, stress). So the more we can clean up the environment by getting rid of a substance which is suspected of causing this epidemic, the closer we will be to optimum health. If one scientist tells you a substance may kill you and another tells you it won't, which one are you going to believe? Can you afford to take the chance when it involves your very life and health, something which should be dear to you? ●



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Nutrition Books

by Beatrice Trum Hunter

EATING MAY BE HAZARDOUS TO YOUR HEALTH, *The Case Against Food Additives*, by Jacqueline Verrett, Ph.D. and Jean Carper [Doubleday, 105 Bond Street, Toronto, Canada, M5B 1Y3, paperback \$2.95].

"Many highly sophisticated and intelligent people truly believe that the government's decisions about food additives are made rationally on a purely scientific and legal basis in the best interests of the public health. In fact such decisions are largely political and economic," charge Dr. Verrett and Jean Carper, in *Eating May Be Hazardous To Your Health*. "It is hard to imagine the day-to-day battles over irrelevant points, the evasions, half-truths, deliberately misleading statements of corruption of scientific data which official statements feed to the public as reasons for action and nonaction." This book documents the day-to-day battles, as waged by the Food and Drug Administration (FDA) and United States Drug Authority (USDA) the two federal agencies responsible for food safety. The book confirms many earlier charges made against these agencies, and also extends insights and knowledge by providing some heretofore unpublished data.

The first part of the book gives background information about the severe undermining of our protection from food hazards. The second part demonstrates, by means of five case histories, how this lack of protection results when FDA and USDA make important decisions about food and food additive safety.

The authors cite shocking practices by FDA. Scientists within the agency have been asked to conceal or alter information which may be damaging for the case of 'safety' of an additive. Memos have been changed without the scientist's knowledge, to prevent unwanted opinions from reaching supervisors. Experts within FDA's own Bureau of Science found many items on the Generally Recognized as Safe (GRAS) list as "suspect" and others for which there were "sub-

stantial grounds for concern." Dr. Verrett names these specific additives, and reveals the hazards which had been noted. FDA data, as yet unpublished, show that certain synthetic flavors currently in use, may be damaging to health and may even be cancer inducing. Instance after instance is given showing the deliberate distortion of scientific information, the sweeping of damaging evidence "under the rug," and the failures to release adverse findings. FDA and USDA have learned the advantages of stalling, of drawing out proceedings so as not to cause any food industry crisis. These two agencies constantly employ the techniques of foot-dragging by "studying the matter" with what the authors call an "obtuse resistance to any action."

The reader is shown how many decisions made by FDA pass from the public arena (where it belongs) to private ones, such as the National Academy of Sciences. Within that group, a review is made by a select few, often with close industry ties, who operate secretly in closed hearings, and are unaccountable to the public. Yet this handful of persons make grave decisions which affect more than 200 million Americans, and countless numbers elsewhere, since other governments frequently follow suit and accept these findings of 'safety'. Those individuals who do not bend easily to the prevailing opinions of the Academy's committees are not chosen, or are not invited back. Or, their views may be totally ignored, and dissenting opinions may not even be included in final reports.

The reader is also shown the farcical nature of the ongoing review of the GRAS list. With the best scientific minds available under the U.S. Department of Health, Education and Welfare, and especially within the National Cancer Institute, FDA shuns such advice, and instead relies on self-serving scientists, who may be industry oriented, to bolster the agency's policies. Astonishingly, the ongoing review of the GRAS list is *not* screening food additives

for cancer-inducing potential. FDA is using taxpayers' money for a large new testing laboratory at Pine Bluff, Arkansas. Under the guise of conducting basic research, the agency is actually diverting funds from the project to prove its pet theory that cancer-inducing substances can be used 'safely' in the food supply. This idea has been repudiated repeatedly by cancer experts. FDA's actions further subvert the Delaney Clause which expressly forbids the introduction of known cancer-inciting substances into the food supply.

In the past, Congress, the General Accounting Office, various committees of public citizens, investigative reporters, and consumer activists, have all uncovered scandalous incidents demonstrating the dismal and repeated failures of FDA and USDA to adequately protect the public from food hazards. The uniqueness of the present book is that the problems are described by an insider, since Dr. Jacqueline Verrett, a biochemist and researcher, has worked for the last fifteen years within FDA. The co-author, Jean Carper, is a responsible Washington D.C. area writer, interested in the subjects of consumerism and health. These women have written an important book. In this reviewer's opinion, *Eating May Be Hazardous To Your Health* is a landmark book. May it serve to outrage the citizenry and to spur the initiative of actions that will correct an appalling situation. ●

WATCH FOR THESE BOOKS

Roderick Stewart's second book on the Canadian doctor and Chinese hero: *The Mind of Norman Bethune*

Dr. W. Gifford-Jones, *What Every Woman Should Know About Hysterectomy*. Dr. Jones is an Niagara Falls obstetrician who has been instrumental in fighting for repeal of the abortion law.

