

HEALTH FRAUDS AND QUACKERY

HEARINGS
BEFORE THE
SUBCOMMITTEE ON FRAUDS AND MISREPRESENTATIONS AFFECTING THE ELDERLY
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
EIGHTY-EIGHTH CONGRESS
SECOND SESSION

PART 3

MARCH 10, 1964

Printed for the use of the Special Committee on Aging



U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1964

31-135

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C., 20402 - Price 25 cents

SPECIAL COMMITTEE ON AGING

GEORGE A. SMATHERS, Florida, *Chairman*

PAT McNAMARA, Michigan	EVERETT McKINLEY DIRKSEN, Illinois
CLAIR ENGLE, California	BARRY GOLDWATER, Arizona
HARRISON A. WILLIAMS, Jr., New Jersey	FRANK CARLSON, Kansas
MAURINE B. NEUBERGER, Oregon	WINSTON L. PROUTY, Vermont
WAYNE MORSE, Oregon	KENNETH B. KEATING, New York
ALAN BIBLE, Nevada	HIRAM L. FONG, Hawaii
FRANK CHURCH, Idaho	E. L. MECHEM, New Mexico
JENNINGS RANDOLPH, West Virginia	
EDMUND S. MUSKIE, Maine	
EDWARD V. LONG, Missouri	
FRANK E. MOSS, Utah	
EDWARD M. KENNEDY, Massachusetts	
RALPH W. YARBOROUGH, Texas	

J. WILLIAM NORMAN, Jr., *Staff Director*

JOHN GUY MILLER, *Minority Staff Director*

SUBCOMMITTEE ON FRAUDS AND MISEPRESENTATIONS AFFECTING THE ELDERLY

HARRISON A. WILLIAMS, Jr., New Jersey, *Chairman*

MAURINE B. NEUBERGER, Oregon	KENNETH B. KEATING, New York
WAYNE MORSE, Oregon	WINSTON L. PROUTY, Vermont
FRANK CHURCH, Idaho	HIRAM L. FONG, Hawaii
EDMUND S. MUSKIE, Maine	E. L. MECHEM, New Mexico
EDWARD V. LONG, Missouri	
EDWARD M. KENNEDY, Massachusetts	
RALPH W. YARBOROUGH, Texas	

WILLIAM E. ORIOL, *Professional Staff Member*

NOTE.—Hearings on medical quackery and health frauds were held and they are identified as follows:

Part 1—San Francisco, Calif., Jan. 13, 1964.

Part 2—Washington, D.C., Mar. 9, 1964.

Part 3—Washington, D.C., Mar. 10, 1964.

Part 4a } Washington, D.C., Apr. 6, 1964.

Part 4b } (Eye care.)

CONTENTS

CHRONOLOGICAL LIST OF WITNESSES

Irving Ladimer, vice president and director, Food, Drug, and Cosmetic Division, National Better Business Bureau, Inc.....	Page 259
Henry B. Montague, U.S. Chief Postal Inspector; accompanied by Adam G. Wenchel, Associate General Counsel; and William F. Callahan, Director, Fraud and Mailability Investigations Division, Bureau of Chief Postal Inspector.....	282
Dr. Frederick J. Stare, chairman, Department of Nutrition, School of Public Health, Harvard University; accompanied by Dr. Dena C. Cederquist, School of Home Economics, Michigan State University.....	286
Dr. Dena C. Cederquist, School of Home Economics, Michigan State University.....	306
Dr. Allen Doner, Northwestern University, American Dental Society; accompanied by Hal M. Christensen, Washington counsel, ADA.....	321
Dr. R. N. Grant, director, professional education, American Cancer Society; accompanied by Miss Irene Bartlett.....	329

STATEMENTS

American Dietetic Association.....	315
Cederquist, Dr. Dena C., chairman, Department of Foods and Nutrition, Michigan State University.....	312
Gilbert, Mae Jean, affidavit, dealing with a fraudulent medical device.....	339
Grant, Roald N., M.D., director of professional education; American Cancer Society.....	334
Stare, Frederick J., M.D., professor of nutrition, chairman, Department of Nutrition, Harvard University.....	296
Supplemental statement on dental quackery by the American Dental Association.....	325

ADDITIONAL INFORMATION

<i>Boston Nutrition Society, Inc., Plaintiff v. Frederick J. Stare, Defendant</i> ...	299
Combating Food Misinformation and Quackery, speech by Ruth L. Huene- mann, D. Sc., University of California, Berkeley.....	316
Safeguards To Combat Exploitation of Older Consumers, speech by Dr. Irving Ladimer.....	263
Tape recording of interviews with members of Educational Alliance of New York City, conducted by Irving Ladimer.....	279
<i>Food Faddism—A Growing Threat</i> by Adelia M. Beeuwkes, University of Michigan School of Public Health.....	341

HEALTH FRAUDS AND QUACKERY

Part 3

TUESDAY, MARCH 10, 1964

U.S. SENATE,
SUBCOMMITTEE ON FRAUDS AND
MISREPRESENTATIONS AFFECTING THE ELDERLY,
OF THE SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The subcommittee met at 8:50 a.m., pursuant to recess, in room 4200, New Senate Office Building, Senator Harrison A. Williams, Jr. (chairman of the subcommittee) presiding.

Present: Senators Williams, Neuberger, Yarborough, and Fong.

Staff members present: William E. Oriol, professional staff member; Gerald P. Nye, professional staff member; Patricia Slinkard, chief clerk; and Marion Keevers, minority chief clerk.

Senator WILLIAMS. The subcommittee will come to order, please.

We will begin our hearings this morning with Dr. Irving Ladimer, director of the Food, Drug, and Cosmetic Division of the National Better Business Bureau, Inc., and Vice President too, of the organization. Dr. Ladimer was with us yesterday. We certainly appreciate his staying over to be with us this morning.

STATEMENT OF IRVING LADIMER, VICE PRESIDENT AND DIRECTOR, FOOD, DRUG, AND COSMETIC DIVISION, NATIONAL BETTER BUSINESS BUREAU, INC.

Dr. LADIMER. I will get down to business as quickly as possible, because we have a number of very important matters to discuss.

I represent the National Better Business Bureau, Inc., and am vice president in charge of the food, drug, and cosmetic division. In addition, I have been a consultant on problems of the aging when I was a Federal employee, as well as for the State and the city of New York and several voluntary and social agencies.

This is the second time that the bureau has had the privilege of speaking before your committee. You may recall that our president, Mr. Kenneth B. Willson, testified on January 16, 1963, and reported on a wide field of problems involving the exploitation of our elderly citizens.

Since his remarks appear in your records, I shall not repeat the details of the bureau movement. I do wish to point out, however, as he did, that we believe that the great majority of American business is honest and deals in a responsible way with the public generally and with our senior population. Most advertisers go to considerable pain

to insure the accuracy and propriety of their claims and seek to correct inaccuracies or misleading statements when called to their attention. A small minority, however, does engage in questionable or underhand practice and it is this group which tends to defraud the public and to darken the name of American business.

Better business bureaus, along with other voluntary protection groups, seek to raise standards and to develop public confidence in American industry, business, and commerce, and to assure that the consumer gets fair value for the trust which he should rightfully repose in our American system of free enterprise.

From our records, it appears that the most widespread and flagrant depredations against the elderly occur in the field of health and well-being. To a great extent, however, advertising of medications, food, and health devices, and various programs to improve or maintain strength and vigor are not outright frauds.

The fact is that most products advertised and sold directly to the public have some worth or value. These, however, are generally limited either in their effectiveness or for a particular group. Therefore, the failure or the inability of the older consumer to distinguish between what is good or pertinent, and what is not, often arises because he is not properly informed or educated.

It would not be fair to say that this lack constitutes the whole problem. Even the highly intelligent and experienced are cheated or shortchanged. But the elderly, in general, seem to be more vulnerable.

It has been asserted that because older people are weaker or sicker and have frequently been disappointed in the health measures which they have used, they are more eager to find a new remedy, perhaps an extravagantly advertised cure or "new discovery" which is presented as the real answer. They also, of course, seek to regain a lost youth and, with increasing longevity, understandably wish to retain fading powers and former beauty.

A review of our casework—that is, the daily roster of inquiries and complaints which we receive from consumers, from local bureaus, from business organizations, from advertisers and mediums—indicates that most of our effort is related to nutritional preparations, both medical and dietary.

The elderly are a special and large target for promoters of vitamin-mineral food supplements, diet products and programs, appetite controls, tonics of various sorts, and a host of so-called special foods in various forms. While it is true that many elderly people do not or cannot eat well, the Federal Food and Drug Administration has conclusively demonstrated that the normal diet of the average American is generally sufficient.

Supplementation and enrichment by vitamins or special diets should be obtained through prescription and under the supervision of a physician who knows the personal condition of his patient. Yesterday I understand Commissioner Larrick spoke to you in greater detail, so I will not go into that again.

Nevertheless, many promoters prey on the sense of insecurity and doubt prevalent among older people and try to sell varieties of products on the theory of "insurance." The recent court decision, the *Vitasafe* case, which Commissioner Larrick also mentioned, upholds

the Federal Government in its view that the labeling for a common vitamin formulation was not, as claimed, helpful for weakness, depression, tension, impotence, and some 30 other conditions, nor will it stave off the natural declines of our later years.

The work in bringing this particular advertiser, as we know in our Bureau, to final judgment was costly and time consuming, involving not only investigation and inspection, but the testimony of medical witnesses, psychologists, as well as technical preparation by lawyers and administrators.

We hope that this landmark case sets an example in this field. It is perhaps too early to determine whether other promoters using other names for the same type of vitamin preparations will not continue to bilk the general public and the elderly in particular.

I would like to comment at this point to say that our files show that this is a fairly common situation: that old products come up with new names in different parts of the country, and even though FDA or other agencies manage to get one, they always have to be on the alert because, as I think Commissioner Larrick explained, these seizures are for the item, rather than the company or the individual.

Next on our list are remedies for chronic disease and disability. Among these are devices and preparations for the relief of arthritis aches and pains, various massagers and exercise devices for the relief of the pains of rheumatism, neuralgia, bursitis, and similar conditions claimed to help so-called nervous disorders, various baths, electrical or hydrotherapeutic devices; and, of course, clinics for cure of cancer, rheumatism, arthritis, digestive diseases, and other ailments.

It is our understanding that many such clinics purporting to provide special treatments for elderly sufferers are local operations advertised through the mail and newspapers. A typical illustration is an institute in Florida which advertises nationally as "Miami's most nationally known clinic," which claims to cure prostate trouble without surgery, to help arthritis patients, and others.

It offers free booklets, sends out a tabloid newspaper and parades a vast number of testimonials of people who presumably found help at such a clinic.

Many of these clinics offer free "services" for initial treatments without charge. The eventual cost of care and medicine, which usually are not compensated under any reputable insurance plan, often mounts to thousands of dollars. The real crime here is that very few of these clinics, if any, are competently staffed or are supervised by a licensed physician and tend to delay application to a recognized hospital or skilled practitioner.

Since these tend to operate locally, the powers of the Federal agencies, which are limited to interstate operations are greatly curtailed. It would be well to determine to what extent such operations are within the jurisdiction of the Post Office, for example, since they may be deemed to use the mails to defraud, and to what extent they could be effectively closed down through the seizure of so-called diagnostic and treatment devices which are shipped in interstate commerce and are therefore under the control of the Food and Drug Administration.

More to the point, however, local authorities should be encouraged to inspect and to act promptly under the various laws available to them.

Among the more outrageous attempts to bilk the elderly are the nationwide mail order promotions pertaining to alleged aphrodisiac preparations, sex aids, and devices. Evidently, many promoters, especially those located in the West, recently found sex was fair game, that is, among the elderly. They appeal to women with skin rejuvenators, wrinkle removers, bust builders, various types of cosmetics and reducing aids, as well as with the vitamin preparations I have mentioned.

Men, however, are besieged by potency pills, drugs, various stimulators, and devices. One mail order firm advertised a device which was described as "suitable for all sizes * * * no age limit," proclaiming that it was intended to help "keep man's sexual ability active, and reactivate that which seems lost."

Unhappily, we have taken a very dim view of these prospects and the Post Office has apparently seen it the same way. Last month the Department sent us a list of just a few who were corralled in the Los Angeles area. These include an aphrodisiac pill labeled "Stimurex," another pill labeled "Stimulad," still another called Comtab and, for women, a bust developing device entitled "Voluptuizer."

There are any number of these devices made of plastic, rubber, and other materials in various shapes and sizes, all of which are said to aid in overcoming impotency and in improving relations.

It is highly questionable whether these have significant value, particularly since the consensus of medical authority holds that the causes of sexual difficulty and impotence for the most part are psychogenic or a combination of psychogenic and organic difficulties. It is, therefore, unlikely that many men will be helped by these devices. But the limitations are not set forth in the advertising.

Among the hardy perennials, are advertisements for baldness remedies, even though there is no known cure for this common form of this condition among the elderly; hearing devices, often sold through the mail or at high cost, or under high pressure by local salesmen; for electrical and mechanical devices intended to improve circulation or relieve muscle pain; and for various types of dental aids.

The American Dental Association with which we cooperate, for example, has stated that the public pays over \$20 million each year to unqualified persons who operate contrary to State dental laws. Artificial dentures purchased by older people from substandard and irresponsible practitioners or salespeople, often constitute a severe health hazard. Many unsuspecting people are trapped by false advertising in the hope of saving a dollar.

As to hearing aids, we recently issued a simple set of instructions to prospective purchasers, advising them how to select a reputable dealer and what to look for. The New York League for the Hard of Hearing and several local bureaus have reported that this guidance has proved very helpful and practical. As I pointed out earlier, some of the products and devices may have genuine worth in limiting pain or providing temporary relief, but all too many unscrupulous promoters claim far more than is scientifically possible or justified. Our work and that of other consumers defenders lies in presenting and correcting such misrepresentations.

In the short time allotted to me, I would like to emphasize proposals for remedial action rather than to recite again the catalog of

frauds this committee has heard so often. I am attaching a speech which I delivered last month at the Annual Conference of the National Council on Aging, "Safeguards To Combat Exploitation of Older Consumers" which includes a number of illustrations indicating how older people may be misled, not only in the health area, but in other respects, which I hope you will include in the record.

Senator WILLIAMS. All right, we will do that.

(The speech referred to is as follows:)

SAFEGUARDS TO COMBAT EXPLOITATION OF OLDER CONSUMERS

(By Irving Ladimer, S.J.D., vice president, Food, Drug, and Cosmetic Division, National Better Business Bureau, Inc.)

Recently the National Better Business Bureau received a letter from a retired lady written in the difficult, angular handwriting which is so characteristic of older persons. In part, that letter said:

"My old home was beyond fixing, so last August a prefab home corporation built me a home; and off and on I have had leaks in the cellar due to poor plumbing because the pipe was not connected right when the house was being built. I called up the foreman and asked them if they would come over on the phone asking 'if they give away rowboats when they build prefab homes like mine, so they asked me if I was kidding them.' You may think it's nothing when you have to bail out water from the cellar. My son-in-law who lives in New York City came up on his 3-week vacation. He dug a hole outside my kitchen door and my neighbors then came and helped me fix the pipe. Now I have to have the hole opened to fix it back again. I also have two unfinished porches and the foreman promised to come back to fix them too. I have not seen anyone as yet. The wash basin they put in the bathroom was a second but was cracked when it was put in by the plumber who did the plumbing. It cost me over \$800 for dirt while they were still working. It seems so unfair I have to pay for the dirt, as I always thought the construction calls for everything when building a home. I hate to be taken over by a bunch of fakers.

I am writing this so other people who want to build a prefab home, won't be in the same predicament as I am. I figure you can help me out of this situation as I have heard so much about the Better Business Bureau helping others out in their predicament. Anything you can help would be greatly appreciated."

Although this is perhaps not a typical letter, it is not unusual. While we are not always able to help out as we did in this case by getting the local Better Business Bureau to convince the contractor and plumber to make good, I felt it important to start my speech with the theme that she so well expressed: I am writing this, so other people won't be in the same predicament as I am.

A NEW MARKET

Fundamentally, we are gathered here to understand the plight of older people, most of whom are at a disadvantage socially, economically, and competitively, especially as consumers.

With your permission, I will not recite the customary data demonstrating that well over half of the 18 million older Americans in about six and a half million families today live on subsistence and minimum fixed incomes. Generally, their money level, under \$3,000 a year, provides only staples and few luxuries, but their basic needs remain. Nevertheless, it is estimated that just under 2 million families in the older-age group constitutes a \$36 billion market of goods and services. An article in the January 1964, *Journal of Marketing* points out that this segment of the aged constitutes a new, specialized market which the seller is urged to develop and cultivate deliberately and carefully (Reinecke, John A., "The Older Market—Fact or Fiction," *J. Market* 28: 60-64 (January 1964)). Numerous statistics are cited, indicating expenditures, likes and dislikes of older people. They need food, clothing, shelter, medicine, among the necessities of life, and they would like to have recreation, education, opportunity for travel and easier living arrangements, among the so-called luxuries of life. According to one study cited, "older families are likely to purchase only a relatively small number of individual products outside of the drug category." At the same time, the article notes that older people, particularly, have been affected by economic stringency.

A recent editorial in *Life Magazine* (Jan. 10, 1964) on automation underlines graphically what we all too well know: the older person is first and hardest hit and is less able to roll with a punch. As *Life* says, "What about the Appalachian miner who is too old, or hopeless, or uneducable to learn to work a filling station in Illinois or sweep out a Florida motel? How even persuade him to leave West Virginia where he owns his home, has run up his debts and where the hay sifts along the scraped green hillsides from the porch as it has been since he was born?" Human problems, says this editorial, should be handled in variously human terms.

Long before the older person became a special target for the salesman, he was a consumer like the rest of us, open to the same opportunities which the greatest market in the world offers. He was also, regrettably, open to the same swindles, hoaxes, and exploitations which a minority of our businessmen perpetrate on an unsuspecting population.

NBBB ROLE

The National Better Business Bureau, as a nonprofit corporation founded by American business in 1912 to protect both itself and the public from advertising and selling practices which are misleading, deceptive, unfair or fraudulent, has had over 50 years to observe the American scene. The National Bureau, which I represent, is concerned with consumer selling methods which cover the Nation or large regional areas, whereas local bureaus, which are sponsored by local business, handle affairs in cities and smaller communities. It is our belief that the vast majority of American business is honest, that it deals fairly with the public and that responsible advertisers go to great lengths to assure the accuracy of claims before they are offered to the public. They are prompt to correct inaccuracies and seek advice in order to avoid repetition. We are pleased that we are recognized throughout the country as an agency which develops fair business practice and which provides guidance free to business and the consumer.

At the same time, we are aware that the elderly, like others, may be taken in by sharp practice. They are bilked of millions of dollars annually, not only because they are sold worthless or questionable products but because they are not sufficiently informed to be able to make proper and practical judgments.

ADVERTISING IN THE HEALTH AREA AFFECTING THE AGED

Kenneth B. Willson, president of the National Better Business Bureau, stated to the Special Committee on Aging in 1963:

"Appeals to health and well-being directed to older people constitute one of the more widespread and insidious exploitations in our country today. In general, the problem lies not so much in the advertising and sale of completely worthless products, because many of them have some limited or conditional value, but in the extravagant and colorful claims which suggest that the offerings can do much more than is scientifically justified. Unfortunately, in many areas, there is no established or single scientific or medical opinion, so that it is possible to trade on the argument that there may be a new discovery or the beneficial effect of a traditional or folk medicine which has been neglected or improperly applied. The problem thus often becomes one of degree, the extension of a logical or apparently reasonable theory to conditions or situations for which rigorous clinical study cannot be absolutely applied in every case."

Old people are generally sick people. They are especially prone to buy a large variety of questionable remedies, perhaps because they have not been satisfied by recognized or conventional treatment and still look with hope, or perhaps fear, to the future. They may also be more suggestible and, in the twilight period of life, they are struck more forcefully by the all-too-human desire to stay young or to find some fountain of youth.

The sophisticated promoter and the quack are still capitalizing on the infirmities of the aged through the flagrant misrepresentation of pain-killing pills, drugs of various sorts, diets, and various sale-by-mail nostrums calculated to cure or alleviate conditions which require competent medical diagnosis and treatment. For example, the Arthritis & Rheumatism Foundation estimates that in excess of \$250 million annually is spent on dubious remedies for the relief of arthritis, rheumatism, and other muscular ailments. While many of these are helpful for the temporary relief of pain, there is no known drug or medication which, by itself, constitutes a cure for arthritis or rheumatism. Nevertheless, only recently the Food and Drug Administration seized a concoction of alfalfa and related herbs, compounded and propounded for years as a cure for arthritis. This

is sold by mail, and despite adverse scientific testimony available for many years, the promoter has been able to continue his activity and is now delaying the evil day of final condemnation by a series of appeals to the courts. He has also had the effrontery to use as an endorser a former employee of the Federal Trade Commission whose reasons for permitting his name to be employed have not been made clear. I mention this now, although I will advert to this problem later, because all of us tend to respect authority and frequently have no way of recognizing the shadow from the substance. Also, as I will point out, the law may be potent but it is not always prompt.

It is to be hoped that public advertising for arthritis remedies, which has been so rampant in recent years, will soon be over. Certainly, television which has been so effective a salesman in this field and in others has taken an important step. The National Association of Broadcasters, through its television code authority, has, in company with the Arthritis & Rheumatism Foundation, established standards for the advertising of such products. They state, among other things, since the exact cause has not yet been discovered and no completely satisfactory treatment has been developed for all cases, that no product may make such claims. Advertising for such products should be limited to temporary relief of minor aches and pains. Whether you, I, or our older sisters and brothers will take note of these limitations remains to be seen.

SEX

Whatever other limitations may be learned, sex is evidently not one of them. NBBS files abound with promotions promising the abundance of youth. For women, there are skin youthifiers, wrinkle removers and crease covers, bust builders and, of course, cosmetics, and reducing agents as well as vitamin preparations. The men, however, are barraged by sex rejuvenators, potency pills and drugs and various stimulants. A mail-order ad for a device, "suitable for all sizes * * * no age limit" unabashedly proclaims that it "is intended to help keep man's sexual ability active or to reactivate that which seems lost." Unhappily, we take a dim view of this prospect and so does the Post Office.

A typical potency pill—simply a vitamin-enzyme preparation—"Golden 50 Tablets" was seized by FDA last year. It was charged misbranded by bottle label and promotional material "Facts For Folks Over 50" for suggesting it was—

"Adequate and effective for the treatment of rundown and weak conditions; lack of energy; inability to withstand the noise of children; tiredness; lack of appetite; loss of enjoyment of life; inability to be the man or woman formerly possible; coated tongue; bleeding gums; tooth decay; brittle bones; constipation; weight loss; poor eyesight; inability to sleep; skin breaking out; nervousness; bad digestion; gas; heart conditions; swollen inflamed joints; mental depression."

Where drugs and devices fail, evidently so-called doctors do not. Many are dosing with dubious, often dangerous, drugs, giving injections and performing operations. This biological boom, fortunately, is reserved for the rich, but the mail-order and barbershop magazine promotions are still producing thousands of packages in "plain wrappers."