Where is My Doctor? by Dr. L. DeWitt Wilcox, a London internist.

Monitor

by Martin Rutte

Politics of Health in Quebec

A province with stationary or decreasing health, a medical establishment essentially individualistic and curative, a system whose costs are rising dramatically, a clan of entrepreneurial doctors. These are some of the ills of Quebec's present health care system. It is one that funds sickness rather than investing in health.

The prescription is the de-medicalizing of people's lives by transforming the political and economical context of society.

All this is presented in a devastating new book entitled, *Demain, La Santé*, by Yanick Villedieu available from Le Dossier du Québec Science, C.P. 250, Sillery, Quebec. \$8.50 Available only in French.

Workers' Health

Capilano College in North Vancouver, British Columbia has organized an 'Occupational Health and Safety Course' as part of its Labour Studies Program. The course will cover industrial disease with a primary emphasis on dust and chemical contamination, heat stress, illumination and noise. The focus will be upon how workers can attempt to control or monitor these hazards on the shop floor. Another portion of the course deals with the legal, social and economic issues involved.

Further information is available from either the Course Co-ordinator: Craig Paterson, c/o #614-207 West Hastings Avenue, Vancouver, British Columbia or from the overall Program Director: John Sayre, Capilano College, 2055 Purcell Way, North Vancouver, British Columbia.

Health Care Delivery

In the past decade, both the Federal and Provincial Governments have sponsored a number of studies on methods of organizing health services.

Some thirty years ago, Ontario's CCF's Planning Committee recom-

mended the establishment of health centres where the facilities and personnel for primary health care would be located. The work of these centres would be co-ordinated with that of the hospitals and of public health, mental health, and other health service units.

Available as *Socialized Health Services — A Plan for Canada* from the Woodsworth Book Club, 111 Main St., Unionville, Ontario. \$3.95

Bad Shape

A report by a committee of the Canadian Association for Health, Physical Education and Recreation (CAHPER) contends that a vast inequality exists in the calibre of physical education programs offered by elementary schools across the country. Some pupils from kindergarten to grade 8 are getting only 30 minutes of instruction a week. The committee recommended that a daily minimum of at least 30 minutes be available in all schools and, if possible one full hour.

This and other recommendations in *The National Report on New Perspectives for Elementary School Physical Education Programs in Canada*, available from CAHPER at 333 River Road, Vanier City, Ontario.

Joint Bargaining for Nurses

The Ontario Nurses Association in a brief entitled *Stop Waffling, Act Now*, demands action by the Government to institute province-wide joint bargaining between all hospitals and the association. It also asks for compulsory arbitration of disputes involving public health nurses and public health units. At present, there is no legal requirement for joint bargaining. The brief is available from the Ontario Nurses Association, 33 Price St., Toronto, Ontario.

Newfoundland's Outports Out

A report by the Newfoundland Medical Care Commission says the province's outports average only one doctor for every 1,600 people,

while its cities have one for every 400. In addition, 114 of Newfoundland's 221 full-time, non-salaried physicians practice in St. John's.

The outport shortage predates the introduction of medical care insurance, however, since that program began doctors' incomes have become both higher and more assured. Thus, there is more incentive to remain in the urban centres where the disposable income can be spent.

The average gross earnings for Newfoundland's physicians in 1975-76 was \$72,166.

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Health Education Tools

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These buttons have proved their appeal in schools clinics, doctors offices, military installations, display booths, etc. They are ideal for stimulating interest and participation. Education through humor and satire can be very effective.

Protest buttons are available in 3 varieties: (1) Anti-smoking, (2) Anti-drug abuse, (3) Anti-alcohol abuse. Each box contains 100 assorted buttons (10 different designs) relating to each subject. Buttons have fold back tabs (not pins) which are safe and will not damage clothes.



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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.

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If you are dedicated to consumer education, committed to preventive medicine, concerned about health workers or critical of the profit-oriented illness business, you can do something about it. **The Critical List** needs freelance writers, photographers and cartoonists.

Articles

Before submitting your material, please query us first. Better still, send along an outline of your ideas, together with some indication of your qualifications. A stamped and self-addressed envelope will be appreciated. These few rules should save both you and us much time and concern. Length of investigative studies will be governed by their originality and importance. Payment begins at 3¢ a word but rises to 10¢ depending on

the material. If you're not a writer simply send us the facts, outline your point of view, and let us do the writing.

Photos

We need photos, especially in conjunction with written materials. Black and white glossy prints are the best. We pay \$5 per photo; more if used on the cover or in centre-spread.

Art Work

Drawings should be on white paper, in black ink, and signed. Oversized drawings are preferred as these retain their clarity when reduced. As with written material, please query first and submit an outline of your idea or rough sketch, name and address included. Payment per drawing is \$10; more if used on cover.