FLEEING IS FAR FLUNG

One of the most tragic aspects of this problem is its insidious spread. A recent issue of *McLean's Magazine*, one of Canada's national publications, carries an article with the appealing title "The Older You Get the Harder the Crooks Go After Your Money." Fleecing men and women over 65 has grown into a \$2.2 billion racket in the United States and Canada. The author attributes this to the fact that—

"People, particularly in countries like the United States and Canada, are living longer and retiring earlier. They are not retiring penniless, to be kept by relatives, as most of the old did in the past. They are retiring with pensions and—the luckier of them—with savings. They have emerged as a whole new category of consumers."

While this is welcome news, it has been greeted in Canada, according to the article, by the same schemes devised to rook Americans, frequently by the same individuals.

Old women deprive themselves of meals to buy fake beauty preparations and alleged wrinkle removing contraptions, and old men empty their pockets to buy discredited health foods. Suffering from loneliness, like their American coun-

terparts, they fall prey to dancing schools. Old men are clipped by introduction bureaus. There is a light side to this, too, incidentally, since we at the NBBB were told that many well-meaning children who urged their parents to get their money back on worthless dance studio contracts have been stonily ignored by these presumed victims who are apparently happy to be taken, at an excessive cost, simply because it provides some reprieve from rejection. So we must be careful to allow a small morsel of malarkey while fighting off the more venal victimizations.

Among other importations from the United States are fake medical devices, many of which were exhibited at the Second National Congress on Medical Quackery. We might think that the discredited gold and silver tractors devised by Elisha Perkins when this country was in its infancy would not reappear. Some of the exhibits I saw in Washington included a colored light projector which presumably showed different rays for different ailments. A plastic dumb-bell device containing two tubes of water, supposed to produce x-rays (obviously an improvement over X-rays) was sold to thousands of people in the Midwest for curing any number of maladies. Probably the most widespread instrument is a type of electronic console, seized by the Food and Drug Administration, mainly in chiropractors' offices, which turned out to be nothing more than a string galvanometer which simply measured the proportion of salt content of sweat. Another presumed to diagnose disease by analyzing blood, but regrettably failed to distinguish between blood from a live patient and from a corpse.

The National Better Business Bureau has for many years sought to prevent or limit the advertising of so-called baldness remedies. It is unfortunate that we still cannot find a single preparation which, by itself, can truthfully be said to prevent or cure common baldness, the so-called male-pattern type. But this does not prevent scores of promoters from setting up clinics, sending out mailings, and soliciting through a series of testimonial advertisements. Like the machine that could not tell the quick from the dead, one of these so-called laboratory consultants assured a member of our staff that he could cure baldness on the basis of the sample of hair submitted. He was understandably upset when we told him that it came from a pet collie dog.

HOME SWEET HOME

Older people are apparently particularly vulnerable to the scare technique. They are sometimes shamefully swindled in the sanctity of their own homes. NBBB President Willson notes that millions of dollars have been extracted from old people in the sale of furnaces. They are falsely told that old furnaces are dangerous and will blow up. So-called furnace salesmen, sometimes posing at the outset as inspectors, frighten old ladies into replacing working equipment with expensive installations which are neither needed nor wanted.

He reports that a small band of itinerant confidence men continually prey on the gullibility of our old people. Getting entry into the home by some ruse, they scare them into authorizing repairs to roofs, chimneys, septic tanks, home wiring, and other unnecessary home repairs. Our Canadian correspondent says that the roof and chimney racket is perhaps the most prevalent throughout North America.

One of the most pitiful and unscrupulous schemes is based on the urgent need for medical and hospital protection. Although insurance is generally carefully regulated, local bureaus have reported that racket plans are offered by door-to-door salesmen, by mail, and in advertisements which are skillfully worded, so that quite literally the large print giveth and the small print taketh away. Our Los Angeles bureau states, "This is a sensitive field, because victims are unaware when plans have been misrepresented until a need arises. Only then do they learn that the doctor and hospital services, savings on X-rays, eyeglasses, hearing aids and dental care are far more limited than expected." The bureau reports that the attorney general in that State has started action in several cases to try to dissolve plans to see whether insurance is being sold without a license.

FREE LOTS, FUNERALS, FRANCHISES

Older people, quite naturally, look for a warm peaceful, retirement haven to make their later years more comfortable. Untold millions have been and are being spent by our aging public to buy faraway lots, sight unseen. British Honduras, Brazil, Costa Rica, Venezuela, the Bahamas, and Hawaii are all represented in the farflung promotions beamed at the aged. In the United

States the emphasis is on the southwestern area and Florida. It is reported that in Mohave County, Ariz., there are more than 300 subdivisions with hundreds more in New Mexico, California, Texas, Oregon, Florida, Idaho, and Utah. Some of these retirement paradises and investment opportunities—some are sold not for habitation but for speculation—are later realized only as a stick or a line in a desolate area, miles from any established community. But don't begin to think that all these land promoters are dishonest. One of these companies, selling lots, clinging to the side of a volcano, advertised: "Buy now, before they skyrocket." Now, that's literally true. No one can complain about such promises.

A few months ago, a husband and wife team were indicted in Abilene, Tex., on 11 counts of mail fraud. Doing business as Land Management Corp., they induced persons visiting fairs and similar events to register for "free lots" situated in Texas which they colorfully titled "The Last Frontier." Practically all of the registrants were winners, the Post Office states, and were required to pay closing costs of \$19.80, as a beginner. The land was almost worthless, according to the postal inspectors, who estimated that the victims, many of whom were oldsters, lost about \$25,000. So, whether these people bought land or won land, unless they had the foresight and good sense to follow the simple rules of investigating before investing, they just put a dollar down without any reasonable chance of ever being able to build up. The NBBB has embarked on a campaign with the real estate operators to develop and abide by a program of fair-sale standards. Many States require registration similar to that for securities. But, information and good sense are still the first line of protection.

The yearbook of the Department of Agriculture for 1963. *A Place To Live*, points out that well intentioned older people who think that living in a rural area is easy are evidently not given the simple advice to which they are entitled. The yearbook states:

"The older newcomers to farming tend to overestimate their physical ability. General opportunities for farming may seem plentiful, yet the variety of opportunity is actually limited by work capacity. Old people, for example, cannot bend their backs for long hours needed to produce, pick and pack a commercial strawberry crop. Production of vegetable and flower plants may be practical for young farmers but transplants that are to be marketed early in the morning have to be gathered and packaged late into the night, a time when old people should be in bed."

This problem does not present outright deception and certainly does not involve fraud. One might say that anyone should know better. But, if we are to exercise special concern and care for those who may not have an opportunity to know or learn, we should reach out, dissuade them from seeking for gold at the end of the rainbow, and seriously discourage them from taking steps which they may not be able to retrace.

In addition, thousands of elderly people are swindled out of the few dollars they have put aside for safekeeping or investment. Older people were among the principal victims of a save-by-mail scheme operated by a number of State-chartered and privately insured savings and loan associations in Maryland during 1958-61. These associations solicited savings accounts on which they promised to pay extremely high dividend rates. New savers were also offered expensive gifts, a gimmick which is apparently on the increase with no peak in sight. Advertising also symbolized that the accounts were "insured" by the Security Financial Insurance Corp., which some thought to be a Government agency. Although these associations and promoters were finally brought to book, many elderly people and others have found it impossible to get any money back on demand. How much they may eventually receive is a grave question.

On that note, I may remind you that, from time immemorial, older people have been the special target of various funeral and cemetery schemes. This subject has been in the public eye within recent months but, as you know, this industry has weathered attacks in the past and doubtless will continue, perhaps with some modification. While the majority of funeral directors deal fairly, even though perhaps somewhat extravagantly, reports have been received that a particular establishment has charged exorbitant fees. Many funeral directors of the renegade type ferret out information about the amount of insurance or other assets and then inflate the funeral bill to get as much as possible. In recent years, a number of sales organizations outside the funeral profession have sought to stimulate public interest in so-called prefuneral plans. Old folks, are, of course, prime prospects for such plans.

Old people who want to preserve some independence and remain useful citizens, often try to convert their savings and energies into profitable employment. Along with the new technology in this country come new business methods. Perhaps one of the fastest growing is the franchise, an arrangement whereby a small investment provides the right to use the name and services of companies which are now engaged in literally thousands of different types of enterprises. When honestly handled, the franchise can provide a business opportunity not otherwise available. The franchisee generally sets up his own business and operates it in accordance with guidance and service provided by the franchiser. Only too often, this goodwill and help is far less than expected, and the initial investment may be just the beginning of a series of payments for a number of unexpected expenses. According to Harry Kursh, author of *The Franchise Boom; How You Can Profit From It*, a book very favorable to this approach, a franchise has more than its share of risks. He states:

"There is perhaps no business, no industry, no aspect of life that is entirely free of phonies, frauds, assorted swindlers, ingenious con men and borderland operators who walk and talk in the shadows of the law. The franchising field is no exception. It has its share of fast-buck wheelers and dealers. How many, nobody knows * * * I would say that franchising, perhaps because it has been mushrooming with small business opportunities, attracting the little guy, has more than its fair share of gymps."

Franchising is attractive to oldsters but, as in the case of presumably light farming, many simply overestimate their prowess. They should be warned against the all-too-probable pitfalls of self-employment, particularly if they have had no previous experience.

A PROGRAM FOR PROTECTION

A problem as vast and complex as that which I have merely illustrated calls for a series of mutually supporting techniques of intelligence and defense. A comprehensive program for protection should consist, at least, of this fivefold structure, for which I have coined the acronym PEARL, each letter signifying one level or layer of effort. P stands for professional responsibility, E for education, A for assistance, R for regulation or restraint on a voluntary basis, and L, obviously, for law—both statutory control and the use of law in ordinary, personal actions.

In essence, they correspond to series of recommendations offered by the Better Business Bureau, the Government agencies, consumer groups, and others who testified in January 1963 at hearings of the Special Senate Committee on Aging. Doubtless, similar recommendation will be presented by Senator Harrison A. Williams, chairman of one of the new subcommittees of the Committee on Aging, which held its first hearings in California, 1 year after the initial testimony on quackery in Washington. As you know, these 1964 hearings concentrated on cancer quackery, housing, employment opportunities and medical frauds generally.

EDUCATION

I should like to start my PEARL with education. Clearly, in a country such as ours, where literacy is high and communication is available and reasonably inexpensive, the most important approach must be the meaningful indoctrination of the consumer in ways which will alert him to the problems of the marketplace and teach him how to cope with them. Although I have great respect for public education, I am also aware of its limitations. I am not impressed with what we, as a Nation, have so far done in the field of consumer education, despite the great efforts expended by the Government, the voluntary agencies, by schools, by industry, and by organizations such as our own. Our tendency is to write and distribute pamphlets and booklets and to assume that if these are read and perhaps understood, they will help prevent some of the depredations and exploitations which I have described. No doubt some of these have been highly successful, but I daresay none of them has oriented the consumer the way "Infant Care" and Dr. Spock have converted mommy and daddy.

If education is to be effective, I should like to suggest here, as I did to Mr. William E. Oriol, staff director for Senator Williams' Committee on Aging, that Government booklets issued to inform the general public must be not only simple and readable but also directly applicable to market situations. While the information given is accurate, and the standards sound, the advice does not always prove helpful in the store or the marketplace.

As a general rule, I would first say that all such material should be pre-tested in the field to see whether the average consumer can, in fact, follow the suggestions or recommendations, identify the product or ingredients mentioned, and learn how to ask for such articles or check performance tests cited. It may also be expected that such a continuing campaign will be instrumental in encouraging manufacturers, distributors and others who deal with the public to recognize the needs for such information and teach salespeople about the products they sell.

Second, I believe that it is essential always to draw both industry and consumers into the preparation of such booklets. The guides, standards, and similar statements issued by the National Better Business Bureau are either initially prepared by industry, or at least with their cooperation. In this way, we know that we are talking about products, models, sizes, and standards which are actually available and used.

Third, I believe that education should concentrate not so much on information but on developing a spirit of questioning. A well-known consumer consultant, who now writes a syndicated newspaper column, uses the technique of setting up panels of consumers, chiefly women, to teach them not so much what to buy but how to buy. Some skepticism should be built up in our buyers by suggesting sensible questions and offering responsible sources of information. For example, she reports that many consumers are impressed with endorsements by professional people and the statement that tests have been made, but that they rarely understand the limitations of these endorsements or the function of the tests. Such education is long and arduous but, in the long run, will develop a background and a basis for sound belief rather than simply a medicine chest of bits of information which, like the prescriptions, become outdated and unusable.

Fourth, before attempting to teach, we should understand why people become the victims of medical quackery and other types of fraud. Viola Bernard, a psychiatrist, presented one of the most insightful papers at the recent congress on quackery, pointing out that we must recognize a rather wide spectrum of psychologically different types of people, among those who are especially prone to the illusory appeal of quackery. Intelligent people, she notes, who have not been satisfied with conventional care, may seize upon any promise of hope, no matter how farfetched or discredited. The need to believe in a therapeutic miracle is so strong that it drives one's intelligence to twisting the facts to fit emotional necessity. She describes others with varying kinds of degrees of maladjustment: those who long for something for nothing; the converts to the crusades and to the cults; those who are susceptible to irrational fears; and those who are motivated by so-called "anti" feelings who suspect any official body or authority because they wish to perpetuate their own power. Dr. Bernard's analyses are probably familiar to all of us who have thought about the problem, but I think we must act on them by developing a variety of approaches which will appeal to the wide variety of victims and potential victims.

I would not want to leave this section on education without commenting on a number of very hopeful and promising developments. First, it is reassuring to know that most of the major Government agencies have assigned some person or group to the problem of aging as a sort of focal point, for gathering and disseminating information in the best interests of older people. I am particularly pleased to report that last May, which was declared Senior Citizens Month by Presidential proclamation, the Consumer Education Branch of the Food and Drug Administration added a specialist in this field. Miss Fanny Davis, who is in this audience today, has as her main responsibility the development of channels of communication and the preparation of material for older population groups. We all look forward to a vigorous and stimulating program under her leadership.

Many of the voluntary health agencies, as part of their community education functions, are paying special attention to the plight of the older person. Where older people are principal or frequent sufferers, as from arthritis, cancer, heart disease, national agencies develop special programs directed to them. Two weeks ago, for instance, I attended the American Cancer Society's Committee on New or Unproved Methods of Treatment which regularly issues reports on quackery and on State laws. Likewise, the Nutrition Foundation, largely supported by industry, has recently published several pamphlets on diets and nutritional information. I have mentioned the Arthritis Foundation and would also like to note that the National Health Council is working on means for cooperation among all such agencies.

Consumers Union, a well-known nonprofit organization which publishes *Consumer Reports*, has recently undertaken a survey of sources of information for meeting the problem of low-income consumers. The aged, for the most part, fit into this category. Miss Lydia Strong, staff member, who is also with us today, has made a preliminary review and has suggested a number of agencies which can reach the low income and, to a large extent, the aged groups, where conventional pamphlets and reading matter rarely penetrate. Among them are welfare departments, housing authorities, public health agencies, labor unions, Government agencies, schools, and churches. From my own experience, I have found that where older people are already gathered together, voluntarily or involuntarily, a pointed approach is far more successful than general information obtained from the public press or from Government handouts.

REGULATION

Self-regulation is certainly next in importance. Mr. Willson, in his Senate committee speech, recommended that greater and more effective use of self-regulatory codes be encouraged to bring together responsible representatives of commerce and the professions interested in preventing abuses. This, he said, would exemplify the moral responsibility of the business community and also permit the Government to concentrate on the transgressors. In our country, voluntary regulation in enlightened self-interest affords, perhaps, the greatest continuing foundation of consumer protection. Better business bureaus, for example, annually convince thousands of manufacturers and producers, as well as media, to improve and modify advertising so that only truthful representations and honest information will reach the public. Obviously, since we are still in business, our work is not done, but I can assure you that many more phonies and frauds would cover the land if we were not watchful and persuasive.

Although we handle consumer complaints, our major effort is directed toward advising and helping business. To this end, we develop numerous codes and standards for the proper presentation of products. For example, within this past year, the bureau has developed a 10-point code for the advertising of land. It helped develop standards of ethical business practice for the Direct Mail Advertising Association. It has set up a code for the advertising of seat belts and over the years has worked in similar fashion in the apparel industry, electronics, home furnishings, and others.

I should like to cite one other important area, the field of broadcasting. It is well established that the radio and the picture tube are the most potent influences for bringing the advertising message into the home. The recently established code authority of the National Association of Broadcasters has been extremely active in the last few years in the regulation of television advertising. Three major television networks and approximately 405 commercial stations, some 70 percent of the total in the United States, subscribe to the television code. The code authority vigorously believes that effective self-regulation in television advertising must be based on the principle of protecting the consumer from abuse and misleading representation. In the health field, some significant actions in 1963 are worth reporting. All representations of physicians, dentists, nurses, pharmacists, so-called men in white are barred in advertising in order to protect the consuming public from any excessive encouragement in the direction of self-diagnosis or self-medication. Our staff like that of the code authority believes the important personal factors in a physician's diagnosis and treatment cannot be properly exhibited in mass media advertising. The authority took the step of banning any actual or implied physician's endorsement so that there could be no false sense of security on the part of the listener or viewer. Secondly, as I pointed out earlier, television codes for advertising of products used in the treatment of arthritis and rheumatism were adopted to insure that product usefulness is limited to temporary relief of minor aches and pains. They further advise advertisers to limit claims to those which are consistent with the labeling which can be supported by scientific substantiation.

The television industry still has far to go in the full elaboration of its code. But, I think you will agree that this is a step in the right direction. It is important that consumers know about this development and cooperate by noting untruths and sending them in as complaints, preferably to the station to which they are listening.

ASSISTANCE

Third, I recommend personal assistance. Important as education and self-regulation may be, I believe that unless responsibility is taken by agencies which can command authority and respect, the first two elements in this program may have little or no impact. The numerous and various groupings of aged people in this country in senior centers, various housing developments, religious and fraternal organizations, as members of insurance groups, and even as involuntary welfare recipients, or patients in nursing homes, offer a remarkable opportunity for access. At the conference on protective services, held at Arden House last year under the auspices of the National Council on Aging, the speakers emphasized again and again the importance of working directly with older people. The legal aid societies, welfare and social agencies, the representatives of Government bureaus, the teachers of adult classes, the leaders of recreation and cultural groups—all of these are in a position to know and understand the elderly and their problems and to teach them how they can get the most for their dollar. It is my personal conviction that it is a basic responsibility of local and Federal Government, as part of the assistance given to the dependent aged, to make certain that recipients utilize properly and effectively the funds given to them for sustenance. Otherwise, neither they as consumers nor we as taxpayers get full value. I cannot too much emphasize the importance of personal, practical assistance, and the need for encouraging all manner of agencies to adopt programs in this field.

RESPONSIBILITY

Here I want to talk about the fact that the professionals—the doctors, lawyers, the educators, the social workers—must recognize that they can constitute a force for good or evil. As director of the Food, Drug, and Cosmetic Division of the National Better Business Bureau, I have had the unhappy task of pointing out to the medical profession, for example, that some members have not always fulfilled their social responsibilities and professional duties. We look to scientific medicine for the support or substantiation of scientific claims and quite properly expect their help. Regrettably, we have found instances in which doctors have lent their names and prestige without performing the research attributed to them; they have improperly reported or interpreted statistics; they have participated in trumped-up clinical trials; they have endorsed products directly or by implication without personal proof; and medical journals have published reports which are either incomplete or biased. I do not say that this is common or frequent but it should not exist at all in a profession which we honor and respect and which should live up to its own high code of ethical practices.

It is also unfortunate that lawyers, who should be really concerned with the public good, draft some of the credit, installment sales, and land contracts which vitiate the purpose of fair and square dealing. Their concepts of protection seem to be limited to building legal fences around borderline promotions. Also, their efforts to collect on unwanted and unordered merchandise are not in the common good. They have also not come forward to help the poor and ignorant. It is true that a lawyer's chief function is to represent his client but it is not his sole function and, as an adviser and consultant, and frequently legislator, he can certainly exercise a vital force in the public interest.

We are now developing a program of joint action and cooperation between local better business bureaus and medical societies. Similar collaboration is possible with other professional groups.

LAW

Finally, my last point: the law. It is our belief that existing Federal laws regulating false and fraudulent representations, if promptly and vigorously enforced, would do everything that laws can do to protect the elderly from victimization. The regulatory agencies are doing a commendable job within the limits of their resources and in light of the magnitude of the problem. NBBB has recommended that such agencies as the Department of Health, Education, and Welfare, Federal Trade Commission, Post Office Department, and the Department of Agriculture be given the funds they need to function effectively in the public interest.

We also believe that regulation and control be tempered and supported by education and explanation. It is no secret that consumer protection and education has been less than adequate as a function of Government. The recent report of the Consumer Advisory Council, while a good first step, is hardly a vigorous one. We, therefore, look forward and pledge our support to Dr. Esther Peterson, recently appointed by President Johnson as Special Assistant for Consumer Affairs. Coordination at the White House level has long been needed and we hope that this appointment and its prestige will lend genuine substance to this important responsibility. It is to be hoped that Dr. Peterson, as soon as possible, will acquaint herself with the various resources and facilities available to her, some of which I have mentioned in the previous four points of my program. Obviously, neither she nor the Government can do everything. Working together, we believe there can be a strong and vigorous foundation of consumer protection for the elderly.

In closing I wish to leave on a note for immediate action—improvement of local laws and their enforcement. Most of the evils which I mentioned earlier occur primarily at the local level. We have noted, however, that existing State and local laws, are often inadequate, and sometimes do not exist. State consumer fraud bureaus, for the most part, are just beginning. Current prosecution of schemesters and swindlers by city, county, and even State authorities hardly approaches the problem. Unless people are convinced that their own community cares for them and acts promptly, it is hardly reasonable to expect they will have faith in the Government or in the self-interest of industry. It is, therefore, imperative that a review of existing local laws be undertaken to determine where and how they can be strengthened and in what manner they can be best enforced. A study of food and drug laws is now underway, but that is not consumer oriented. Rather, such a study should include the best way by which consumers can obtain redress through small claims courts, through the use of legal aid bureaus, through bar associations, and through other advisers. In many instances, fines and jail sentences may hurt more than threatened publicity which may never be seen or may soon be forgotten. I would not, however, discount the latter, but suggest all available means.

CONCLUSION

I believe that I can end appropriately by quoting the bureau's conclusion on the subject given by Mr. Willson a year ago: "Laws and education cannot by themselves protect people in the old age area. If they are to be fully protected, we recommend that responsible members of the community, such as relatives, friends, clergymen, lawyers, doctors, and others, who come in contact with old people, be available for guidance. If we subscribe to the concept that we are our brothers' keepers, should we not assume social responsibility for the aged? The exercise of this responsibility coupled with vigorous governmental action and community endeavor, will give our aged the protection they deserve."

Dr. LADIMER. With your permission, therefore, I should like to discuss ways in which we may be able to improve the education and understanding of our older population. A review of the professional literature, projects on aging and the elderly, indicates that little attention is given to the older person as a consumer.

Business studies have attempted to assess and describe this population in terms of market possibilities, but few, if any, are concerned with the exploitation of this group. True, there are numerous one-shot exposé articles about gyms and frauds dramatically highlighting the plight of widows or fads foisted on the elderly seeking to retain virility, or stories about nature foods for the fat and over 50, or about spellbinders and spielers. I have, however, seen no reports on plans for educating or servicing the elderly as purchasers.

Programs against poverty, for example, do not yet include instructing this well-recognized low-income group in ways of getting value for the dollar, a dollar that may be one of the last, for retired, unemployed persons. What agency, public or private, has surveyed their medical, nutritional, and maintenance needs in terms of what can and should be bought?

Who has consistently studied the advertisements, house-to-house selling, mail order, or other appeals, to see whether the elderly are given responsible information so that they can make sensible decisions at the store and supermarket?

It is of interest to note that the President's Council on Consumer Interests has assigned first priority to legislation policing the drug and cosmetic industries, as well as to deceptive packages. It may then be hoped that some of the problems I have raised here will receive early study, and perhaps solution.

I do not discount the very laudable work of many Government agencies, professional societies, voluntary health organizations, consumer and business groups in issuing books and pamphlets, but I wonder how well they reach people for whom they are intended and how effectively they are used.

I know this committee is compiling a bibliography of Government publications for the elderly and suspect that the total may well be over a thousand, covering health, clothing, housing, employment, business opportunities, insurance, and many other subjects.

But I would urge that the compilation project be extended to cover not only the number of booklets distributed but, at least in a few fields, the impact or change effected. Is a free or inexpensive brochure really helpful in improving buying habits, spending patterns, using equipment, keeping house, and, most important, avoiding health hazards and raising living standards? If not, perhaps other methods may be preferable.

Should we not, for example, teach how to get reliable information from responsible sources? Should we not instruct the various workers—doctors, nurses, social service personnel, guidance specialists, and other caretakers, how to help people help themselves in their communities?

Recently, I spoke to a senior citizens group in the lower East Side of New York and heard complaint after complaint about doctors who did not explain what the medications were, or indicate approximate price. They reported that drugstores were selling various preparations and devices which had limited value or even no value for the problems they presented. They found costs completely out of line.

Discount stores, to which they naturally went for bargains, obviously had no time or interest in selling what was needed. Advertising, especially on television, was reported as confusing, if not misleading. Newspapers, notably the foreign language press, carried many advertisements for questionable items with guarantees incapable of fulfillment.

Far too much, in my opinion, is written about fraud and quackery in terms of the spectacular or outrageous chicanery and far too little about simple, commonplace remedies. These can provide real benefit when properly used and properly priced. Explanations of this type unfortunately are not news. Such stories, therefore, don't get printed and their educational potential is lost. Moreover, if they were reported, only a small minority might be expected to apply the information.

I was, however, more impressed with the fact that these people realized that they were "being taken" daily and insidiously, not necessarily dramatically. They felt helpless and resentful. As a result,

they expressed criticism of the Government. They look to our Government for protection, defense, and advice, and claimed they did not get it.

Again and again, they implied that big government and big business does not care about them as people—as dependents, perhaps, but not as responsible members of our community. Although I pointed out to them as consumers they constituted a powerful group, growing in number and with many allies, they replied that they had neither the organization nor the information to act effectively.

It is to be hoped that this committee will at least provide encouragement and devise ways by which these people can act and express themselves.

I do not believe that laws by themselves can make a significant difference in this respect because our laws generally require proof of violation before enforcement. I would not necessarily change this feature, but I would urge that more attention be given to preventive enforcement through cooperation with industry and with advertisers.

Again, referring to Commissioner Larrick, I heard him speak on this. He made the point very well, and I trust made it to you as well. Further, even where laws seem adequate as far as written statutes on the books, enforcement is costly, time-consuming and frequently technical so that a fraud may continue for some time, and in various places without being checked. I am sure you have many illustrations of 5- and 6-year-old cases in your book.

I would like to conclude and suggest a five-point program which is detailed in the paper appended to this statement. First, I advocate an intensive and extensive program of consumer education, using all media and involving industry and other organizations concerned with the elderly.

I believe that we should concentrate on developing a spirit of understanding and questioning, rather than simply supplying information. The information we do supply, however, should be clear, practical and understandable. It should be useable for the ordinary consumer who shops at the average store and marketplace.

Second, more attention and more emphasis should be given to self-regulation. President Willson, when he appeared before this committee last year, recommended that greater and more effective use of regulatory codes be encouraged to bring together responsible representatives of commerce and the professions interested in preventing abuses.

It is his feeling that this approach would exemplify the moral responsibility of the business community and permit the Government to concentrate on transgressors. In our experience, the opportunity to develop self-discipline coupled with support from the Government and from the public can be translated into an effective force for consumer protection.

Third, I strongly recommend personal assistance. While it is important that education and self-regulation be promoted, personal guidance is paramount. Many of the aged in this country are reached, serviced, and even controlled by a large army of Government workers, professional workers, leaders, and instructors.

These people, especially the welfare department staffs, should understand the consumer problems of the older persons they are privileged to help and should assist them in buying what they need and teaching them how to use what they buy.

Fourth, we must consider professional responsibility and integrity. As director of the food, drug, and cosmetic division, I have the task of pointing out to the medical profession, for example, that some members do not apparently fulfill their social obligations and professional duties with the care and concern we expect. Likewise, many lawyers who should really be interested in the public good are engaged to draft some of the credit instruments and installment contracts which tend to undermine fair and square dealing.

As I pointed out in Chicago last month, their concepts of protection seem to be limited to building fences around borderline promotions rather than coming forward to help the poor, the elderly, and the ignorant. Lawyers are advisers, consultants, legislators, and are in a uniquely strategic position to lend their intelligence and good offices to this significant endeavor.

We at the Better Business Bureau are now engaged in a nationwide cooperative enterprise with local medical societies, through the support of the American Medical Association. I believe Mr. Throckmorton may have made some reference to this yesterday.

We hope shortly to involve the voluntary health associations, some of the Government agencies, and media groups so that we can combat quackery at the local level as soon as it appears and in ways which are understandable in cities and towns. Such active collaboration at the grassroots, in my opinion, will in the long run be much more effective than occasional national conferences or abstract programs which cannot be comprehended.

Fifth, we must consider the possibilities of law and regulation. It is our belief that for the most part, existing Federal laws regulating false and fraudulent representation, if promptly and vigorously enforced, would protect the elderly from victimization. We, of course, endorse the proposals made yesterday, extending the Food and Drug Act to include devices, and we are also supporting the possibility of changing the postal statutes to simplify the problem of intent.

It is our conviction, however, that law enforcement at this level must proceed along with public education and cooperation with industry and business. We, therefore, look forward and pledge our support to Dr. Esther Peterson, recently appointed as special assistant for consumer affairs, and to the other Government units which have been established to help the elderly.

It is to be hoped that this dedicated group of workers will inform themselves as soon as possible of the various resources available to them through voluntary agencies and private groups so that a coordinated attack on this problem may be undertaken.

While this committee cannot recommend local legislation, it is our hope that encouragement will be given to various States, counties, and cities to enforce laws available to them and to consider necessary legislation and regulation at the local level.

Many of these we have found are inadequate and sometimes do not exist. Consumer fraud bureaus, for the most part, are just beginning. It is, therefore, imperative that existing local laws for the protection

of consumers be reviewed to determine whether they are sufficient and effective.

It is to be hoped that this five-point program may be favorably considered by your committee and be implemented quickly and as appropriately as possible. We would hope that the Federal agencies already engaged in this work will be given the necessary financial and personnel support to make creative and imaginative use of the statutes under which they operate.

It is to be further hoped that they will embrace the public through the various organizations and agencies I have named, so that, as I said to the group of senior citizens in the lower East Side: "You are the Government; we are the Government; and we must all work together."

Thank you for giving me this opportunity to present our position.

Senator WILLIAMS. Thank you very much for your testimony, Dr. Ladimer, and also for the help you have been to this committee in advising our staff as we have been developing this subject.

How long have you been in the position you are now in, Dr. Ladimer?

Dr. LADIMER. Since July of 1962.

Senator WILLIAMS. Approaching 2 years?

Dr. LADIMER. Yes, senility.

Senator WILLIAMS. Well, let me tell you, if you read a certain book, you can live to be a hundred.

Dr. LADIMER. That is right.

Senator WILLIAMS. The New York Times ad on "How To Live To Be a Hundred." Have you seen this?

Dr. LADIMER. Yes; we have not only seen that, but I brought with me the letter we just received from the publisher in which he informs us that he is going to accept all our recommendations for changing that ad. He has previously been barraged by criticism from the AMA and from its president, and we hope that he will come through.

This is dated March 3. He says:

Enclosed you will find an extensively revised ad on "How To Live To Be a Hundred.

Which though it contains the facts presented in the book, presents them in copy of an entirely different tone.

I think you will find all of your suggestions, in writing to me, included in this copy.

May I hear from you?

And so forth. So that in a sense, while I would like to enlarge on that particular advertising, we have a somewhat better statement indicating the kind of cooperation we sometimes get. In this instance I trust that we will be completely successful.

The book itself by Dr. Clement Martin, is, as you possibly know, a standard hygiene type of book. It is the advertising that suggests that it is, well, a "wow," and it is not really.

Senator WILLIAMS. How broad an area advertising do you monitor, and in this case I gather you communicated directly with Dr. Martin?

Dr. LADIMER. We communicated with at least four people or four agencies, but more specifically, with the publisher and with Dr. Martin, and were able to get some concessions, shall I say. We also had the help of the American Medical Association and we were concerned

about the apparent misuse and misrepresentations indicating the support of the medical profession for this book.

We have known about this publisher, I mean, this is not his first book, and doubtlessly will not be his last. This is an approach or technique that he uses for other publications.

Senator WILLIAMS. We sort of stumbled into this specific extravagant claim for a publication.

I was going to ask you this question from your approaching 2 years of experience, whether the climate in this area over claims is improving or whether it is not improving.

Dr. LADIMER. Well, this is a difficult question. I would like to answer by saying that we are of the opinion that we are getting a good deal more support and cooperation from media, at the level at which it counts, namely, will they accept advertisements? We are, I think, far more successful now in getting these people to question advertisers, and the ad agencies and to get changes.

This may not be apparent if you look at some of the things in the newspapers, television, and radio, but it would be interesting to know how many more horrible things you do not see because we and other people are on the job.

I would also hope that the effect of the new drug law, in my field, would make certain changes, but most of the material that I deal with may be so-called technically old stuff, and, therefore, does not necessarily come under the new drug regulations. The rewrites and rehashes of things which have been available for years, consequently, do not necessarily go to the FDA.

Also, the FDA, as you know, is not at least legally concerned with advertising of proprietary remedies unless it can be demonstrated that it is also labeling. We feel that this is basically our job, at least at the level of consumer understanding and industry cooperation. We do negotiate with the FTC, of course, and with other agencies.

Senator WILLIAMS. You are familiar with the case of Joseph Wolfgang Wuenn, charged with defrauding in New Jersey?

Dr. LADIMER. This is a so-called psychoquack or mental hygiene expert, or clinic involving guidance and consultation not necessarily for older people, but generally to provide a so-called mental health type of assistance. It is our feeling that this is a field that has never been adequately explored because it is on the borderline. We, as a matter of practice, do not get into professional relationships, but clearly where these men or agencies advertise directly to the public, we are concerned. There has also been an attempt on the part of the AMA to do something more about the so-called psychoquacks.

We have called this to the attention of the National Association of Mental Health, the American Psychiatric Association, among others. We hope that we will be able to run some of these people out.

We, ourselves, have come across one or two that are, including recognized licensed practitioners who evidently are not aware of the impression they make. We have called this to their attention and I am happy to report that they have withdrawn.

People of this kind, I doubt, however, would generally be interested in that kind of impression, so we will have to get them out in some other way, perhaps through local enforcement or use of the mails or something of that sort.

Our basic approach here as in every other instance is to advise the medium, television, radio and newspapers, that we have grave doubts and that we would not recommend acceptance of such advertising. Sometimes we will go very far and say we declare this to be absolutely against the public interest, and they usually take our view when we get that strong about it.

Senator WILLIAMS. We had discussion yesterday with the Food and Drug Administration folks about the possibility of dealing with the false devices in the healing arts, and it seems that there is a pretty good way to deal with this, by empowering the FDA to determine efficiency. I hope we are moving in that direction.

Imagine you would agree with this?

Dr. LADIMER. I so stated in the initial presentation that we cannot see any distinction between this type of health aid and any other, and we believe that the law should extend to all.

As a matter of fact, as I think Dr. Joseph Davis (FDA) who is here with me will agree, there are some instances in which it is difficult to determine whether something is a drug or a device, or something else, and it would be much simpler if it did not make any difference. We would then get them all.

Senator WILLIAMS. In this psychoquackery area, perhaps it is a little more difficult to deal with. It probably will ultimately come back to whether a person is practicing in a professional area without a license.

Dr. LADIMER. Yes, but that would not be our problem. I thought you were going to refer to the more complex problem, what I call "selling nothing." Now, there are a number of people who admit that they sell nothing and that they are not at all ashamed of this. They say, well, doctors sell nothing also.

They (the doctors) call them placebos, call them dummies; and we all know that a substantial number of people will respond to anything—maybe 20 percent or 30 percent. The promoters argue if they sell nothing, whether it is dressed up as a bracelet or a stone or a drawing, with nothing in it, or a book, or a record, or other things, it is, nevertheless, useful, because a person who employs it is convinced that he benefits from it. To make the point quite precise, they feel that any type of assistance of this kind, so long as it is properly generated, is not illegal, and should not be removed from the market.

This is the most difficult thing to prove and we have had a number of the Federal agencies look into this, and they admit that this is a very tough one.

Senator WILLIAMS. I wish we could continue our discussion, but time is a problem around here, these days particularly.

What do you have on your recording device there?

Dr. LADIMER. Well, Mr. Oriol suggested that since I was doing some work with a group of older people—and you may recall that I mentioned this—you might be interested in hearing some of the reactions to a few questions in their own words. We edited this yesterday to stay within approximately 5 or 6 minutes, so that we would not go overtime, but I do not think that we in any sense distorted the meaning of what this group had to say.

So I feel perfectly sure that this is an accurate representation, a symbolization of what these people had to say. This could be done at any time.

Senator WILLIAMS. Let us take time out. What is the group that you are talking about?

Dr. LADIMER. It is all explained, so to speak, on here.

(Dr. Ladimer played the tape recorded interview.)

(The transcription follows:)

TAPE RECORDING OF INTERVIEWS WITH MEMBERS OF EDUCATIONAL ALLIANCE OF
NEW YORK CITY, CONDUCTED BY IRVING LADIMER

Mr. LADIMER. This is a recording of a group of representatives of the Older Adult Division of the Educational Alliance. The Educational Alliance is a community center in the lower East Side of New York City, established 75 years ago to help immigrants from Eastern Europe settle in this country. The alliance is still continuing in this work with new groups of people and has a large program of social service, health, housing, community work, welfare, and other important functions.

This group is going to talk to you about the problems that they have had in health frauds and quackery.

We'll start with you now. Your name?

VOICE. Hilda Schier.

Mr. LADIMER. Uh-huh. What—and the real trouble—

HILDA SCHIER. All right. All I could tell you—it's very hard to get along today, especially when you find people cheat you when you get older. They take—

Mr. LADIMER. What do you mean, people cheat you?

HILDA SCHIER. And television cheats you, too.

Mr. LADIMER. In what way?

HILDA SCHIER. And television cheats you, too.

Mr. LADIMER. In what way? Can you—can you give us an example?

HILDA SCHIER. By the way. I'm a person with a lack of sleep; I could never sleep, I could never [inaudible], and I just lay there and fuss around all night and I sit by television watching. All of a sudden—[inaudible] mention the names.

Mr. LADIMER. We ask you to mention the names.

HILDA SCHIER. All of a sudden I see a big advertisement which advertises "Sleepies," and it's still on and I go ahead and buy it and I feel when you take [inaudible] it doesn't help, so I limit myself but it never helps me.

Mr. LADIMER. Well, why do you think you were cheated?

HILDA SCHIER. I was cheated because it didn't work the way they promised it to work; they promised to sleep all night and they show you a picture on television where the woman is—tosses around and all of a sudden she takes the pills—

* * * * *

New VOICE. I have my [inaudible] and I have the doctor. Now—and the doctor came and he gave me vitamins—he says [inaudible] so he gave me vitamins and I took the vitamins about 2 weeks. After the 2 weeks, he came again. He says to me, "How do you feel?" I says, "Doctor, I'm—there's no change." He looked in toward the bathroom, he sees I took out a half a bottle and he says, and he looks on the label. He says to me, "What did he give you?"

Mr. LADIMER. Who is—who asked you this question?

VOICE. The doctor asked me what the drugsman gave me; he gave me me the prescription. He says, "What did he give you?" I says you asked me what he gave me? You give me the prescription; I gave him the money and he gave me the pills.

Well, the—the—then he gave me another prescription. He says, "Take that bottle and bring it back to the drugsman."

I went in and I tells them, I says, "The doctor said that this is not the pills that you were supposed to give me." He says, "Well, what does he want me to give you, new feet?" How do you like that? I says, "I don't want no new feet; give me my \$3."

He says, "Here." He took the pills and threw 'em in a basket, and he gave me the \$3. The doctor—he gave me another prescription. He says, "Don't take it t'that drugstore. Take it someplace else." He told me where to go. I went there—it cost me for 50 pills \$6. This sold for 100 pills \$3. I took that pill for about 10 days and started walking around. I sleep good all night.

Mr. LADIMER. What do you think was the trouble?

VOICE. I think it was lack of vitamin B.

Mr. LADIMER. But I mean—you said that the pharmacist, the drugstore—did he give you the right pills? Do you think he—

VOICE. Yeah. Yeah. He hadn't, so the doctor says.

Mr. LADIMER. I see. I see.

VOICE. The doctor said "He didn't give you the right pills."

Mr. LADIMER. How about your experience with the drugstores? Have you had any similar problems, Mrs. Schier?

Mrs. SCHIER. Well, there were many times that I—there was a mistake by the druggist. And—

Mr. LADIMER. Can you be sure they were real mistakes?

Mrs. SCHIER. Well, when the doctor comes and he medicine and he sees what he wrote and what you got, so they're two different things. I think it—it's not something you can just throw away and be nothing. You could get—you could die from it or you could get very sick, too. And when—I think when the druggist has a diploma to practice pharmacy, he should be more careful and if he can't be careful by himself, there should be a way to watch him, how we watch our measurements and scales—so we should be watched this way too and everywhere.

Mr. LADIMER. Well, do you think that there is not enough control now—

MAN'S VOICE. Huh?

Mr. LADIMER. Do you think there not enough—

MAN'S VOICE. No. No, there's not enough [inaudible]. Too much commercial on drugs.

Mr. LADIMER. How about you, Mrs. Schier?

Mrs. SCHIER. I think this could be controlled, just like anything else. We demand from our Government that they should try to help us, especially some of us that don't understand so much the basic—what we buy and what they sell us on television or radio—that this should be some kind of control, especially on drug business. It can help. And if you made one little step not good so you could get very sick—you have to struggle till you die or you could die right away, too.

Mr. LADIMER. Have any of you been taking health foods any special health foods for older people? Like vitamins?

WOMAN'S VOICE. I take vitamin B.

Mr. LADIMER. Well—where do you get these vitamins?

VOICE. Well, I get 'em in the drugstore. I used to get them in the clinic once in a while. But most of the time, I have to pay for them and they're very expensive; they're \$12 a hundred.

Mr. LADIMER. How about advertising for vitamins?

VOICE. No, I never buy anything advertised.

Mr. LADIMER. Why?

VOICE. I'm afraid.

Mr. LADIMER. Why? Why do—why are you afraid?

VOICE. I don't believe them.

Mr. LADIMER. Oh, do you ever believe—

VOICE. I never believe—I wouldn't even buy a box of powder to wash the dishes, until I see that it's the right one.

Mr. LADIMER. Now, how would you know which is right?

VOICE. First, I looked for the kosher. That's the first thing. [Laughter.] When I see that it's kosher, I figure a little bit on the gyp, but a little bit might be all right.

Mr. LADIMER. All right. That's fine. What about—but aside from kosher, which doesn't cover everything, there must be something else. You said before that you don't trust advertising but why is this so. What makes you [inaudible]?

VOICE. Why?

Mr. LADIMER. Yes.

VOICE. Because I know whatever they advertise they advertise for themselves, not for me.

Mr. LADIMER. Do you feel that way too?

OTHER VOICE. Yeah.

Mr. LADIMER. Mrs. Schier, you have told me that you thought there might be some things that could be done. What are your suggestions?

Mrs. SCHIER. Well, I feel that since the Government took over a lot of things, like—we never had meat grading until we just were cheated by the meat. And today—we were fighting and I was in city hall myself there when they had took a big piece of meat and they started to cut it into parts and they were talking

on it. Why pay for good grade meat when you get a cheap grade. And they took time but we had—we [inaudible] and all of a sudden [inaudible]. We went and we were fighting for it and then Congress [inaudible] and they brought out from there wherever its necessary from the Government and they helped. Now, if you buy meat it's graded. Why not be able to do everything for grading.

Mr. LADIMER. Mrs. [inaudible] Mrs. Schier mentioned some of the work that you do as consultant. I wonder whether we could take this occasion now to summarize your opinion and your views about the group, particularly as you see it, how they have—handle these problems, what you think should and can be done here at the alliance and perhaps what kind of educational or instructional materials or services would be helpful.

Mrs. ———. Not so long ago, some of us that are sitting here did not know that there were no cures for arthritis. Since we have had talks here on the subject by outstanding physicians our members are aware of what the advertised medications can do and what some of the prescribed prescriptions can do. Also, I would like to indicate that there are areas of great need that are not being reflected in this talk today. There is one person sitting in this group that is carrying his dentures in his pocket and that's because so many of the dentures are made by people who are not very well qualified and this is done primarily to save a little money.

We later find that one of the woman that left earlier here has had to have her gums incised to take care of exactly such a problem. We have an example of one elderly man who for years had been taking drugs for constipation and [inaudible] only to discover after he had been sent for a routine physical checkup which is something we hope every one of our older adults will be getting either through a private doctor or through a clinic——

Mr. LADIMER. Was that case—I'm sorry for interrupting. Was that a case in which he bought these through a newspaper ad which gave him some reason to believe that this would help him? Do you know why he got these?

Mrs. ———. I'm not aware whether he bought them through a newspaper ad but I am aware that he got them from the pharmacy without a doctor's prescription and continued to use these over years, only to discover that [coughing] had cancer of the bowels and has since been operated. Fortunately, he's functioning and we hope that this intervention has been in time.

There are many instances of need that have been—are worsened because of a tendency that our own members do not recognize at least in turning to medical authorities and for that reason, the educational alliance is cooperating with community health and welfare agencies to obtain a fair share of miracles that [inaudible] on a preventive and curative basis.

Mr. LADIMER. What about this Committee on Fraud and Quackery that you were telling me about?

Mrs. ———. Well, this committee is very much concerned with health fraud and quackery, but their knowledge has to be greatly augmented before they can really express their pointed resentment. At the present time, they show greater resentment about deceptive packaging, and so forth, something which they understand better than they do the medications which they take daily and which really makes some big dents in these little incomes that so many of them are living on.

Many people are hesitant to report because the problems are of a personal nature and there is a degree of shame that goes along with being a fool. To be taken in is a painful thing, and it is particularly painful to make admissions to your own fears about something of that kind. I think one of the real needs that we feel in community settlement houses is the lack of a mechanism for passing on some of the things that occur daily but at this very moment I find it hard to call to attention, perhaps a government consumer program would give status to—first of all, recognition of these problems and a valid place where to report these, and I think it would give people a feeling of importance and dignity in recording and reporting any example of being cheated.

Mr. LADIMER. OK.

(Whereupon, the tape ended abruptly.)

Senator WILLIAMS. Again, our sincere thanks for all of your help and congratulations, too, for the very important work you are doing and the contribution you are making to—as you in your words,

stated: "square dealing in this area." It is a very important area—food and drugs.

Senator WILLIAMS. Our next witness is Henry B. Montague, U.S. Chief Postal Inspector, and I believe Counsel Wenchel is with Mr. Montague, and in addition, Mr. Callahan, William Callahan.

All right, Mr. Montague, we welcome you here and are looking forward to hearing you.

STATEMENT OF HENRY B. MONTAGUE, U.S. CHIEF POSTAL INSPECTOR; ACCOMPANIED BY ADAM G. WENCHEL, ASSOCIATE GENERAL COUNSEL; AND WILLIAM F. CALLAHAN, DIRECTOR, FRAUD AND MAILABILITY INVESTIGATIONS DIVISION, BUREAU OF CHIEF POSTAL INSPECTOR, U.S. POST OFFICE DEPARTMENT

Mr. MONTAGUE. Thank you, Mr. Chairman. I am accompanied this morning by Mr. Adam Wenchel, Associate General Counsel for the Post Office Department, and Mr. William F. Callahan, who is Director of the Fraud and Mailability Investigation Division, Bureau of the Chief Postal Inspector.

We are pleased to have this further opportunity of presenting to this distinguished committee some of the particulars of the Post Office Department's efforts against mail fraud. The mail fraud statutes 18 U.S.C. 1341, 39 U.S.C. 4005, impose a duty upon the Postmaster General to prevent the postal establishment from being used in the perpetration of schemes to defraud the public. A less well known but very important weapon in the fight against swindlers who use the mails to defraud consumers, particularly our elderly citizens is 18 U.S.C. 1821, which prohibits the transportation by mail of false teeth or other prosthetic dental appliances unless authorized by a person licensed to practice dentistry.

Since this statement relates primarily to medical fraud and quackery rather than to the broad scope of consumer frauds, we feel that a brief summary of the entire program will be of assistance in placing the medical fraud and quackery aspect in proper perspective.

In fiscal year 1963, 88,223 complaints of alleged mail fraud were received, 9,190 investigations initiated; 619 arrests were effected and 581 convictions obtained. In addition, 4,775 promotions were suppressed through administrative action of various kinds including foreign and domestic fraud proceedings initiated by the Post Office Department's General Counsel, Louis J. Doyle.

In cases investigated by the Postal Inspection Service, \$57,913,000 was filched from the public. Fines in the amount of \$145,200 were imposed and court ordered and voluntary restitutions of \$1,995,460 were obtained. These investigations were closely coordinated with other interested agencies to avoid duplication of effort. The criminal statistics are the best evidence of the overall results of this program :

Fiscal year	1959	1960	1961	1962	1963
Convictions.....	309	366	431	524	581

Investigations of medical fraud cases are conducted for the most part by a special group of postal inspectors who work directly from our headquarters in Washington, D.C. They are assisted when necessary by inspectors domiciled at strategic points throughout the country. Close liaison is maintained with the Food and Drug Administration, the Department of Justice, and other governmental agencies with whom essential information is exchanged. Joint action is taken against offenders where this appears to be in the public interest.

Although postal inspectors still occasionally encounter medical quackery items involving electric belts, buzzers, bell-ringing machines, and even black magic potions guaranteed to cure all manner of disease, today's frauds are generally more sophisticated. Promoters do not so often promise outright cures for serious diseases but offer preparations to "aid" in curing various conditions which the American consumer finds undesirable, such as baldness, obesity, and so forth.

Treatments are offered by mail for every conceivable condition including cancer, diabetes, prostate trouble, asthma, arthritis, heart diseases, and impotency to name but a few. Such schemes continue to be a source of great concern since the victims are frequently induced to attempt self-diagnosis and treatment meanwhile deferring proper attention. A case in point is that of Dr. Roy W. DeWelles, who on December 13, 1963, at Shelbyville, Ind., was convicted of mail fraud and was sentenced to serve 5 years on each of two counts, sentences to run consecutively.

DeWelles used the mails in advertising traveling medical clinics at which the aged and ailing were told they suffered from such diseases as cancer and were charged as high as \$500 for treatments on the DeWelles cure-all device called "The Detoxacolon." This device simply administered a colonic enema highly dangerous to some victims and therapeutically worthless to others.

Through this scheme, DeWelles obtained an estimated \$500,000 over the years in the sale of some 200 machines, and an estimated \$1 million in treatment fees.

In our last report we noted that medical quacks were going south of the border to broadcast claims over Mexican radio stations which would not be permitted over domestic stations. As a result of concerted action by the Federal Communications Commission which monitored the broadcasts and the Postal Inspection Service, several of these promoters were indicted and one conviction has been obtained. Others have abandoned the practice rather than face prosecution.

The sale of dentures and other oral prosthetic devices through the mails by unlicensed persons is a menace to health since ill-fitting plates have in some instances caused oral cancer. While this practice is not as prevalent as it was prior to the passage of 18 U.S.C. 1821 in 1942, the investigation of such cases still requires time and attention by postal inspectors.

On December 20, 1963, Belden Clyde, operating as Tru-Grip Dental Laboratory, Chicago, Ill., was convicted of violating this statute which forbids the use of the mails in the taking of impressions for the manufacture of dentures by other than persons licensed to practice dentistry. He encouraged owners of old plates to make their own impressions with his preparation called "Tru-Grip Refit" from which new plates were manufactured. Many complaints were received alleg-

ing dissatisfaction on the part of purchasers. Subsequently, on January 31, 1964, on recommendation of the General Counsel, the Judicial Officer of the Post Office Department issued a fraud order forbidding the delivery of mail or the cashing of money orders for this concern.

Although during fiscal year 1963 emphasis was placed on the development of cases holding a promise of criminal prosecution as distinguished from those approachable solely by fraud-order action, considerable success was also had in the latter category as indicated below:

Domestic fraud orders.....	13
Foreign fraud orders.....	9
Formal discontinuance stipulations.....	28
Informal discontinuances.....	27

In addition, criminal action was taken during the period as indicated below:

Cases formally presented to U.S. attorneys.....	10
Indictments obtained.....	10
Arrests effected.....	9
Convictions obtained.....	8

Our investigations and prosecutions of medical fraud cases become more complex every year. However, we are encouraged by the results being obtained. We are pleased to report that local medical societies have been most cooperative in assisting our inspectors by providing us with the names of qualified doctors whose testimony is essential in these cases.

With the continued wholehearted cooperation of all concerned, we believe that we can cope with the situation.

In closing, I wish to assure you that our program against medical fraud and quackery will be continued. Postmaster General John A. Gronouski has directed us to maintain the strictest possible enforcement of the mail-fraud statutes.

Thank you.

Senator WILLIAMS. Thank you very much, Mr. Montague, and I want to thank you, too, for the continuing help you have been to our committee.

It has been pointed out to me, although I have not been exposed to any of the advertising, that there is a new cure-all approach to life—self-hypnosis. Have you folks been exposed to any of this in your work?

Mr. MONTAGUE. I understand that we have some complaints on that, Mr. Chairman, and we are conducting investigations at the present time.

Senator WILLIAMS. What is this all about, and how does it come into the mail-fraud area?

Mr. MONTAGUE. I think perhaps Mr. Callahan may have a closer working knowledge of that. I will ask him to answer that question.

Mr. CALLAHAN. Senator, generally the mails are used both in advertising these books and preparations, and also in delivering the product, that is wherein we obtain jurisdiction. We have had several complaints, primarily from professional people, with reference to this relatively recent development of self-hypnosis for the cure of various things, and we are now looking into it.

We have made several test purchases and I understand that these purchases have been referred to our medical advisers for official opinion as to how we can act upon them.

Senator WILLIAMS. So, it is still under investigation. There has not been any action yet?

Mr. CALLAHAN. That is correct, sir. That is a relatively new development.

Senator WILLIAMS. Prosecutions are made rather difficult, are they not, in mail fraud, because of the elements of proof that are necessary?

Mr. MONTAGUE. Yes, sir, we have to prove beyond a reasonable doubt that there has been a scheme devised, that there is an intent to defraud.

Senator WILLIAMS. Do you have any suggestions to us how legislation might be changed to make it possible for you to reach more of these practitioners who are grossly misrepresenting and grossly overclaiming benefit from their product?

Mr. MONTAGUE. As far as the criminal statute is concerned, Senator, we feel it is fair and equitable that we should have to prove that a scheme was devised, that there is intent. We do obtain voluntary discontinuances of many of these schemes, and the U.S. attorney sometimes decides not to prosecute as long as the operator has gone out of business.

With regard to our formal administrative action cases, Mr. Wenchel may have some comment on that.

Mr. WENCHEL. As you know, there has been in the Department consideration of suggesting amendment to the administrative fraud order statute to eliminate the necessity of finding intent to defraud. However, the Department has not yet worked out all of the problems which are inherent in such an amendment, so we are not ready at this time to recommend to Congress that there be an amendment to that statute.

Senator WILLIAMS. Senator Fong?

Senator FONG. Mr. Montague, what is the difference between an administrative action as differentiating from a criminal prosecution?

Mr. MONTAGUE. In administrative action, Senator, the General Counsel would notify the operator that there is to be a hearing to decide whether or not the use of the mails should be barred to the operation, and the operator would have an opportunity to come in and be heard, with counsel. If the final determination is made that a fraud exists, then a fraud order would be issued against the operator; that is, any mail addressed to him under the name by which he is doing business would be stamped fraudulent and returned to him.

Under the criminal action, we present the findings to the U.S. attorney. If he decides there is evidence of a criminal violation, he presents it to the grand jury. If an indictment is returned then the operator has the opportunity to plead, and if he pleads not guilty, a trial ensues. Then we get either an acquittal or conviction.

Senator FONG. Most of the work of the Department is to get the fraudulent person to desist?

Mr. MONTAGUE. Yes, sir, we try to accomplish both, if possible. We attempt, if there is evidence, to get a voluntary desist and go ahead with the criminal action. If the person does not voluntarily desist, then we would recommend to the General Counsel that appropriate action be taken formally.

Senator FONG. I notice in your statement you say there were 88,000 complaints and 9,000 investigations, just a little over 10 percent?

Mr. MONTAGUE. Yes, sir.

Senator FONG. Does that mean you do not have the staff to really carry out your investigation?

Mr. MONTAGUE. That would indicate that in some cases we may get numerous complaints, hundreds or thousands, in some others, we may get only one complaint. However, we always do have personnel problems. In our total staff we have about a thousand inspectors, and we eke out as much manpower as we can on fraud investigations.

Last year we were able to devote the time of about 105 inspectors to this type of investigation. This year we are adding about 25 additional men. We hope that in the years to come, we will be able to add more, because we certainly need them.

Senator FONG. Is the fraudulent scheme on the increase or on the decrease?

Mr. MONTAGUE. I would say that they are on the increase.

Senator FONG. Thank you.

Senator WILLIAMS. What is your budget for the fraud program, Mr. Montague?

Mr. MONTAGUE. We have costed out the program, and in total, that is considering all of our inspector manpower, clerical manpower, auditing manpower, the time that the General Counsel would devote to this, and the judicial officer, the cost comes to about \$2,400,000 per year.

Last year fines imposed by the court were \$125,000, court ordered and voluntary restitutions were \$1,995,000, for a total of \$2,120,000. So this program comes within about a quarter of a million dollars of paying for itself, and this is without taking into consideration the huge sums saved the public by putting the swindlers out of business.

Senator WILLIAMS. Thank you. Thank you very much, gentlemen.

STATEMENT OF DR. FREDERICK J. STARE, CHAIRMAN, DEPARTMENT OF NUTRITION, SCHOOL OF PUBLIC HEALTH, HARVARD UNIVERSITY; ACCOMPANIED BY DR. DENA C. CEDERQUIST, SCHOOL OF HOME ECONOMICS, MICHIGAN STATE UNIVERSITY

Senator WILLIAMS. Dr. Stare, I understand you have with you Dr. Dena Cederquist, School of Home Economics, Michigan State University. I understand you have a plane to catch shortly.

Dr. STARE. Yes.

Senator WILLIAMS. Good. We wanted to make sure that we accommodated you to your schedule and we are very pleased to welcome you here.

Dr. STARE. Thank you, Senator Williams.

It is nice to have the opportunity to talk to you and your colleagues briefly about food quackery and charlatanism, particularly as it affects elderly persons.

I did prepare a statement which you may have for the record if you wish, but I think the remarks I will make today will be somewhat different, as I would rather talk to you extemporaneously.

Senator WILLIAMS. Proceed informally and we will accept your statement.

Dr. STARE. I am professor of nutrition at the Harvard School of Public Health. I have a Ph. D. degree in biochemistry and nutrition from the University of Wisconsin and also an M.D. obtained from the University of Chicago. I did postdoctorate research on a Rockefeller Foundation fellowship for about 3 years. I am licensed to practice medicine in the Commonwealth of Massachusetts.

For the last 4 years I have had a little syndicated newspaper column called "Food and Your Health," which locally appears in the Washington Star and in Senator Fong's area appears in the Honolulu Advertiser. This brings in quite a bit of fan mail, much of it from elderly people.

The first point that I would like to make is that for me, a naive person as far as government and regulations are concerned, I just cannot understand why it takes so long for our regulatory agencies to regulate.

I would like to give you a few specific examples. Today, in the U.S. District Court for the Middle District of Pennsylvania, which is located in Scranton, there is an action being continued by the U.S. Government versus York Barbell Co., another organization called Better Nutrition Aids; an individual called Bob Hoffman; another organization called Hoffman Laboratories. So far as I could tell, these are all the same organization.

Mr. Hoffman and these other organizations have been marketing a variety of nutritional supplements which they promote by some of the advertising methods you have heard about from previous individuals, at your hearings. There is much nonsense about their products. This has been going on at least for 10 or 12 years, and yet here is our Government moving 10 or 12 years later against this.

The reason I know about this is that on March 6, not too long ago, at the request of the Food and Drug Administration, I signed an affidavit regarding this organization which involves fraud, that is, they committed the fraud and I signed an affidavit to the effect that it was fraud.

In this connection, in 1945, Doctor George Thorn, who is professor of medicine at Harvard, and I, prepared a paper at the request of the Council of Foods and Nutrition of the American Medical Association, under the title of "Protein Nutrition in Problems of Medical Interest." This was published in the Journal of the American Medical Association. A few years after 1945, and I could not tell you exactly how many years, this Mr. Hoffman, and these various organizations, lifted this article out of the Journal of the American Medical Association and put it in a little publication of theirs called "The Foreign Story." They lifted it without my permission, without the permission of the publisher, the American Medical Association. Not only did they lift it, but they conveniently left out of their version large portions of our articles and they falsified some of our tables by omitting our recommendations and substituting some of their products.

You can see these paragraphs marked in red are all part of our original article which were deleted from their article.

Senator Fong. Did they give you credit for it?

Dr. STARE. No. They did not give credit and they did not ask for it.

There are three tables, tables 6, 7, and 8, in their "Protein Story," which are tables 6, 7 and 8 in our article. They omitted in their table six, six slices of bread. They left this out and put in their product, which is called in this case, hi-protein.

In other words, they have taken our article and whatever prestige is associated with being a professor of medicine and a professor of nutrition, at Harvard and falsified our table, putting in their product, implying that we are recommending and using their product.

When I heard about this, I wrote to the American Medical Association asking if they had given permission. They replied that they had not, they had never heard of them. So, the AMA lawyers wrote to these various organizations and said, "Quit doing this. You do not have our permission." I do not know whether they have ever stopped, but here it is.

Senator WILLIAMS. They, in their piece, were quoting you, then?

Dr. STARE. Yes. They were quoting us and quoting us falsely.

Senator WILLIAMS. Then, you got credit really but were abused in the process?

Dr. STARE. I mention this only, because, here it is 1964 and the Food and Drug Administration is still getting after these people. In fact, When Doctor Hoffman of the Food and Drug Administration called me a couple of weeks ago about their action, wanting to know if I could come to Scranton to testify, and I could not, and finally settling on this affidavit, I said to him over the phone, "Why does it take you fellows so long to get going"?

He said, "I just don't know these people have powerful friends."

Now, the next example, a somewhat similar one, is correspondence that I have had with our Federal Trade Commission. I think the Federal Trade Commission has done a good job in this area but again it takes so long to move.

Here is a sheaf of correspondence dealing with a book written by a person by the name of Gaylord Hauser, the book is called, "Mirror, Mirror, on the Wall," published by Farrar, Straus, and Cudahy. This book is filled with misstatements, with falsehoods, with all kinds of errors and implications.

I don't know how long it has been available, my guess would be at least 5 years. Well, the Federal Trade Commission got after the publisher and asked if I would be a witness for them, and I said that I would be. This case was to come to trial four or five times, and then at the last minute it would be postponed.

This past fall, I would say sometime in November, just the day before it was to finally come to trial in New York, as usually happens, they throw in the sponge and say, "The Federal Trade Commission was right," and they quit. But in the meantime, they have had a few years to sell this book and get all this nonsense around to the American public. Also during this stalling, they have time to write a similar book, giving the same old nonsense, bringing it up to date, and coming out with it about the time they throw in the sponge on the former book. This has happened—same author, same publisher, only a different title. So here they go again for a few years while the FTC prepares a new case.

I could go on like this. Here is a case that involves again the Food and Drug Administration.

I think I could say that for the last 10 years I have been involved probably twice a year as a witness for, or a potential witness for, the Food and Drug Administration, or the Federal Trade Commission. I have had some correspondence with our Post Office as to whether or

not I would go down to, I think it was Dallas. I am not sure whether it was Dallas or Fort Worth, to appear on their behalf, which I am always willing to do. But it takes time.

One thing I think would be helpful is if somebody could figure out a way to speed up some of these things. I don't know whether this is possible or not.

My particular interest in this quackery and fraud problem is obviously in the area of nutrition, where I have a small amount of competence.

The nutritional needs of elderly individuals really do not differ appreciably from those of others. If anything, the nutritional needs of the elderly are less than of a growing organism. By a growing organism I mean an infant or an adolescent. You need less food as you get older. You really need less vitamins. Yet these people who are purveying a lot of these nostrums in the food area do it on the basis that old age has certain unusual nutritional requirements as, for example, increased amounts of vitamins. Actually you do not, you need less vitamins as you get older.

Elderly people usually have time to read. I think that is fortunate because reading is one of the pleasures of life, but the food quacks, the charlatans, and the book publishers realize this. They flood the book market with a lot of nonsense about how you can practically live forever if you only have some of their products.

In the prepared statement that I gave you I listed 15 books by title, author, and publisher—15 books which I mentioned ought not to be on anybody's bookshelves and really should never have been published.

I would like to call your attention to only one, No. 12, which is entitled, "Stay Young Longer." And I would like to read you just a few of the chapter headings in this book:

One chapter is, "What Makes You Age?" "How Long Will it Take to Slow Down Aging?" "Are Poisons Making You Old?" "Is it Safe to Eat?" "What Else Ages Us?" "Help for Prostates."

These are all problems that concern aging individuals. The author goes on to attack almost all foods because of pesticides and processing, and that is a lot of nonsense. There is not one single case in the medical literature where there is a single individual whose health has ever been impaired by eating any kind of a food product that had pesticides or insecticide residues left on the food product.

Now, obviously, pesticides are dangerous. That was why they were made in the first place, to be dangerous to the bugs. True the people who use these pesticides commercially occasionally get into trouble with them, but the point I am trying to make is there is no evidence that anyone who ever walked into a supermarket in Washington, Alabama, Idaho, or Hawaii and bought any kind of food product, became ill because of pesticide or insecticide residue left on that product, even if they did not use commonsense and wash the product before eating it.

So, to scare people saying that you have to buy organically grown food on which no insecticides have been used is only done by those people who have such foods to sell.

I think one of our Governmental organizations that has been very lax in permitting a lot of health nonsense to be presented to the American public is our Federal Communications Commission.

I do not know whether there are any statutes under which the Federal Communications Commission can do anything about the nonsense and charlatanism in the nutrition area that comes over our radio and our TV stations. I can mention two specific individuals if you would like to have specific names. I mention them without malice, without hatred, only as factual information.

There is a person who I am sure must be on some Washington television station each morning doing exercise, a fellow by the name of Jack La Lanne.

Well, I think the exercises are fine, but Mr. LaLanne has some nutritional supplements, some kind of protein and vitamin preparation. He tries to sell these over his television program to give you muscles like his.

Another individual is a man by the name of Fredericks, who has a canned radio program called, "Living Can Be Fun."

I have heard estimates that he is on anywhere from 60 to 120 radio stations. I don't know how many it is. But Mr. Fredericks has no qualifications in the field of nutrition. He is not a physician, not a biochemist, not a nutritionist. He has no qualifications in the field of health. Yet, he talks as though he does have.

And he has things that he is trying to sell. I think if one really wanted to take the time and had money, one could cause a lot of trouble for radio stations, prosecuting them on the basis that they are practicing medicine without a license. But I think our Federal Communications Commission has been very lax in permitting health nonsense to go out over our airways.

I also have criticism for my own profession, the medical profession, that is. Very frequently you will find that the endorsements on the jackets of books are written by people who put the initials, M.D., after their names, and worse than that, at least 3 or 4 of the books in that list of 15 that I included are written by physicians.

Actually, in one of these books, one of the biggest quack books, there is an endorsement written by a former Secretary of Agriculture.

I think the American Medical Association has been most lax in not publicly disciplining these deceptive disciples of health in their own profession.

You might wonder why these books are published. This is really economic. There is an amusing little book you may not have heard of. If you have not, you ought to spend 50 cents and buy it.

It is called "Nuts Among the Berries." It is written by a young man by the name of Ronald Deutsch, published by Ballantine Books; and I have frequently said I think every physician ought to have several copies of this in his office and give them out to many of his patients. Ronald Deutsch points out in "Nuts Among the Berries" that the health fad book with sales of half a million copies will earn over \$250,000 in royalties for the author, close to \$1 million for the book sellers, and a half million for the publisher. I think it is a sorry commentary to report that probably half of the Nation's major book houses have succumbed to the lure of health fad book publishing.

From the little syndicated column I referred to earlier, I get quite a few letters, many coming from elderly people. I have put down in my prepared testimony quotations from a typical dozen. I also brought along the original letters in case you wish to see them.

Here is a letter that came from Chicago, and it says:

DEAR DR. STARE: I am sending a stamped envelope. Please let me know if you can help me. I have hardening of the arteries and no circulation. My feet are always numb. I am taking Lufa capsules and heart pills. I would like to know if the Lufa capsules are helping to take the cholesterol out of my bloodstream.

I haven't the least idea of what Lufa capsules are. I have never heard of them, but I would bet my last dollar that the claims made for them, and the implications, are all nonsense.

Here is another letter, from somebody in Ottawa, Ill.:

I have had a thrombosis heart attack 5 years ago. I would like to know if I should take vitamin E capsules.

One of the so-called "health experts" I referred to, Mr. Fredericks, is frequently trying to sell vitamin E capsules for practically anything under the sun.

I am not going to take any more of your time. I did pick a dozen letters out of the hat, you might say.

I think they emphasize the fact that there obviously are a lot of elderly people with aches and pains and regardless of how old we are, the older we get, the more aches and pains we are going to have.

Also, the older we get, the more interested we are in living to be a little older. So, when you have aches and pains and you go to see your physician, and he tells you, "I cannot find a thing wrong with you," remember that when you get to be 60, 70, 80, that you are going to have a few more aches and pains, and if they bother you too much, why don't you take a couple of aspirin tablets?

That does not sound too good to the person who has the aches and pains, even though it is the truth, but if somebody comes along with an advertisement or raps on the door and says, "I have a preparation called Lufa capsules," or Nutribio, or Hi-Protein tablets, or something else, "and this really will take care of you; look at all these testimonials. Do you know John Jones who lives down the street not too far, and he says ever since he has been taking this preparation he has been cured."

This is positive, definite information, and this is what these people seem to like, even though it doesn't do them a bit of good. That is too bad because a lot of money is wasted and sometimes health is impaired.

I would say, simply summing up the testimony that I have given, that proper eating to provide more nutrition for elderly individuals or for youngsters, can come from any corner grocery store.

In the United States the consumption of health foods, dietary foods, dietary supplements, is a complete waste of money; and many oldsters have no money to waste. Unfortunately, persons of advancing years are good game for the health hucksters with their phoney nutrition advice and books, pamphlets, radio, and television programs.

I think our Government must find ways to accelerate the action of the regulatory agencies we have. I think we must also find ways so that the Food and Drug Administration can prosecute these people other than by simply trying to find ways of saying that this product is mislabeled. I believe I am correct in saying that is the only way the Food and Drug Administration can move against these people.

Lastly, I do want to state that I think the Food and Drug Administration and the Federal Trade Commission do a good job but I wish they could do it quicker.

Thank you. If there are any questions, I will be glad to try to answer them.

Senator WILLIAMS. Well, it has been very refreshing and very helpful. We thank you, Doctor.

The Boston Nutrition Society, Inc., does not share our warm feeling of friendship for you.

Dr. STARE. I am sure they do not.

I am not even sure if that organization exists any more.

Senator WILLIAMS. They were the plaintiff in a suit against Fredrick J. Stare?

Dr. STARE. Right.

Senator WILLIAMS. What was that all about?

Dr. STARE. It was about an article I had published in McCall's magazine roughly speaking 5 or 6 years ago. It was one of these question-and-answer pieces.

McCall's received and selected the questions and sent them to me.

One of the questions they selected was something like this: This came from a mother, as I recall, in Barnstable, on Cape Cod, and she said:

I have been reading some literature circulated by the Boston Nutrition Society which scares me because it says that the consumption of white bread and white sugar is one of the factors that is largely responsible for the increase in heart diseases and diabetes. Is this true?

The reason it scares me is that my children much prefer white bread and they do get plenty of sugar from jelly in jelly-bread sandwiches, and am I going to cause my children to have an early death from heart disease because of feeding them white bread?

Well, I answered the questions by saying that those comments are ridiculous.

Now, organizations like the Boston Nutrition Society may sound good, but if you were to call them on the telephone as I did when I first heard of them, at the other end of the line it is, "Copley Square Diet Shop," purveyors of health food. I said organizations like the Boston Nutrition Society are, in my opinion, cruel and are defrauding the American people.

Well, apparently, the words "cruel" and "defrauding" resulted in a suit.

Much to my surprise, after two lower courts in Massachusetts had decided that there was no basis for a suit, I was a little bit taken aback when our Supreme Court thought that there were grounds for a suit.

And I believe under Massachusetts law that means you have to have a trial before a jury. Eventually, the trial took place. We had decided, the lawyer and myself—the lawyer disturbed me a little bit because he didn't seem to be the least bit interested in this case until shortly before it came to trial, but I must admit I thought he did a very good job. [Laughter.]

I say, the opposition, I guess that is the plaintiff, brought a number of professional witnesses; they brought a physician from Texas, by the name of Dr. Joe Nichols. They brought a physician from Chicago whose name I think was Dr. Theron Randolph. They brought a dentist from Altoona. And their testimony was pure nonsense.

But my lawyer began to get worried because here were 12 people on the jury and the farther away you get an expert, of course, as you know,

the more of an expert he is. So, if you bring somebody from Texas he is really an expert. Anyway, my lawyer said that we have to get some witnesses. And I said, "Why for heavens sake, let's not waste the time of anybody coming out to testify on this nonsense." But about the fifth day he said, "We have to have some witnesses." So I asked my friend, Dr. Paul Dudley White, if he would be good enough to testify on my behalf and he said that he would.

He canceled a busy morning's program and came out to appear. After waiting 30 minutes—it was a beautiful golfing day—the judge decided there would not be court that day.

Unfortunately, the next day Dr. White could not be there. Dr. Samuel A. Levine came out and appeared on my behalf, and his testimony was something to the effect that after practicing cardiology for 50-some years in Boston, to his knowledge, he had never heard of anyone ever being sick from eating any kind of bread, regardless of the color of the bread.

Another physician, Dr. George Cahill, testified on diabetes and also that in his opinion it was "cruel and fraudulent" to make the claims that had been made by the Boston Nutrition Society.

Well, the interesting thing about this trial to me was the charge that Judge Felix Forte made to the jury. He talked to the jury for almost 50 minutes and the essence of his charge was that where else is the public going to get information if they do not get it from people who hold responsible positions in some of our major universities, that these people should speak out and speak frankly and mention names as long as you do not have malice in your heart, so long as you do not have hatred. I had said a dozen times under cross-examination, I couldn't care less about this organization. I had never heard of them before, I couldn't possibly have any malice. I have been quite frank free since then in what I say, and I usually preface my remarks before and after by saying, regardless of what I have said about this or that person I have no malice toward them. I have no hatred toward them. But, I feel that being a person in one of our better health centers I should speak the truth to the best of my ability, and as Judge Forte said, "Where else is the public going to get the information?"

Senator WILLIAMS. Is that what the judge said?

Dr. STARE. I would have to check his exact words but he was quite outspoken. It took the jury 10 minutes, but it took 3 years to exonerate me, and took a fair amount of money.

Senator WILLIAMS. The processing of that suit took 3 years?

Dr. STARE. Three years.

Senator WILLIAMS. Senator Neuberger?

Senator NEUBERGER. This brown bread versus white bread reminds me of the old saw about brown eggs are supposed to be more nutritious than white eggs.

Dr. STARE. There is nothing to that nor to the other tale that fertile eggs are more nutritious.

Senator WILLIAMS. Anything else?

Senator NEUBERGER. No, sir.

Senator WILLIAMS. Senator Fong?

Senator FONG. You must have spent a lot of time thinking about these books you have listed here you say are nonsense.

Dr. STARE. They are. And that is by no means an exclusive list.

Senator FONG. Now, are there any laws that you know of that will prevent the publication of such a book?

Dr. STARE. I do not know of any laws. I have never made any effort to find out and I really do not think, Senator Fong, I would be qualified to interpret any laws if there are any.

Senator FONG. Now, we are entering into a very, very gray section of our study here when you talk about books like these where a fellow says, "If you take gasoline and you take oil and you rub them on your joints, your creaking joints will be all right." If he writes a book to that effect, how do you stop a man?

Dr. STARE. I think one way you could stop him is if this book is written by a physician, and as I said three or four of them that I mentioned are, I think the American Medical Association in great big type in their weekly Journal should come out and castigate this man and throw him out of the organization. But they do not.

I might mention I had a little difficulty and it took an exchange of letters to get the American Medical Association to publish an article that I wrote about this trial because of the fact that I had mentioned by name two physicians—Nichols and Randolf and the dentist—they wondered whether or not they should mention these people by name. After all, two are members of the club.

Senator FONG. I think you recognize the difficulty in legislating in this field; do you not?

Dr. STARE. Yes. But I think that is your job. I don't know how to legislate.

Senator FONG. You just present it to us?

Dr. STARE. Yes.

Senator NEUBERGER. I might say on that line, as you remember yesterday, the counsel for the AMA said they did go after people who they felt were not professional members.

Senator FONG. That is different. This is somebody who writes a book and he says that he believes that white bread is no good for the individual and then how do you bring an action against a man like that?

Senator NEUBERGER. That is not very professional.

Dr. STARE. I don't know how you bring an action against a person.

Senator FONG. You also stated, Doctor, that it took so long for the Food and Drug Administration to go after some of these charlatans?

Dr. STARE. Yes.

Senator FONG. The proposal before this committee is that before anything could be marketed, any device could be marketed that these devices be brought before the Federal Food and Drug Administration people.

Now, it took so long for them to go after these charlatans. How long would it take to pass on whether these devices could be used or not used?

Dr. STARE. Let's say a book is going to be published 6 to 12 months from now and the manuscript is available and it has something to do with the field of health.

It should not take an individual who knows anything about this subject more than a few hours to page through the manuscript and know whether there are many statements in the book that are completely false, wrong, and misleading.

In a way, if some of our publishers had a little higher ethics it would be helpful. But this is a voluntary—I mean, this is a voluntary compliance. I would think that a publisher like Simon and Schuster which published this crackpot book, "Calories Don't Count," might very well have a medical advisory board and would have sent the manuscript to at least two or three individuals knowledgeable in this field. But, of course, they sold over a million copies and they are in the business of publishing, but what a book to publish.

I occasionally get manuscripts from publishers who say, we would appreciate your opinion on this book." Sometimes they pay attention to the opinion. But I don't know enough about how you can legislate. We certainly do not want to stifle the freedom of the press, but the press might show more responsibility when dealing with quackery, charlatanism, and fraud in the health area.

Senator FONG. I was referring to some of the devices we saw yesterday. Naturally, those people who manufactured these devices would object very strenuously to the Food and Drug Administration's taking a look at them before they are sold on the market.

You say the Food and Drug Administration takes so long in processing these things?

Dr. STARE. I would assume in testimony you have heard before that somebody has made a point that this is a business with a lot of competition. Food faddists are cutting each other's throats to try to get the business.

Senator FONG. Would you care to comment on the Seventh Day Adventists, for example, on their food facts?

Dr. STARE. I would be glad to. The Seventh Day Adventists that I know, and I know quite a few, are a good group of people. You can be well nourished whether you eat meat or don't, whether you eat white bread, dark bread, or no bread.

Most Seventh Day Adventists, as you may or may not know, are what are commonly called lacto-ovo-vegetarian, which means they drink milk and eat eggs but they don't eat the flesh of animals; that is, meat.

Milk and eggs provide essentially the same nutrients as does meat. Also, Seventh Day Adventists are big consumers of nuts and soybeans, both are good foods and supply many of the same nutrients as meat, so there is nothing wrong with the nutritional principles of the Seventh Day Adventists.

Senator FONG. It is medically sound?

Dr. STARE. They are medically sound as long as milk and eggs are included in the diet.

Senator FONG. I am very glad you made such a statement. I am not a Seventh Day Adventist but a number of my friends are.

Dr. STARE. We have had at Harvard a few public Seventh Day Adventist physicians. I know many of them well. They have an excellent medical school in California. I think they have been good leaders in providing good hospital and medical care in other parts of the world.

The finest hospital in Bangkok the last time I was there was a Seventh Day Adventist hospital.

Senator FONG. Thank you.

Senator WILLIAMS. You are a dissenter to the theory of the "Silent Spring," I take it?

DR. STARE. I am a dissenter. I think it is lovely prose, beautifully written, but it made me wonder whether or not—"The Sea Around Us," which was beautifully written, is as accurate as I thought it was at the time I read it.

Senator WILLIAMS. Thank you very much, Doctor. We are most appreciative.

I believe we have been going now for about 2 hours. We better recess briefly for our friend who is taking this record.

Senator FONG. After listening to you, I think I am not going to find enjoyment in reading some of the new books.

(Text continued on p. 306.)

(Prepared statement of Dr. Stare follows:)

PREPARED STATEMENT BY FREDERICK J. STARE, M.D., PROFESSOR OF NUTRITION, CHAIRMAN, DEPARTMENT OF NUTRITION, HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASS.

The basic nutritional needs of the elderly are not appreciably different from those of other adults, but the elderly often have nutritional problems. Rarely, these problems are caused by absorptive difficulties. More commonly they are caused by indifference to eating (with resulting poor dietary habits), lack of money to purchase an adequate diet, poor dentures, improper knowledge of what constitutes an adequate diet, and the nutritional misinformation given to them by the hucksters of nutritional quackery. These hucksters include the authors and publishers of food-fad books, and the radio and television programs that permit actors and nutrition commentators to pose as nutrition experts when they are really selling mail-order vitamin and mineral preparations and so-called natural foods.

Loneliness, defective hearing, frailty, distance from stores, and lack of delivery service from most food stores pose real problems in advancing years.

In the limited amount of time available, only a few specific problems of nutrition in advancing years can be discussed.

FLUORIDATION OF WATER SUPPLIES

Comment on the fluoridation of public water supplies at first may seem out of place at this meeting, but I assure you it is not.

Fluorine is a mineral nutrient we must have to enable us to construct a dental enamel that is maximally resistant to decay. Fluoridation currently offers the only effective means to reduce dental decay by 50 percent or more. Fluoridated toothpastes are a definite advance in dentifrices. A few people will have less decay if they drastically reduce the intake of sugar. Fluorides can be given in pill or drop form, but none of these methods begins to approach fluoridation of water supplies in effectiveness and economy.

But why talk about water fluoridation for persons of advancing years? Because the results are permanent. We should not be so shortsighted as to think only of ourselves. Furthermore, recent studies suggest that optimal fluoride ingestion may prove to be helpful in the prevention of osteoporosis, a common disorder of our older citizens.

Fewer fractures, and quicker and stronger healing when they do occur, would indeed be a boon to persons of advancing years. Optimal intake of the mineral nutrient, fluoride, throughout life may help to achieve this goal. Thus its pertinence to this discussion.

NUTRITION QUACKERY

Because Americans are probably the most health-conscious people in the world, nutrition quackery has become one of the smoothest and best organized rackets in the country. Five hundred million dollars is the take from the innocent, according to the American Medical Association.

Persons of advancing years are particularly gullible. This springs from the eternal hope of living longer and keeping one's health.

Recently, sea water has become popular with the food faddists. This idea originated in Florida and was foisted primarily on old folks. It was based on the ancient but widely held misconception that because sea water contains numerous mineral and trace elements, and the body needs some of these elements,

it is healthful to take a little sea water every day. From this premise it is only a step to flagrantly false claims that sea water is a panacea for all the diseases of mankind. Ignored is the fact that the same mineral elements are present in common foods and that, with the possible exception of iodine, they are abundantly supplied by the ordinary diet.

This is just another adaptation of the false premise that modern foods are nutritionally inadequate—a theory that is relied on and prompted by practically all nutrition quacks and food faddists.

Much of nutritional quackery is an economic problem, a problem that is particularly acute for many aging persons. According to the 1961 White House Conference on Aging, 75 percent of the people over 65 years of age have a cash income of less than \$1,000 a year, and 15 percent have less than \$500 a year. It is indeed unfortunate to fritter away any of these meager sums on vitamin and mineral preparations, usually not needed, even if they come from a mail order house at a big discount, and the man on the radio says they may help and he reads many testimonials as to how they helped others.

Elderly people usually have time to spare and time to read. This is fortunate because reading is certainly one of the pleasures of life. The health hucksters are aware of this. They realize the hope that exists for a longer, healthier life, and they have gone to town in flooding the book market with nonsense about nutrition.

Consider the following quotations from a health food book published recently: "Replacing heavy starch meals with a low-calorie, high-protein diet lessens the chance of cancer ever attacking you."

"Chief among the dietary factors which tend to undermine the health * * * is the use of white sugar and white flour products which * * * place a strain on the heart, the liver, and other vital organs and glands."

What false and misleading rubbish. One wonders how many innocent and worried persons have followed such advice and hence delayed seeking competent medical advice on personal health problems, perhaps until it is too late.

The author of the book from which the foregoing quotations came is a "health lecturer." Here is what he said in a flyer sent through the mails advertising a free lecture entitled, "Build Health Through Natural Methods":

"I am going to tell you about the latest scientific and nutritional discoveries that are helping to prevent and overcome colds, catarrh, bronchitis, and hay fever. I have some new and important facts on heart condition, high blood pressure, indigestion, ulcers, gall stones, diabetes, constipation, arthritis, and rheumatism."

"Don't miss this free lecture if you are concerned about your eyes, because I have some new information for you. I am going to show you how to relax and relieve tension * * * how to be free from worry and build up confidence in yourself. And I have a special message on how to revitalize your glands. Don't miss this important lecture."

Here is a list of what we call the 15 least desirable books, which ought not to be on anyone's shelves. They have all been published within the last 15 years, and most within the last 2 or 3 years. Business is picking up.

1. "The American Fluoridation Experiment." F. B. Exner, M.D., and G. L. Waldbott, M.D. The Devin-Adair Co., New York, 1951.
2. Arthritis and Common Sense. Dan Dale Alexander. Witkower, Hartford, Conn.
3. Folk Medicine: A Vermont Doctor's Guide to Good Health. D. C. Jarvis, M.D. Henry Holt & Co., New York, 1958.
4. Feel Like a Million. Catharyn Elwood. The Devin-Adair Co., New York, 1956.
5. Health Through Nutrition. Lelord Kordel. World Publishing Co., Cleveland, Ohio, 1950.
6. Let's Eat Right To Keep Fit. Adelle Davis. Harcourt, Brace & Co., Inc., New York, 1954.
7. Look Younger, Live Longer. Gayelord Hauser. Farrar, Strauss & Cudahy, New York (revised) 1951.
8. Live Food Juices. H. E. Kirschner, M.D. Kirschner Publishing Co., Monrovia, Calif, 1960
9. Live To Be 180. Justine C. Glass. Taplinger Publishing Co., Inc., New York, 1962.
10. Calorie Countdown. Victor H. Lindlahr. Prentice-Hall, Inc., Englewood Cliffs, N.J., 1962

11. *The Poisons in Your Food*. William Longgood. Simon & Shuster, Inc., New York, 1960.
12. *Stay Young Longer*. Linda Clark. The Devin-Adair Co., New York, 1961.
13. *Eat Your Way to Better Health*. Andrew Rosenberger. Bobbs-Merrill Co., Indianapolis, Ind., 1961.
14. *Calories Don't Count*. Herman Taller, M.D. Simon & Schuster, Inc., New York, 1961.
15. *Strong Medicine*. Blake F. Donaldson, M.D. Doubleday & Co., Inc., Garden City, N.Y., 1962.

Listen to the chapter headings in book No. 12 entitled, "Stay Young Longer," published in 1961.

"What Makes You Age?"

"How Long Will It Take To Slow Down Aging?"

"Are Poisons Making You Old?"

"Is It Safe To Eat?"

"What Else Ages Us?"

"Help for Prostates."

The author's attack is that almost all foods are unsafe because of pesticides and processing. She quotes everybody and anybody, including those of "like kind" such as Adelle Davis who wrote the foreword and Carlton Fredericks, Ph. D., who is referred to as a "biochemist and nutritionist." Because the Food and Drug Administration and Federal Communications Commission have recently taken action concerning some of the rantings of Carlton Fredericks, he is now boldly proclaiming that he is not a nutritionist—only a nutritional reporter.

Sex looms large in this book as in most other books of this type. Here is a quotation from page 277: "Proteins and organ meats feed the glands. Lecithin (granules) * * * feeds sex glands. Helps liver destroy excess hormones. It is a natural tranquilizer."

On page 281 we find: "Vitamin F has been used successfully not only for prostate trouble, but also in cases of high cholesterol and arthritis."

Who wrote the endorsements of this book on the jacket? Three people who put M.D. after their names, two who have a Ph. D., and a former Secretary of Agriculture.

Those of us in the medical profession should be ashamed of some of our fellow physicians who lend the prestige of our great profession to such health nonsense.

The American Medical Association has been most lax in not publicly disciplining these deceptive disciples of health.

A couple of years ago one of the bestselling nonfiction books was "Calories Don't Count." It was written by a physician, a gynecologist, and obstetrician. Such training, however, does not necessarily imply any competence in nutrition and biochemistry. A glance at this book reveals how true this is. I would have no complaint were this bestseller on the fiction list.

Why do such books continue to appear? Why do respectable publishing houses put out such trash? The answer is to be found in a recently published 50-cent paperback that I recommend. The book is called "Nuts Among the Berries," by Ronald Deutsch, and is published by Ballantine Books, New York. It is an amusing exposé of the history of food faddism in this country. Every physician might well keep a supply of this little book on hand and give a copy to each of his elderly patients or anyone who brings up the subject of "natural foods" or "organic gardening."

This book points out that a health food book with sales of a half million copies will earn over \$250,000 in royalties for the author, close to \$1 million for book-sellers, and \$500,000 for the publisher. It is sad to report that probably half of the Nation's major book houses have succumbed to the lure of health food publishing.

For the past 4 years I have had a little syndicated column called "Food and Your Health." This now appears weekly in about 40 newspapers, including the Washington Star. It brings in quite a bit of fan mail, much of it from elderly people. I have brought with me a few sample letters and the requests are typical. Listen to a few:

1. "Am sending a stamped envelope to please let me know if you can help me. I have hardening of the arteries and no circulation, my feet are numb. I am taking Lufa capsules and heart pills, so I would like to know if the Lufa capsules are helping to take the cholesterol out of my bloodstream. Could you send me to a doctor to help me with this trouble?"

2. "I had a thrombosis heart attack 5 years ago. My doctor gave me Partrate to take four times a day. I would like to know if I could also take vitamin E capsules. I have vitamin E capsules; they are 100 Int. units, directions on the bottle say one a day."

3. "Do you have any diet to follow for arthritis that will help it at all, any certain foods to eat?"

4. "Within 1 year I had a cataract operation in each eye. I started to get dizzy. I am taking medication but don't seem to get any better. I am in my early sixties, should I go to an ear doctor? How long should this last?"

5. "In older folks will you please advise what causes heavy bagginess to form under eyes suddenly? Kidneys check OK."

6. "True that I'm overweight but the doctor will not give me any type of medication to help reduce. Is it true that reducing pills weaken one's blood and blood vessels? Also, what can one eat or do to strengthen these vessels and improve the blood? Like the older folks believed that certain foods were excellent tonics."

7. "Please advise me what I should do about my hair. It seems to be getting much thinner than when I was younger. If I need vitamins, please advise what is best for my problem."

8. "Is it a good thing to take a few tablets of Lecithin tablets daily although I am 25 pounds overweight and 59 years of age (male)? Would the Lecithin tablets put on more weight since they are a food?"

9. "I have hardening of the arteries and am on a low-fat diet and would like a list of foods that don't have cholesterol. How is pumpkin seeds and sunflower seeds?"

10. "I am living alone and being old it does not pay preparing the fresh vegetables, like spinach, carrots. I ask you whether or not canned vegetables have the same amount of vitamins and minerals as the fresh ones? I was and am taking vitamin tablets for many years, maybe 20 years."

11. "By taking vitamin E capsules every day, is it possible to dissolve cysts or lumps in the breast? If possible, I would appreciate an answer as soon as possible."

12. "I read somewhere that drinking safflower oil or other unsaturated oils will take off pounds when reducing. Is this true? How much oil is used? How often is it taken?"

SUMMARY

Proper eating to provide proper nutrition for oldsters, youngsters, or the middle aged, can be achieved from the wise selection of foods available in ordinary grocery stores. Consuming health foods or dietary supplements is not necessary. For most people these so-called health foods and dietary supplements are a waste of money, and many oldsters have no money to waste. Unfortunately, persons of advancing years are good game for the health hucksters with their phony nutrition advice in books, pamphlets, radio, and television.

Enrichment of certain basic foods—the addition of three key vitamins and one mineral to flour, iodine to salt, vitamin D to milk, vitamin A to margarine, and fluoride to water—has been most important in bringing better health to both young and old.

Variety and moderation in food consumption are the keys to proper nutrition. Eat less to live longer, to accomplish more, and to enjoy your children and grandchildren longer.

BOSTON NUTRITION SOCIETY, INC., PLAINTIFF *v.* FREDRICK J. STARE, DEFENDANT

(By Fredrick J. Stare, M.D., Boston)

The defendant maliciously, intending to defame the plaintiff and subject it to hatred, ridicule, and contempt, * * * falsely, maliciously, willfully, wrongfully, * * * published * * * a fake, wicked, malicious, defamatory, and scandalous libel * * *."

These harsh words, with their interesting adjectives, originated by the Boston Nutrition Society, were delivered to me the first Monday in July 1959. The basis for this libel suit was an answer I had prepared to a question received from the editorial staff of *McCall's Magazine* and which was to appear in the March, 1957, issue as part of a question-and-answer column.

The complete question and my answer were as follows:

"Q. I am enclosing a clipping from an 'open letter' from the Boston Nutrition Society that is really frightening: 'The enriched white bread fed to the American public is a national scandal. First of all, the wheat grown on poor soil and fertilized with water-soluble commercial fertilizer is of low-protein content. * * * The modern flour mill removes the precious vitamins and minerals. This is then bleached with a powerful oxidizing agent, chlorine dioxide (which is a poison); and to this lifeless mess, a few dead synthetic chemicals (improperly called vitamins) and inorganic iron are added. * * * We not only think these foodstuffs are worthless; we believe that many of them are positively harmful. * * * We know that we are a Nation of sick people. Our hospitals are crowded to capacity. All the metabolic diseases are increasing by leaps and bounds. Coronary thrombosis is attacking young men in their twenties. Cancer is the leading cause of death in children under 14. Diabetes and mental disease are on the increase, even in children. And dental cavities are rampant.' Since two of my boys refuse to eat any but white bread, I am naturally terribly concerned. Is there any connection between white bread and all these diseases? Barnstable, Mass."

"A. These scare tactics are typical of the food-faddist organizations. The name 'Boston Nutrition Society' sounds good, but, if you were to telephone them, you would discover, as we did, that the phone number is the same as for the Copley Square Diet Shop, purveyors of so-called health foods. The faddists want you to believe that the food industry is forcing white bread down the throats of the American public. However, for centuries the majority of mankind has preferred white bread. It is still the overwhelming favorite. Despite the efforts to 'sell' whole wheat flour, the sale of dark flours has remained essentially the same, about 2 or 3 percent of the total output. From a practical viewpoint in most American diets, dark flour and enriched white flour are the same in food value and they both make important contributions to our diet. To imply or suggest that enriched white flour can cause or contribute to the diseases listed in the clipping is a cruel and reckless fraud. The Food and Drug Administration of the Federal Government is an eternal watchdog safeguarding the food you eat. Moreover, the legitimate food industries contribute millions of dollars to research in their own laboratories, and to lesser extent, grants and aids to universities. Many large food concerns publish some of our best nutrition education."

PREPARATION FOR TRIAL

Originally it seemed strange to me that I, rather than *McCall's* was being sued. But I soon learned that a plaintiff has the choice of suing either the publisher, or author, or both. In suing me it was quite evident that the Boston Nutrition Society was more interested in quieting me as a critic of food quackery, faddism, and nutrition nonsense than in being awarded a large cash award.

In due time my answer to the charges, setting up the defenses of fair comment on a matter of public interest and truth, was filed with the court. At the same time, my counsel filed a motion to dismiss. This motion was heard before a Massachusetts superior court judge upon arguments of both counsel only, and the motion allowed. However, the plaintiff society then appealed to the Supreme Judicial Court of Massachusetts, which, as to two of the four specified libels, overruled the superior court, indicating that the case, as to those two items ("cruel and reckless fraud" and the statement concerning the society's connection with the diet shop) should be submitted to a jury for its consideration. The court did not pass on the fair comment defense, since that was a matter for the jury. Finally, on September 5, 1962, the trial commenced before Judge Felix Forte of the superior court and a jury in my home county court of Dedham, Mass.

PLAINTIFF'S WITNESSES

The Boston Nutrition Society used against me a total of five witnesses; two lay people and three professional witnesses. The testimony of all three professional witnesses was that "natural foods" are far superior for health than ordinary foods. Much of the illness of mankind today, they said, is due to our poor "devitalized foods" and the residual poisons contaminating our foods as a result of the use of pesticides, insecticides, and "additives."

Present in the courtroom for part of the trial and conferring with the plaintiff's counsel, but not appearing as a witness, were Dr. W. Coda Martin, a physician from Beverly Hills, Calif., and Andrew G. Rosenberger, of Wellesley Hills,

Mass., a well-known food faddist whose brother is president of Nature Food Centres, Inc., of Cambridge, Mass. Rosenberger and his brother were recently fined \$5,000 each, given a 6-months suspended prison sentence, and placed on probation for 2 years in a case involving alleged misbranding of health foods under the Food and Drug Act, which convictions were upheld by the U.S. Court of Appeals.

Highlights of the plaintiff's case against me were as follows:

The first witness was Cyril C. Sullivan, president of the Boston Nutrition Society. He claimed to have only a poor recollection of what went on at meetings of the society. He said that the society sold some books, one being "Arthritis and Common Sense." Sullivan testified that he and counsel for the society had demanded of me a retraction of the statement in the McCall's article but that I had refused.

The second lay witness was Mrs. Gladys Pearmain who said she had been president of the Boston Nutrition Society from 1956 to 1958. On direct examination, Mrs. Pearmain said that one of the tenets of the organization was use of naturally grown foods. On cross-examination, Mrs. Pearmain said that it is a premise of the Boston Nutrition Society that enriched white bread and enriched white flour are at least contributing causes of cancer, mental disease, and heart trouble. Cross-examination of Mrs. Pearmain brought out the fact that she believed that I was one of the leading opponents of her colleagues in the nature food business. In educational qualifications, Mrs. Pearmain claimed to hold a "certificate in vitamins" but neither attorney was able to find out exactly what she meant by the term.

Theron G. Randolph, M.D., of Chicago, was the first professional witness. Counsel for the plaintiff tried to give him an opening to deliver a lecture on organically grown foods, and more particularly on pesticide-free foods. Dr. Randolph claimed to have found patients with allergic reactions to "treated" or insecticide-sprayed wheat who did not react allergically to "organically grown" wheat products. Dr. Randolph was asked by plaintiff's counsel to talk broadly on the effects of DDT on people; to this my counsel objected and was supported by the judge. Upon thus being limited to discussing the proposition at hand; that is, the relationship of enriched white bread and white flour to the various diseases listed in the complaint that was the subject for libel, Dr. Randolph was unable to contribute materially to the plaintiff's case.

The second professional witness was a dentist from Altoona, Pa., Dr. Fred D. Miller, vice president of Natural Foods Associates. Dr. Miller's testimony was rambling. My counsel and Judge Forte attempted with only partial success to limit his testimony to the subject at hand.

On cross-examination, Dr. Miller was asked about a book he had written, "Open Door to Health." He was asked if this book had not had several critical passages concerning me, and Miller admitted that it had. In answer to questions, Miller said that he teaches his patients that they should eat only fertile eggs and that they are better off if they will eat only raw meat and natural foods.

The last and apparently main witness for the Boston Nutrition Society was Joe D. Nichols, M.D., of Atlanta, Tex., who has practiced medicine there since 1936 and, in partnership with his brother, owns and operates the only hospital in Atlanta, Tex. He testified to being president of the Natural Food Associates for the past 9 years and said that this is essentially a layman's organization with professional medical guidance designed to teach conservation of food and soil. He said they try to teach the values of natural foods and secondly to help the believer find such natural foods, which he characterized as creating a "demand" and a "supply." Nicholas went on at one point in his testimony to claim that the vitamin D added to enriched white bread is actually poisonous and that there has been considerable evidence of the toxicity of this vitamin. Later, on cross-examination, Nichols was asked if he knew whether or not vitamin D was always or even usually added to enriched white bread. To this question Nichols finally answered that he didn't know actually if it was added. (It is an optional ingredient and usually is not added.)

Dr. Nichols expounded on something he called the concept of totality. His diatribe against enriched white flour and degerminated wheat products was part of his whole concept which included the use of natural foods grown on organically fertilized soils.

In answer to specific questions by plaintiff's counsel regarding a relationship of enriched white flour and bread to "metabolic diseases" and coronary throm-

bosis, Nicholas said that these disorders are related to the use of enriched devitalized foods.

Nichols claims that one cannot get a well-balanced diet in the normal American food market. He said it is difficult to find the natural foods necessary.

On cross-examination, Nichols admitted that he was organizer of a corporation set up to sell natural foods. He claimed that it had not to date made any profit, but that it was organized as a profitmaking corporation to promote sale of products of the type grown on his farm. He admitted that he had made no controlled experiments of any kind and that his opinions are based only on his observations.

Nichols did not know what the quantity of protein in flour is; further, he did not know the amounts of calcium, phosphorus, iron, thiamine, riboflavin, or niacin in bread, nor did he know much else about the composition of bread. He also did not know what part in the usual American diet is comprised of bread.

Nichols said that in his treatment of heart disease, thrombosis, cancer, and diabetes, diet would be the main part of his therapy. He was asked what diet he would use and he said that he would simply prescribe natural foods. He claimed that if one lives on natural foods, the quantity consumed is self-limiting and obesity is readily avoided. Dr. Nichols said that his main reason for interest in this case came from objections to being called a quack. The judge then asked him if the defendant had called him a quack and to this he reluctantly said, "No."

For 2 days the court and jury heard testimony of the plaintiff's witnesses. It developed that all three professional witnesses were also members of an organization they described as a "scientific" society known as the International Institute of Clinical Physiology. This too was organized by Dr. Nichols who was its president. The society publishes its own journal known as *Clinical Physiology*. Dr. Jonathan Foreman of Columbus, Ohio, serves as editor-in-chief, and the three witnesses for the Boston Nutrition Society are all listed as associate editors. Then I was called to the stand by the plaintiff's lawyer, and he and my own lawyer examined and reexamined me for a long day.

DEFENDANT'S WITNESS

Dr. Paul Dudley White was to be a witness in my behalf and appeared at the courthouse, where, after waiting one-half hour, we were informed that court would not be held that day. As Dr. White could not appear the following day, Dr. Samuel A. Levine and Dr. George Cahill appeared as my witnesses. Dr. Levine testified that in his nearly 50 years of practicing medicine and in his specialty of cardiology, he had never seen a single case of any kind of illness that seemed to have been caused by eating bread of any kind or color. Dr. Cahill's testimony was similar. Further, he testified that he thought it "cruel" for individuals to make statements that common, serious disease might result from eating bread when there is not an iota of scientific evidence to support such statements.

It is of interest, and may be helpful to some in the future, to read portions of Judge Felix Forte's charge to the jury. Editing for brevity is indicated by asterisks, and the words in parentheses have been added for clarity.

THE JUDGE'S CHARGE

"Whenever there is a controversy between two parties, * * * that * * * cannot be adjusted amicably, then * * * the party who claims to be injured * * * can appeal to that department of government that (has) to do with the administration of justice * * *."

"You were selected as disinterested, impartial citizens ready to give full consideration to all the evidence that has been presented. Now you have heard all the evidence. You have heard all the witnesses. You have heard arguments of counsel. Of course, what the lawyers say is not evidence. The lawyer makes a statement that should not be considered by you as proof; for that he should take the witness stand. But, he's necessary because by his argument, his presentation of the evidence in his argument, he tries to bring out all the strong points of his side and all the weak points of the other side."

"* * * What is meant by libel? It is a defamatory statement affecting the reputation of the plaintiff. It is distinguished from slander. Slander is oral, where libel is in a more permanent form such as writing."

"Your first question that is going to be submitted to you is whether the defendant did publish defamatory statements about the plaintiff as distinguished from expression of his own honest opinion different from the viewpoint and the tenets and the way of thinking of the plaintiff. * * *

"On page 3 in this letter (exhibit), there is included a statement attributed to Dr. Joe D. Nichols, who took the stand here. * * * He refers to the fact that he has been called a quack. He hasn't charged the defendant with calling him a quack. (The Nichols' statement) says: 'The modern flour mill removes the precious vitamins and minerals. This is then bleached with a powerful oxidizing agent, chlorine dioxide (which is a poison); and to this lifeless mess, a few dead synthetic chemicals (improperly called vitamins) and inorganic iron are added.'

"And the writer of the article (Dr. Stare) insinuates that this kind of flour has as much food value as natural, organically-grown, unbleached, stone-ground flour. * * *

"The tragedy of our times is that too many so-called experts are teaching falsehoods. * * * In some instances, commercial interests have penetrated our universities and have driven the truth from our classrooms. * * *

"That is the beginning of this controversy because in the (*McCall's*) article * * * the defendant is asked to comment on the (Nichols') statement.

"* * * here is the question (an individual sent to *McCall's* for Dr. Stare to answer): 'I am enclosing a clipping from an open letter from the Boston Nutrition Society that is really frightening. "The enriched white bread fed to the American public is a national scandal." These are not the words of the defendant. These are the words of the plaintiff. Ten thousand five hundred copies of them were distributed and a copy addressed to the President of Harvard University.'

"Now, whoever invites public discussion on a public question shouldn't be disappointed if he is answered equally forcibly in the opposite way, so long as there is no malice. This is how this controversy started.

"First of all, the wheat grown on poor soil and fertilized with water-soluble commercial fertilizer is of low protein content. Then, while in storage, it is sprayed with poison DDT to control the insects.

"The modern flour mill removes the precious vitamins and minerals. This is then bleached with a powerful oxidizing agent chlorine dioxide (which is a poison); and to this lifeless mess, a few dead synthetic chemicals (improperly called vitamins) and inorganic iron are added. * * * We not only think these foodstuffs are worthless; we believe that many of them are positively harmful. * * *

"We know that we are a nation of sick people. Our hospitals are crowded to capacity. All the metabolic diseases are increasing by leaps and bounds. Coronary thrombosis is attacking young men in their twenties. Cancer is the leading cause of death in children under 14. Diabetes and mental diseases are on the increase even in children. And dental cavities are rampant." That is the end of the quotation.

"What did * * * (Dr. Nichols) intend to say by that statement? That I am going to put to you. He intended to convey the idea that bread, modern flour, from which precious vitamins and minerals have been removed; modern flour that has been bleached with a powerful oxidizing agent, chlorine dioxide (which is a poison); modern flour which he calls a lifeless mess to which a few dabs of synthetic chemicals, improperly called vitamins, and inorganic iron are added—he means that these diseases were causally connected with this type of bread and modern flour. This mother, who believes the statement, worried because her children won't eat anything but white bread.

"Now, there is your first question. What do you understand by that statement? * * * Do you understand that he meant to say merely that * * * white bread is only one of the many causes, one of the many reasons why our hospitals are crowded, or did he mean to convey to the reader that white bread is the cause, the cause of the disease? Because, if the doctor who wrote that conveyed the idea that white bread was the cause of these diseases, he was on the witness stand (and said) he didn't intend to say that—he admitted that would be a false statement. He only meant to say it was one of the causes * * * a child gets sick even if he eats too much ice cream.

"In the light of what * * * you understand * * * then judge the defendant's statement. The first statement of * * * (Dr. Stare): 'These scare tactics are typical of the food-faddist organizations.' That is a general statement. That is

not libelous in any sense. 'The name "Boston Nutrition Society" sounds good.' That also is not libelous in any sense. 'But, if you were to telephone them, you would discover, as we did, that the phone number is the same as for the Copley Square Diet Shop, purveyors of so-called health foods.' "

Did * * * (Dr. Stare) mean by that to * * * convey the idea (that) the whole purpose and activity of the Boston Nutrition Society is to help this little business known as the health shop? That the Boston Nutrition Society is used as a tool in order to enhance the business of the foodshop? If that is so, it would be defamatory. * * * It would tend to prejudice (the) Boston Nutrition Society in public estimation and thereby to interfere with the conduct of its activities to promulgate the value (I assume) of natural foods. * * * But, even if that is a libelous statement, Mr. Foreman and members of the jury, you are not going to give too much attention to that feature of this case because it is admitted to be the truth that both concerns had the same number. And so, the statement was not false. With libel, truth is a defense.

"I am leading up to the real issue in this case * * *

"If a person is a highway robber and I write that he is a highway robber, as a citizen, that is libelous. But, if it turns out to be true, that he is a highway robber, then truth is a defense. However, I have a right, the right of truth, to write about another no matter how defamatory it is so long as my motives are proper. If I do it maliciously—not for the common good, not merely to express my honest opinion but in order to injure that particular person for spite, and all the other adjectives that are used here in the plaintiff's declaration, then I forfeit that defense of truth.

"* * * we allow truth to be a defense. But, it is only a defense as long as the defendant did not act maliciously and was not prompted by malice. Not prompted by a sense of revenge, spite, deliberate intent to do damage, to injure, malign a person for no other reason. * * *

"Now, the other statement (of Dr. Stare) which I have to put to you as to whether it was defamatory (reads as follows). * * * 'To imply or suggest that enriched white flour can cause or contribute to the diseases listed in the clipping is a cruel and reckless fraud.'

"If the defendant stated that in the abstract, if he intended to state that in the abstract * * * he had a right to say it. He had a right to express his opinion and it would not be defamatory because it wasn't directed at the plaintiff corporation, Boston Nutrition Society. The plaintiff, however, * * * brought this action because (he maintains) that statement was directed at the plaintiff.

"* * * (Do you believe) that * * * (Dr. Stare) directed such a statement at the Boston Nutrition Society in the matter of public interest? When anyone seeks public approval of his own pet idea, of his own talents, of his own ability * * * whenever he solicits public approval he shouldn't complain if he receives disapproval in return. A correlation to that is that every individual has a privilege to express his opinion on matters of public interest. The public has an interest in the matter and the more discussion, the more controversy, the better for the public because ultimately the truth wins out.

"That's the basis of our whole Government. Right from the time almost of the Declaration of Independence and embodied in our Constitution. This is a matter of public interest.

"* * * (Dr. Stare) had a privilege to say and write everything he did. * * * He had the privilege to do so. In fact, we should encourage all opinions and different views—plaintiff's as well as defendant's here to discuss these matters in public because who is not interested in food from the standpoint of human health? He had the privilege to express himself and he had the privilege to say and write what he did * * * if he entertained no ill will. In other words, had no malice.

"So the whole case boils down to that one issue. First, was the second statement defamatory or not, and if it was, did the defendant entertain malice toward the plaintiff. I can't help you on that. You have the last word and the question of belief. The (Boston Nutrition Society) wants you to infer malice here. (Dr. Stare) must have acted maliciously, otherwise he wouldn't have written as he did. And (Dr. Stare) said no, he had no ill will toward them. That is why you are here. You have to decide who to believe and who not to believe. Twelve heads are better than one. * * * The burden of proof is on the plaintiff. If, in your minds, the scales are evenly balanced, you don't know whether the defendant was prompted by malicious thoughts or not or whether he acted honestly in carrying out what he thought was his duty for the * * * common good, and

the scales are evenly balanced, then you have to find against the plaintiff. If the plaintiff has failed to convince you to that extent, then the plaintiff has failed to sustain its burden of proof and is not entitled to a verdict. * * *

"If the defendant acted maliciously, bring in a verdict for at least \$1. How much more depends on how much proof the plaintiff has produced * * * in the form of evidence as to how much it has suffered as a result of this particular alleged libel. * * *

"Now truth as well as privilege are only conditional defenses. They are good if not contaminated by malice. If a privilege was exercised or prompted by actual malice—I have explained the ordinary meaning of malice, ill feeling, improper motive, intent to injure plaintiff in its activities, and so forth—then the defendant loses that privilege of that defense of truth, loses that defense of privilege."

The jury deliberated for about 15 minutes and acquitted me, the defendant, of any intent to libel the Boston Nutrition Society.

PRIVILEGE AND DUTY OF PHYSICIAN

What practical points can we who wish to speak clearly and firmly in the combat of quackery and food faddism learn from Judge Forte's charge? Truth, he says, is a defense of libel as long as it is not said with intent to harm, but rather to inform. A professional person, he says, has a privilege in his field of competence to differ with others supposedly in the same field, to speak out and speak strongly, as long as his comments are not made with malice.

Before the annual meeting of the Harvard Medical Alumni, June 1, 1962, I made a sincere statement. Having recently survived a libel suit, I will repeat it. "I have always felt that professors in our schools of medicine and public health, and other leaders in the health professions, are falling down on the job if they don't speak out clearly and emphatically on health quackery and nonsense, be it food faddism, antifuoridation propaganda, or 'cancer cures.'"

This paper was submitted to Judge Forte for his comments before it was submitted for publication. He wrote as follows: "I may add that there is a very interesting and edifying opinion on free speech, apart from the decisions I mentioned in my charge, in the case of *Terminello v. the United States*, in volume 337 of the U.S. Reports at page 1. This is a decision of the Supreme Court of the United States explaining what is meant by free speech. There you will find that free speech serves its high purpose when it induces a condition of unrest, creates dissatisfaction with conditions as they are, or even stirs people to anger."

JAMA EDITORIALS

QUACKERY QUAKES

"Whoever invites public discussion on a public question shouldn't be disappointed if he is answered equally forcibly in the opposite way, so long as there is no malice." This comment of Superior Court Judge Felix Forte is extended elsewhere in this issue (p. 635) in a special communication which carries an unusual report of what one physician did.

No one looks forward to a suit for libel. It takes one's time, costs money, and really is a nuisance. But such suits do happen. What should the physician do when he is asked to comment on a specific problem in the area of health, when there appears to be quackery or faddism involved?

Fredrick J. Stare, M.D., professor of nutrition at Harvard and winner of the AMA's Goldberger Award in Clinical Nutrition in 1962, was asked to comment on a statement published by an organization called the Boston Nutrition Society. The statement was actually one by Joe D. Nichols, M.D., of Atlanta, Tex., to the effect that present-day enriched white bread is "worthless" and may be "positively harmful." It was implied that coronary artery disease, cancer, diabetes, mental disease, and dental caries were importantly related to the consumption of enriched white bread.

Stare answered publicly, in the opposite way, and "equally forcibly." He wrote: "* * * to imply or suggest that enriched white flour can cause or contribute to the diseases listed is a cruel and reckless fraud."

The Boston Nutrition Society sued. Stare fought the suit, and successfully. The testimony of the three professional witnesses for the Boston Nutrition Society was that "natural foods" are far superior for health than ordinary foods. Much of the illness of mankind today, they said, is due to our poor

"devitalized foods" and the residual poisons contaminating our foods as a result of the use of pesticides, insecticides, and "additives."

As supporting witnesses, Stare had S. A. Levine, M.D., and George Cahill, M.D. Levine testified that in his nearly 50 years of practicing medicine, and in his specialty of cardiology, he had never seen a single patient with any kind of illness that seemed to have been caused by eating bread of any kind or color. Cahill's testimony was similar. Further, he testified that he thought it "cruel" for individuals to make statements that common, serious disease might result from eating bread, when there is not an iota of scientific evidence to support such statements.

In his instructions to the jury, Judge Forte emphasized that truth is a defense for libel, but a defense only as long as the defendant did not act maliciously and was not prompted by malice. The judge stated that we should encourage all opinions and all different views—plaintiff's as well as defendant's—because who is not interested in food from the standpoint of human health?

There are practical points that all physicians can gain from this interesting case: Speak clearly and firmly in the combat of quackery and food faddism. Speak without malice to any individual or society but with the physician's responsibility to inform his patient or society of the truth as he sees it in the important area of health where the physician has special qualifications.

Senator WILLIAMS. I think we can reconvene.

Dr. Dena Cederquist, I am happy to say, is with us. Dr. Cederquist is chairman of the Food and Nutrition Department of the College of Home Economics at Michigan State University.

We welcome you, Dr. Cederquist, and very much look forward to your statement.

STATEMENT OF DR. DENA C. CEDERQUIST, SCHOOL OF HOME ECONOMICS, MICHIGAN STATE UNIVERSITY

Dr. CEDERQUIST. Thank you, Senator Williams, Senator Neuberger. You have before you a printed statement and I would just like to refer to a few excerpts from this rather than read the entire statement in the interest of saving time.

I might identify myself first of all. I am chairman of the Foods Nutrition Department at Michigan State University. I have a Ph. D. degree, like Dr. Stare, from the same school, in biochemistry and nutrition. I have been a university researcher and professor for 20 years, getting close to 25.

My interests in nutrition frauds and misrepresentation stems from responses received both verbally and written from talks and television appearances. These indicate a great number of persons are confused and misinformed with respect to the adequacy of the food supply in this country.

For the one person who is speaking the truth in this area of nutritional adequacy there seem to be several hundred at work raising doubts and fears in the minds of the average citizen.

Our senior citizens represent an ever increasing number of individuals who seem to be most vulnerable to the pitch of the food faddist. You have before you the estimates of the numbers of these individuals who will be a part of the population up to the year 1970.

The Home Economics Research Report No. 20: Family Food Plan and Food Costs, U.S. Department of Agriculture, presents information on the quantities of foods which should be purchased each week to meet the food needs of persons aged one to 75 or over.

This organization has prepared lists of foods, pound averages, and so forth, for persons one through 75 or older, recommending the

amount of food which should be purchased. Based on the food cost for October 1963, I have presented these estimates at the low cost plan, the moderate plan, and the liberal plan.

Thus a man and woman in the age bracket 55 to 74 years would need approximately \$11.58 per week, or \$598 per year to buy the food necessary to meet their recommended nutrient needs—based on the October 1963 food costs.

I would like to underline what Dr. Stare said, it is fairly well established that after adolescence there are no specific requirements related to age, and there certainly is no evidence which suggests older people require larger amounts of any specific nutrient than do younger adults.

A report on the diets of older persons indicates that most of them selected a nutritionally good diet, and where the diet was not adequate the intake of recommended nutrients could readily be corrected by the use of small amounts of milk, cheese, citrus fruits, bread, and cereals. There certainly was no evidence that large increases in food purchases were necessary.

What then is the problem? In my opinion we have several million persons who have reached the age of 65 or older without the benefit of a sound education in the facts related to nutrition. Actually nutrition is a new science and many persons have reached adulthood without the benefit of training in this area of learning.

These persons have been led to believe the foods produced in this country are neither safer nor adequate and that special food supplements at exorbitant prices must be purchased if a person is to remain in good health.

I have quoted directly from some of the books to which Dr. Stare referred and I believe for time's sake, I will not repeat these, but I would like to point out my concern.

Persons with limited incomes are made to feel it is not possible to obtain an adequate diet from simple, inexpensive foods. This leads to the purchase of expensive, unnecessary and in many instances, useless products. (Except in a small percentage of persons in the lowest income group where funds are insufficient to procure an adequate diet, a mixed vitamin capsule has no utility other than placebo effect, nor can such a capsule substitute effectively for a nutritious diet.)

Elderly persons are often led to believe the afflictions of old age are dietary in origin and thus indulge in self-medication with dietary nostrums rather than seek medical diagnosis and care. The delay in seeking medical care may prove costly in terms of time, money, and life.

There seems to be no control over the publication and distribution of false claims with respect to nutrition information. I question the use of the word "information." Any person who eats can, without fear of censorship, call himself a nutritionist, a dietician, or even a "doctor." I picked out of Adelle Davis' book, "Let's Eat Right and Keep Fit," a statement where she says outright:

Without any specialized training, any organization, or any particular leadership, without one cent of tax money or without even any work but just a lot of fun, we can collectively solve this problem of America's malnutrition.

It is obvious to me that the "we" referred to in the quote have no training but are willing to admit nothing stands in the way of their fraudulent activities.

And finally, I would like to ask, when is some sort of protection going to be afforded the person who is capable, willing, and honestly attempting to both educate and protect the citizens of these United States?

I would like to turn to the summary sheet and briefly state the following: I believe it is an established fact there is an adequate supply of food available in this country; that adequate diets can be purchased within the fair means of citizens; and that great numbers of citizens have been made to feel insecure. With time on their hands to sit and think, and as Dr. Stare suggests, read, they are misled by misinformation.

They have time to think about themselves and how they feel, and they have been led to spending considerable amounts of money for unnecessary food supplements, and I thought you might be interested in three examples of the cost of certain supplements.

We obtained the manufacturers analysis of a protein supplement which costs 19 cents per day taken in the prescribed amount. When we compared the nutritive value of these pills with dried skimmed milk, the nutritive value of the pills was about the same as that found in one-half cent's worth of dried skimmed milk, and the similarity of the components of the tablet and the milk made one wonder if they were not the same product.

Another supplement costs \$5.50 per month or approximately \$2.75 per week for two elderly people. If you add this to the \$11.50 low-cost food plan I suggested, this would increase the cost of the food by 24 percent. If this supplement were used, the concentration of certain nutrients, particularly vitamins A and D would be available in amounts six times the recommended intake. Evidence is accumulating that these two vitamins in large doses are toxic.

And finally, the vitamin E to which Dr. Stare referred is widely distributed in ordinary food. We have not been able to find a documented case of E deficiency in man, yet many E supplements are being offered for sale. For example, 100 tablets costing \$2.95 would cost an individual about 12 cents a day for something that is unnecessary and present in the food.

My suggestion is for action. Is there any means available whereby the U.S. mail service could control or limit the distribution of false and misleading advertising with respect to the food supplements, or sale of food supplements?

Just this week this little catalog came up across my desk. It offers for sale something between 150 and 180 different items, none of which are necessary in the diet.

Senator WILLIAMS. Whose work is that, Doctor?

Dr. CEDERQUIST. This is put out by the Natural Sales Co. In this issue, skin and body aids are also advertised. Mr. Lawrence Vinton is the director of Nutrition Natural Sales Co.

Then I also would suggest that we give greater support to the Food and Drug Administration in its activities. Help them to move faster and make the penalties more severe.

Then, could the legal counsel of the Food and Drug Administration be made available on a friend-of-the-court basis to assist individuals who are in no financial position to defend themselves. For example, in my teaching and work with lay groups, I would like to be able to

identify a product by name and make a critical evaluation of this product. If the manufacturer disagreed with my evaluation, he could take his case to court.

If I could appeal to the Food and Drug Administration and they in turn would assume the responsibility for the trial, in my opinion fewer of these cases would ever come to court.

I would like to call to your attention a paper that was presented by Dr. Kenneth Milstead whose official title I am sorry I do not have, but I believe he is Director of Enforcement in the Food and Drug Administration. Dr. Milstead presented a clear, concise, descriptive paper relative to food faddism at the American Dietetic Association meeting in Miami in October of 1962.

He submitted this paper for publication first to the Journal of the American Dietetic Association and secondly to the Journal of the American Medical Association, and both organizations refused to publish it, a paper full of facts. They refused to publish it for fear of being hauled into court in one of these long, drawn out lawsuits that Dr. Stare was talking about, and so this very valuable bit of information which should have gone to all practicing dietitians in the United States, and could well have been read by all physicians, was not made available for publication.

Senator WILLIAMS. Are you a member of the American Dietetic Association?

Dr. CEDERQUIST. Yes; I am, sir.

Senator WILLIAMS. Without objection at the end of your statement, I would like to put a statement in the record from your association.

Dr. CEDERQUIST. I think that you would find if you look through the Journal of the American Dietetic Association a rather critical article or statement, that was made by Miss Adelia Beeuwkes from the School of Public Health at the University of Michigan, who is a past president of the American Dietetic Association. Miss Beeuwkes made a statement relative to some of the authors that Dr. Stare referred to and it is my understanding after this review was printed in the Journal of the American Dietetic Association, they were threatened with the kind of lawsuits the association felt it could not afford to take. So Miss Beeuwkes retracted the truth, and this is the position in which I find myself as an employee of the State. My salary is paid by the State of Michigan to teach, and yet on advice of our lawyer at the university, I did not write a criticism of the book, "Calories Don't Count," for he said I would be liable and we simply could not afford this kind of thing.

So we find ourselves talking in generalities while the food faddist comes out and says, if you do this you will be cured, and I, in generalities, avoid the issue.

Senator WILLIAMS. You had better go back and tell the lawyer to read the testimony of Dr. Stare.

Dr. CEDERQUIST. Yes; I am extremely interested in this, because I assure you none of this is done with malice in my heart. The facts are, we do have a good food supply, we do not need to supplement it. Taking more of the vitamins will not cure disease, it often postpones the kind of care individuals need.

Senator WILLIAMS. And there is a Supreme Court decision of yesterday that I have not read, but I think it deals with this point

of the quality of maliciousness and libel slander situation. Maybe you better tell your lawyer to read that, too.

Dr. CEDERQUIST. I will be glad to do this, sir.

Senator WILLIAMS. I find your statement very helpful, Doctor.

Senator NEUBERGER?

Senator NEUBERGER. I am so interested in the comments that both these witnesses in the field of nutrition have made about the American Medical Association. You were not here yesterday, were you, Doctor?

Dr. CEDERQUIST. No.

Senator NEUBERGER. We had the counsel, Mr. Throckmorton from their association, and maybe I was led down the primrose path. I was completely gullible in his testimony that the association for which he is the counsel definitely seeks out misleading medical statements, quackery and that sort of thing.

In his statement he said, of course, not all physicians belong to AMA, which is true, although I think in my State they can hardly practice medicine if they do not belong. It is made a virtue to belong and practically a recommendation.

You will see his testimony yesterday, which will be in the record that they were forthright in going after these people. Of course, I wanted to question it then because I had experience with the AMA when I first started my work on the relationship between smoking and disease, and I asked why the counsel of the AMA had not done something.

Dr. CEDERQUIST. I was interested in Mr. Ladimer's reference to the book, "How to Live to be a Hundred," and the statement that the book was written by an M.D., member of the Illinois Medical Association, formerly medical director for the Continental Casualty Co., author of the revolutionary book "How to be a Hundred," with a foreword by Dr. Edward R. Annis, president of the American Medical Association.

I believe Mr. Ladimer testified the foreword has been changed. I sent the advertisement on this book to Dr. Stare asking for an explanation, and I got none, frankly.

Senator WILLIAMS. This is not the only time that Dr. Annis has been wrong. [Laughter.]

Dr. CEDERQUIST. Well, it is very discouraging, because as a nutritionist, if you stand up against the opinion of a doctor you lose the case in the eyes of the general public, in our hierarchy they stand above us. I would like to refer to one other thing that I think answers in part Senator Neuberger's question and just supports what you have to say.

When the first metered diet came out, and I think you know what I mean by a metered diet, these were costing \$1.57 a day for 1 day's supply. I went to the drugstore and copied the list of ingredients or the nutrients, proteins, fats, carbohydrates, minerals, and vitamins found in this product.

I went back to my office and with a pencil and paper tried to calculate how I could come up with something that had the same nutrient value. I came up with a mixture of food costing 23 or 27 cents with exactly the same nutrient values as the metered diet. I included these facts in a speech on "Food Facts and Fallacies." I thought it was a bit of a joke we were paying \$1.57 for something you could buy on

the open market equal in value for 23 or 27 cents. It was not long before I was visited by the manufacturers of the metered diet and the reason the representative came, he said, "I have been in a physician's office in this community today, and his patients are objecting because 'that woman' from the college says that you (the M.D.) are prescribing something for me that costs me \$1.57 and she says it is worth 23 or 25 cents."

I thought this was a good question. I said, "What did the doctor answer?" I got no reply. We had a long, heated discussion about this, and finally I said to the man, "What have I said that is not the truth?" He said, "Absolutely nothing." My answer to him was, "You can be real sure I am going to continue to say it." But I could never mention, in my position, the name of the product. Not here.

Senator NEUBERGER. Could you send me a copy of your speech "Food Facts and Fallacies?" I would love to have it.

Another question I would like to ask you is about hormones. Is there such a thing as a live hormone? Could you call a hormone live?

The reason I am asking you is that from my bills from various department stores I find a little folder urging me to pay \$7.50 for about a quarter of an ounce of some jelly that will rejuvenate and take out the wrinkles and it says it has live hormones in it.

Dr. CEDERQUIST. Would you consider insulin a live hormone?

Senator NEUBERGER. No.

Dr. CEDERQUIST. Well, other hormones are in the same category.

Senator NEUBERGER. It has never been alive, in other words?

Dr. CEDERQUIST. No, it is produced by a living cell. This is the kind of pitch, if it is natural or if it is alive, that is used to sell many products. There is an enzyme being sold from the papaya tree and the pitch for this is that the enzyme is almost human because it takes the fruit 9 months to mature just as it takes a baby. [Laughter.]

And this makes it extra special. This is the pitch. I have a copy of this advertisement if you would like to read it.

Senator WILLIAMS. Could we see that? Are you going to stay, Doctor?

Dr. CEDERQUIST. Yes, I will be here for a while.

Senator WILLIAMS. Have you folks estimated how much money is wasted in the country annually on the nutritional fads?

Dr. CEDERQUIST. Well, we have no way of doing this. I refer here to a New York Times publication for January 24, 1964, with respect to the Regimen tablets and it says here, that more than four million boxes of the pills have been sold in the last 6 years for a total of \$10 million. This is one product and \$10 million. This little magazine lists 150 products just from one company. I think it is impossible to estimate the cost of fraud.

Senator WILLIAMS. Well, it is high in the millions of dollars then?

Dr. CEDERQUIST. It must be in the millions of dollars.

Senator WILLIAMS. You will be happy to have some word on an official Senate document of the 74th Congress, 2d session: "Modern Miracle Men," which has been released by the Senate ever since, I guess, all the way back to the 74th Congress. That is 20 years, is it not?

Dr. CEDERQUIST. Yes, sir.

Senator WILLIAMS. The supply is running low, and I do not think they are going to republish. This is the article on minerals, and so

forth, and you find that there is a lot of bunkum in there, I believe, is that right?

Dr. CEDERQUIST. Yes, sir, I have been working 4 years to get this out of circulation.

Senator WILLIAMS. How many copies do they have left?

Mr. ORIOL. About three.

Senator WILLIAMS. Why don't you put in a request for three copies and it will be all over.

Dr. CEDERQUIST. I agree with Dr. Stare. It takes so long to deal effectively with these fraudulent materials, books and so forth, the harm is done, the money is made by the time the case is settled.

Senator WILLIAMS. Were you here when the Senate document came out?

Mr. NYE. I am afraid I was.

Senator WILLIAMS. It went through without your objection.

The Senator and I will excuse you of that oversight.

Senator NEUBERGER. I hope you have a tenure at the university.

Dr. CEDERQUIST. I must confess to you I asked Mr. Carr about coming. He said you not only have permission. It is your moral responsibility.

Senator NEUBERGER. Good. Do you belong to the American Association of University Professors?

Dr. CEDERQUIST. Not now. There are too many organizations to belong to and I am one of the people who believes that if you belong to something you work for it and if you are not going to work you don't belong.

Senator WILLIAMS. You will be interested to know that Dr. Stare asked me hopefully whether he had an immunity testifying here before us. [Laughter.]

Dr. CEDERQUIST. May I ask the same question?

Senator WILLIAMS. The same protection that we give ourselves as members goes to the witnesses.

Thank you very much, Doctor.

(Further statements supplied by Dr. Cederquist follow:)

STATEMENT OF DR. DENA C. CEDERQUIST, CHAIRMAN, DEPARTMENT OF FOODS AND NUTRITION, COLLEGE OF HOME ECONOMICS, MICHIGAN STATE UNIVERSITY, EAST LANSING, MICH.

In accepting your invitation to testify before this committee, I am appearing in the dual role of a private citizen and an educator.

My interest in nutrition frauds and misrepresentations stems from responses received, both verbal and written, from talks and television appearances which indicate a great number of persons are confused and misinformed with respect to the adequacy of the food supply in this country. For the one person who is speaking the truth in this area of nutritional adequacy there are hundreds who are at work raising doubts and fears in the minds of the average citizen.

Our senior citizens represent an ever increasing number of individuals who seem to be most vulnerable to the "pitch" of the food faddist. Let's take a look at this group of individuals.

In April 1960 there were 16.6 million people in the United States 65 years or older. This was an increase of 35 percent over the number in this age group in 1950. According to the projections of the Bureau of Census the population 65 years and over may number around 20 million in 1970.¹ This represents a fair number of consumers.

¹ "Recent Changes in the Aged Population in the United States," Bowles, G. K.

Many of these elderly persons are or will be on limited incomes derived from retirement pensions, social security, or old age pensions. The cost of food and shelter must be met by each of these persons. How much money should be set aside to purchase an adequate diet? The Home Economics Research Report No. 20, "Family Food Plan and Food Costs," U.S. Department of Agriculture, presents information on the quantities of foods which should be purchased each week to meet the food needs of persons ages 1-75 years or over.² Selected data from this report are presented at three levels of spending—low-cost, moderate-cost, and a liberal plan. The approximate cost of 1 week's food supply per person for October 1963 was reported as follows:

Sex-age group	Low-cost plan (dollars)	Moderate-cost plan (dollars)	Liberal plan (dollars)
Women 35 to 54 years.....	5.40	7.40	8.50
Women 55 to 74 years.....	5.10	7.00	7.90
Women 75 years and over.....	4.90	6.50	7.50
Men 35 to 54 years.....	6.70	9.20	10.30
Men 55 to 74 years.....	6.40	8.70	9.70
Men 75 years and over.....	6.20	8.30	9.30

Thus, a man and woman in the age bracket 55 to 74 years would need approximately \$11.50 per week or \$598 per year to buy the food necessary to meet their recommended nutrient needs (based on food prices in October 1963, low-cost plan). Less than a thousand dollars per year would purchase food for these two individuals at a liberal level of spending. A review of the economic situation of the aged³ would lead me to believe that a fair number of persons over 65 do have the resources to purchase an adequate diet using the low-cost plan described by the U.S. Department of Agriculture. It should be pointed out here that it is fairly well established that after adolescence there are no specific nutritional requirements related to age, and there is no evidence which suggests older people require greater amounts of any specific nutrient than do younger adults.⁴

A report on the diets of older persons⁵ indicates that most of them selected a nutritionally good diet. Where the diets failed to meet the recommended intakes of nutrients, the faults readily could be corrected by the greater use of such foods as milk, cheese, citrus fruits, breads, and cereals. Large increases in the use of any of these foods was not indicated. And, finally, may I refer you to an editorial in the Journal of the American Medical Association for March 18, 1961,⁶ and I quote:

"Only in the food faddist, the chronic alcoholic addict, and the patient with illness resulting in hypermetabolism, vomiting, diarrhea, anorexia, or intestinal malabsorption are physicians likely to find signs and symptoms of severe nutritional deficiency diseases. * * * These are very special circumstances and have no bearing on the health of the great majority of U.S. citizens."

What, then, is the problem? In my opinion we have several million persons who have reached the age of 65 or older without the benefit of a sound education in the facts related to nutrition. These persons (along with many who are much younger) have been led to believe the foods produced in this country are neither safe nor adequate and that special food supplements at exorbitant prices must be purchased if a person is to remain in good health.

Following are a few representative claims made by authors of books and writers of advertising copy. These are direct quotes—all of which, in my opinion, are flagrant lies or gross misrepresentations:

(1) The alarming fact is that food—fruits and vegetables and grains—now being raised on millions of acres of land that no longer contains minerals, are starving us—no matter how much of them we eat. (S. Doc. No. 264, U.S. Government Printing Office.)

² Family Economics Review, December 1963.

³ "The Economic Situation of the Aged," Epstein, L. A.

⁴ "Nutrition in the Aged," Mickelsen, O. North Carolina Medical Journal 24, No. 5, 1963.

⁵ "Diets of Older People," Adelson, S. F.

⁶ "Vitamins, Minerals, and Anemia," Viltner, R. W. JAMA 175, 1000, 1961.

(2) Heart disease, high blood pressure, diabetes, atherosclerosis, and cancer have increased tremendously since grain was first milled and vitamin E and all of the B vitamins discarded in the milling process. (*Look Younger, Live Longer*, Gayelord Hauser.)

(3) If you fear that your reflexes are slowing down and you are unable to make those split-second decisions behind your steering wheel, now is the best time for you to start taking thiamine tablets. Thiamine is the best builder of mental alertness and is essential in the diet of an alert, careful, automobile driver. ("Eat Your Troubles Away," p. 78. Dr. Lelord Kordel.)

(4) The 15 or more B vitamins are so meagerly supplied in our American diet that almost every person lacks them. ("Let's Eat Right To Keep Fit," p. 60. Adelle Davis.)

From advertisements of specific products:

(5) Even if you eat lots of protein foods, you may be deficient in several amino acids with resulting fatigue and depression, vague aches and pains. Buy ———.

(6) Almost 80 percent of Americans are starving in the midst of plenty * * * the result is lack of strength and energy, frequent illness, and infections and onslaught of premature aging. Buy ———.

(7) Adding enzymes to the diet is especially important to the middle aged and elderly since the secretion of natural gastric juices often decline as we grow older. * * * If you feel you are "getting old" you certainly owe it to yourself to try adding extra enzymes to your diet. Buy ———.

(8) When the daily intake of Lecithin is not great enough to satisfy the demands * * * many undesirable reactions may occur. These reactions may be similar to vitamin deficiencies such as nervousness, fatigue, emotional instability, headaches, insomnia, and many other symptoms. Supplement your diet with a rich source of natural Lecithin with ———.

(9) Nutritional deficiencies are apt to increase with age and are a primary source of the afflictions of old age. Why take chances with your health? Try ——— vitamins.

May I repeat, in my opinion, every one of the above quotes is a flagrant lie or a gross misrepresentation. Yet this is the kind of misinformation with which the vulnerable senior citizen is persistently bombarded. This persistent and apparently effective campaign swindles millions of Americans out of millions of dollars per year. Money which could and should be used for medical care, better housing, or just "for fun" is spent for unnecessary nutritional supplements.

My concern?

(1) Persons with limited incomes are made to feel it is not possible to obtain an adequate diet from simple, inexpensive foods. This leads to the purchase of expensive, unnecessary, and in many instances, useless products. (Quote: Except in a small percentage of persons in the lowest income group where funds are insufficient to procure an adequate diet, a mixed vitamin capsule has no utility other than placebo effect, nor can such a capsule substitute effectively for a nutritious diet.)

(2) Elderly persons are often led to believe the afflictions of old age are dietary in origin and thus indulge in self-medication with dietary nostrums rather than seek early medical diagnosis and care. The delay may prove costly in terms of time, money, and life.

(3) There seems to be no control over the publication and distribution of false claims with respect to nutrition information(?). Any person who eats can without fear of censorship call himself a nutritionist, a dietitian, or even a "doctor." In the words of Adelle Davis, "Without any specialized training, any organization, or any particular leadership, without 1 cent of tax money or without even any work but just a lot of fun, we can collectively solve this problem of America's malnutrition." (P. 273, "Let's Eat Right To Keep Fit.") It is obvious that the "we" referred to in the quote have no training but are willing to admit nothing stands in the way of their fraudulent activities.

(4) And, finally, when is some sort of protection going to be afforded the person who is capable, willing, and honestly attempting to both educate and protect the citizens of these United States.

The purveyors of misinformation have accumulated a vast monetary resource from the lucrative businesses in which they are engaged. With this resource they can secure the best legal talent to prosecute anyone who, in their opinion, inter-

* "Vitamins, Minerals, and Anemia," Viltner, R. W. JAMA 175, 1,000, 1961.

feres with their profitable business. No such resource is available to the college professor or any other teacher. This means these latter individuals must be given some assurance of protection or they will retreat and by default the field will be cleared for the faddist.

SUPPLEMENTARY STATEMENT BY DENA C. CEDERQUIST

In the statement which you have in your hands, attention was directed to several important facts:

- (1) There is an adequate supply of food available in this country.
- (2) Adequate diets can be purchased within the financial means of a fair number of citizens.
- (3) Many senior citizens have been made to feel insecure and are worried unnecessarily about their diets. With time on their hands to sit and think about themselves and how they feel, they have been led to spending considerable money for unnecessary food supplements.

Examples of costs: (1) We obtained the manufacturer's analysis of a protein supplement which cost 19 cents per day if taken in the prescribed dose. The nutritional value of these pills was about the same as that found in ½-cent worth of skimmed, dried milk.

(2) A certain food supplement costs \$5.50 per month per person or approximately \$2.75 per week for two elderly persons. This amount of money added to the low-cost diet of \$11.50 per week represents an increase of 24 percent in food supplements? For example, require scientific proof that a given product (particularly vitamins A and D) would be available in amounts at least six times the recommended intake. Evidence is accumulating which indicates high intakes of these nutrients is toxic.

(3) Vitamin E is widely distributed in ordinary food. We have never been able to find a documented case of E deficiency in man. Yet many vitamin E supplements are offered for sale. For example:

One hundred tablets, \$2.95.

Recommended intake by manufacturer: Four tablets per day or \$0.118 per day.

Some suggestions for actions:

(1) Is there any means available whereby the U.S. mail service could control or limit the distribution of false and misleading advertising with respect to food supplements? For example, require scientific proof that a given product is effective before the product could be advertised via the U.S. mail. (For example, thiamine and safe driving.)

(2) Give greater support to the FDA in its activities. More severe penalties would seem to be in order.

(3) Could the legal counsel of the FDA be made available on a friend-of-the-court basis to assist individuals who are in no financial position to defend themselves? For example, in my teaching and working with lay groups, I would like to be able to identify a product by name and make a critical evaluation of this product. If the manufacturer disagreed with my evaluation, he could take his case to court. If I could appeal to the FDA and they in turn would assume responsibility for the trial, in my opinion, fewer of these cases would ever come into court.

STATEMENT FROM THE AMERICAN DIETETIC ASSOCIATION

The American Dietetic Association is an educational, scientific organization of about 17,000 professionally qualified dietitians and nutritionists. Approximately 65 percent of the members are engaged in the practice of hospital dietetics and 6 percent as nutritionists. In the role of hospital dietitian and as nutritionist, 71 percent of the membership have opportunity to give services to the aged in a professional capacity. The entire membership of the association as members of a community are in a position to share in individual and group contacts information concerning foods and nutrition.

Members of the national association are also members of the 52 affiliated State dietetic associations. Within the States there are approximately 145 district dietetic associations.

Well aware of the great hazards which food misinformation may have on the health of all individuals and the increasing activity in advertising directed to the aged and aging, members as individuals and as members of the American Dietetic Association are participating in the following ways to help improve nutrition education of all ages including the aged.

(1) Counseling and teaching individual senior citizens, in their homes and in institutions, of the importance and need of eating good food. Interpreting therapeutic diets as prescribed by the physician.

(2) Teaching groups of the aged about nutrition. Senior citizen centers, community centers, Golden Age groups and special meetings afford these opportunities.

(3) Evaluating the nutritional adequacy of food served in homes for the aged.

(4) Cooperating with the Library of Congress in suggesting books and references in foods and nutrition which would be valuable to the blind if available in braille or as a talking book.

(5) Encouraging preparation of information to combat food misinformation for distribution through newspapers, television, radio, and other mass media.

(6) Cooperating with medical and dental societies and State home economics associations in activities associated with combating food misinformation.

(7) Encouraging the use of such visual aids as the television series "Food for Life" and the "Medicine Man."

(8) Preparing bibliographies for use in public libraries of books which contain scientifically correct information concerning foods and nutrition.

(9) Development and distribution of a booklet designed to combat food misinformation titled "Food Facts Talk Back."

The American Dietetic Association and its members are extremely interested and concerned with the nutrition problems faced by the aging population. In a small way we may be able to alert the elderly citizen to incorrect beliefs and practices related to food. We can make a greater impact through our personal as well as group contacts with older persons. Teaching and encouraging improved nutrition practices is a positive way to combat food misinformation. The association's role in assisting with the problems of the aged and aging were summarized for the Subcommittee on Problems of the Aged and Aging. A copy is enclosed.

[Reprinted from the Journal of the American Dietetic Association, July 1956].

COMBATING FOOD MISINFORMATION AND QUACKERY¹

(By Ruth L. Huenemann, D. Sc., associate professor of nutrition, School of Public Health, University of California, Berkeley)

At the 38th annual meeting of the American Dietetic Association in St. Louis, the house of delegates adopted, at the request of the California Dietetic Association, a resolution concerning the need for combating food and nutrition misinformation. This resolution reads as follows:

"Whereas members of the California Dietetic Association as individuals and groups have expressed a need for guidance in ways to conduct a constructive program to combat food and nutrition misinformation; and

"Whereas members of the California Dietetic Association feel that the association should assume leadership in acquainting the public with sound nutrition information and with resources for obtaining it: Therefore, be it

"Resolved, That the American Dietetic Association should establish policies and procedures for guidance of State associations and of individual members so that they may develop similar constructive programs in their own areas; and be it further

"Resolved, That the American Dietetic Association should conduct a program to acquaint allied organizations and the public with sound food and nutrition information."

Thus, it is apparent that a pressing need is felt for an aggressive program to combat food misinformation and quackery in the field of nutrition. This paper will, therefore, be concerned with possible methods which might be employed to this end. It will deal primarily with three aspects of the problem as I see it:

(a) Principles we may want to keep in mind in dealing with the food misinformation problem.

(b) Action that is being taken by our national and State dietetic associations.

(c) Other activities of which I have heard or thought might be feasible or necessary.

¹ Presented before the Sacramento region of the California Home Economics & Dietetic Associations on Mar. 13, 1956.

DEFINITIONS

In order that we might understand the problem, perhaps we should define a few terms.

"Food misinformation."—That which is not in line with scientific evidence to date. This may take the form of outright fallacies, fancies, or fads, which are often exaggerated half-truths and as such may be more difficult to combat than outright fallacies. Sometimes misinformation appears in the form of folklore; sometimes it is propounded by quacks.

"Quack."—A person pretending to a knowledge which he does not possess (in medicine, nutrition, or foods). Motivation of the quack usually is financial gain. He exists because food faddists exist.

"Food faddist."—One who follows certain food customs for a time with exaggerated zeal, such as enthusiasts for yogurt, molasses, and so on.

(You will note at once that the faddists are by no means all in one camp. Perhaps we have all, on one occasion or another, been guilty of "exaggerated zeal" in regard to a particular nutrient or a particular food. For instance, when I was doing ascorbic acid research, I think it possible that I may have overemphasized its importance in my teaching. I wonder if during the war most of us didn't become rather unduly zealous about enriched bread. I point this out only to remind ourselves that the objective viewpoint to which we are all committed is sometimes extremely difficult to maintain.)

"Food fads."—There are many types of fads. Most popular, perhaps, are the following four types:

(a) Those involving exaggeration of the virtue of a particular food or diet; e.g., fruits cure cancer.

(b) Those advocating omission of certain foods because of harmful properties ascribed to them; e.g., white bread is poisonous.

(c) Fads emphasizing "natural" foods, such as foods grown on soil treated with organic rather than chemical fertilizer or unprocessed foods. Such fads obviously exclude from the diet a large portion of our food supply and raise doubts in the minds of Americans about the integrity and purity of the Nation's food supplies. Such doubts create a market for the quack's special products that sell for much more.

(d) Fads involving special devices; e.g., reducing diets.

You will note that all four types emphasize the food concept in contrast to the scientific nutrient concept, whereby nutrients, and not specific foods, perform certain physiologic functions. Science has shown us that individual foods are important primarily for their nutrient content. Since nutrients are widely distributed, it is possible to meet the body's nutrient needs by any of numerous combinations of foods. We even go so far as to say that there is no such thing as an "essential food"—there are only essential nutrients. This is obviously a more complex concept than one that permits you to eat celery for your liver, carrots for your eyes, and so on. We must be good teachers to make this understandable.

WHAT IS SCIENTIFIC NUTRITION?

The above is one example of a difference between a false and a scientifically sound concept in nutrition. Fundamentally, what distinguishes fact from possible fallacy in nutrition? What is science, in contrast to folklore, fancy, or fad? Science is organized, tested knowledge. How is such knowledge achieved? Through four basic steps, known as the scientific or problem-solving method. They are:

(a) Defining or analyzing the problem, e.g., "What causes scurvy?" To get at this problem, one would need to define exactly what is meant by scurvy as distinct from other diseases—its onset, symptoms, duration, and so on. The next step is:

(b) Gathering data and formulating hypotheses. One would gather, if possible, all information already available about the disease: where does it occur, among what people, under what circumstances? What factors appear to be common to all these cases and in all these situations? On the basis of these, one would formulate some hypotheses. Our third step would then be:

(c) Testing the hypotheses under controlled conditions, that is, situations so controlled that we are testing only one variable at a time. Usually, in biologic research, this means the use of more than one subject. In fact, it usually means that a large number of subjects are needed to rule out other possible variables

than that which we are testing. We have a right to be extremely suspicious of evidence based on one or two cases. Finally, the fourth step is:

(d) Applying the solution to a large number of cases. If it works, fine; if not, we start all over again.

By this process, that is, by the experimental method, scientific facts are established. Note that I did not say that scientific, i.e., organized, tested knowledge, fact is the only truth in the world, or that it is always complete truth. Folklore has in many instances been shown to be in line with scientific fact, e.g., Egyptians found that liver cured night blindness. In other instances, e.g., eating of heart for courage, folklore could not be substantiated as scientific fact. Thus our fight is not necessarily always between truth and falsehood, but between what has and has not been established as scientific fact. As scientists, we must often say, "There is no evidence that such and such is so," but not, "That is not true." Too many times we have had to eat our dogmatic statements; you all know the spinach story.

Our rebuttal to the quack, therefore, is the same question we must continue to ask ourselves, "What is your evidence?"

WHAT HARM DOES FOOD MISINFORMATION DO?

Now that we have defined what we mean by scientific truth as compared to folklore, fads, fancies, or outright fallacies, we might well ask, "Does it matter, and if so, how much does it matter whether people listen to food quacks or believe falsehoods?"

We all know of instances in which people have been deprived of sound medical help by listening to the advice of some quack—cancer victims who thought they were being cured by a fad diet and who finally arrived at a doctor's office when it was too late; persons with diabetes who starved needlessly without the help of insulin, to mention but a few. We know also of people who have become bad cases of malnutrition by following one-sided, unbalanced diets to cure some real or fancied illness.

Then there are those who follow diets that may nutritionally sound but are unnecessarily expensive since they include only water-ground grains, unsulfured dried fruit, fertile eggs, raw milk, and so on. In addition to upsetting the household economy, such diets breed needless and harmful distrust of our food industries.

Finally, all victims of unsound teaching are not being prepared to accept the newer findings of science as such become available. A scientific teacher of nutrition would hopefully teach an appreciation of the scientific method and thus prepare her pupils for newer knowledge.

WHY DO QUACKS EXIST AND EVEN THRIVE?

Quacks would not thrive if they met no need. What needs do they meet?

(a) A need or at least a desire for information. The public has been alerted to nutrition, both by quacks and scientists, and they want to hear about it.

(b) They may meet a psychologic need for those who need a crutch to lean on for help with their organic or psychic ailments (sometimes called real versus imaginary ills. I dislike this terminology, however, for nonphysical ailments can be very real). I think we want to be aware of this fact in our dealing with food faddists, lest we go about breaking crutches without offering any alternate support.

ACTIVITIES TO COMBAT MISINFORMATION

Keeping in mind what we have mentioned so far about what we mean by scientific nutrition versus the various kinds of food misinformation and the reasons for their persistence, let us go on to discuss activities to combat misinformation.

ACTIVITIES OF NATIONAL AND STATE ASSOCIATIONS AND AGENCIES

The American Dietetic Association and our State association have, in true scientific fashion, approached the problem by first of all attempting to analyze it. An American Dietetic Association committee has compiled fallacies and written up the facts opposing these listed fallacies. This committee report will be available shortly from the American Dietetic Association.

Our State committee on food information, with Dr. Jessie Obert of Los Angeles County Health Department as chairman, is trying to gather information about the nature and the extent of the problem here in California. She is eager to receive pamphlets or other printed matter with unsound information that is being disseminated and also announcements and accounts of activities of food quacks. All such material was used for an exhibit at our spring State dietetic meeting to alert all members to the nature and extent of the problem.

In my opinion it would be highly desirable to augment this beginning of an analysis of the problem with further study on who believes the quacks and why. We might learn things, technique-wise, that would be useful to us in trying to meet people's needs.

Another step taken by the California Dietetic Association was to pass a resolution that regional associations establish speakers' bureaus. A committee to formulate policies regarding this will be appointed by Maxine Merrick, our State president. Meanwhile, she is asking us to report to her what we have done in our regions about appointing such bureaus, and also what we want to establish by way of policies.

Another group that is encouraging action is our State interagency nutrition committee. A subcommittee has been appointed to see what we can do about stimulating formation of local nutrition committees. Such committees might serve as resource and coordinating bodies for action in regard to furthering the dissemination of sound nutrition information.

Several such committees have been formed—one in Los Angeles, which has even prepared a little leaflet. They aim toward having an executive secretary, I understand, with an office and telephone listing that would be a help to people who want either nutrition speakers or information. Santa Barbara also has a group, I believe, that is cooperating with the medical society.

APPROACHES IN PROGRAM PLANNING

Positive approach.—You will note that these activities aim to put the emphasis on a positive program toward disseminating sound nutrition information. This, I think, must be our approach. As I have previously implied, part of the reason for quackery and faddism is that we have left room for them to develop by not reaching the public with sound information. Sometimes this has been a matter of omission, and sometimes an error in commission, in that we have not reached the public effectively by the methods used.

In regard to omissions, it is true that we are all busy people and can't go about giving lectures continuously as if we were making our living by doing so. However, we might sometimes be more alert to the educational import of the work we are doing. Is every meal we serve in our hospitals a practical lesson in nutrition? Do our employees as well as our patients appreciate this fact? Do they know why the menus are planned as they are? As home economics teachers, do we and our students set a good example for the rest of the school in our eating practices? These are little things that might make a difference. Perhaps sometimes omissions are due to our underestimating the public's interest and ability to understand. We teach the simple facts about nutrient content of foods and the adequate diet (which are important and must be taught), but we say nothing about more involved matters, such as the cholesterol story, and thus leave a fine opening for quackery. Let's be a little more concerned about taking the public with us each step of the way as progress is made in the science of nutrition, even though these recent findings cannot be immediately translated into practical dietetics.

On the matter of reaching the public effectively, a great deal could and has been said. The field of communications is broad indeed and I think we would all admit that we could use help in this area. May I point out that in most communities there are resource people available to us—health educators with health departments, high school and college teachers in this field. You may be interested to know that a group in Los Angeles as part of the dietetic association's self-improvement plan has joined the Toastmistress Club to improve their speaking ability. Another activity suggested is seeing that the library has good nutrition books. In that connection, may I mention one that is unique—Gerard's "Food for Life."¹

Preventive approach.—In large part a positive approach to the food misinformation problem is also preventive in nature. Once fad ideas are firmly entrenched and people are emotionally involved with their food practices, it is

pretty late to effect a change. The time to reach people, as I have previously implied, is before the quack does. Ideally, nutrition education should begin in childhood. That is the best time to form correct eating practices. It is also the best time to begin to teach an appreciation of the scientific method. This can be done early in grade school. Certainly in our high school home economics classes we can teach students by the problem-solving method and can teach them how to evaluate evidence. Unfortunately, many students even finish college without knowing how to read a scientific article. If we cannot weigh evidence, how can we tell scientific fact from falsehood?

Dealing directly with quacks and faddists.—Does our emphasis on the positive, preventive approach preclude all attempts to deal directly with quacks and faddists? No, not necessarily. I do not believe, however, that our major energies should go into this area. In cases of malpractice the quack can be legally apprehended. We have also, as I have mentioned, the right to ask him the same question we ask of ourselves and of each other, "What is your evidence?" Let us remember in dealing with him to do so on an intellectual basis and to beware of anger. Blind, unreasoning anger can cause one to make extravagant statements, and so become guilty of the same fault of which one is accusing the quack.

When it comes to changing the faddist, it would seem to me one would employ the same methods we use in attempting to change anyone's attitudes or practices. Since most of us resist change, this is never easy—and in some cases, virtually impossible. I feel that we should use a sympathetic, rather than a hammer-and-tongs approach, much as we deal with people of a culture different from our own. This means beginning where people are, trying to understand why they act as they do, commending what is right about their present practices, and then helping them decide to make needed changes. I would commend for all of us a reading of an article by Dr. George Foster in California's Health, "Working with People of Different Cultural Backgrounds."²

SUMMARY

I have tried to define what we mean by scientific nutrition as compared with quackery and misinformation, point out that to a degree at least, faddism and quackery exist because scientific nutritionists have not always taken the lead in teaching the public, and that a positive, preventive approach is perhaps the most effective. I have mentioned activities that are being carried on by our various associations and by groups in different communities. I have not said what should be done by the specific home economics and dietetic groups, for only you can decide that.

Senator WILLIAMS. Now, Dr. Allen Doner, of Northwestern University, comes to us representing the American Dental Association.

We appreciate your coming in from Illinois, Doctor. We, of course, know your representation. It is an honor to have you with us this morning. Forgive us that we are a little off the schedule that we suggested to you.

EDITOR'S NOTE.—Presentation of this paper was followed by small-group discussions of ways in which the desire to combat quackery and food misinformation might be implemented. Dr. Huenemann reports the following as some of the suggestions which evolved from these buzz groups:

- (a) Contacting PTA groups to learn whether a meeting on nutrition might be included in their schedule of programs.
- (b) Working with local newspapers on nutrition fillers and articles.
- (c) Working with local radio and television stations on nutrition programs.
- (d) Having a library committee appointed to help the local librarian in the selection of nutrition materials.
- (e) Organizing a refresher course in nutrition for homemakers with previous nutrition training, so that they might be prepared to teach community groups about recent developments in nutrition.
- (f) Working with TOPS (take off pounds sensibly) and other civic groups on program planning to include nutrition content.
- (g) Including a nutrition booth from the county at the State fair exhibit.
- (h) Preparing lists of visual aids in nutrition to be used by interested community groups.

REFERENCES

- ¹ Gerard, R. W., Block, R. J., Jolliffe, N., McCay, C. M., Smith, S. E., and Soskin, S.: "Food for Life." (Gerard, R. W., ed.), Chicago: University of Chicago Press, 1952.
- ² Foster, G. M.: Working with people of different cultural backgrounds. Calif. Health 13:107 (Jan. 15), 1956.

**STATEMENT OF DR. ALLEN DONER, NORTHWESTERN UNIVERSITY,
AMERICAN DENTAL SOCIETY; ACCOMPANIED BY HAL M. CHRIS-
TENSEN, WASHINGTON COUNSEL, AMERICAN DENTAL ASSOCI-
ATION**

Dr. DONER. Mr. Chairman, members of the committee, I am Dr. Allen Doner, of Chicago, and assistant professor of diagnosis at Northwestern University. I am here as consultant to the American Dental Association.

The man on my right is Mr. Hal Christensen, our Washington representative for the ADA.

The American Dental Association with its some 100,000 members exists primarily for the professional betterment of the men in the profession and for the benefit of the public, of course.

The men in our society are graduate doctors from accredited universities, all of whom have appropriate degrees to practice dentistry. They have all taken the State board examinations, passed them and are licensed to practice in their respective States which, as you recall, is necessary by law in all of our 50 States in the Union.

As a general rule, the ADA has very little problem with the professional men in the organization. Our problem with respect to quackery comes from the outside.

It usually comes in the form of quack procedures from dental laboratories. These are laboratories that strike out on their own, decide to handle dental cases directly with the public and bypass the dentist.

Now, dentistry by its very nature, like orthopedic surgery, does involve many purely mechanical phases. Most of us in practice either employ laboratory technicians, dental technicians, or send work out to ethical dental laboratories for the purely mechanical phases of the work. All of this work, however, is done under professional supervision.

Occasionally, however, we are plagued by quack dental laboratories contacting, as I said before, the public directly and bypassing the doctor.

Most of our laboratories, fortunately, in the country are fine, honest, ethical laboratories working in cooperation with the doctors and these quack laboratories are certainly in the definite minority but nevertheless a thorn in our sides.

These individuals have very little knowledge, practically no knowledge, of anatomy. May I explain that Northwestern University, for example, the medical and the dental schools all take their anatomy courses together. They are all in one class. They all dissect a human cadaver from head to foot, showing the feeling of the dental profession on the need for knowledge of the entire body.

These laboratory technicians know nothing about general anatomy or oral anatomy. They know little or nothing about biochemistry, physiology, pharmacology, general pathology, oral pathology, general medicine, oral diagnosis. They know nothing whatsoever about diagnosing or reading X-rays, and yet many of them will do not only denture work and partial work and bridge work, but some of them even go so far as to extract teeth.

Now, for them to proceed without professional guidance would be very similar to a steelworker constructing a bridge by bypassing the engineer and the architect.

The pharmacist is, in effect, a person who compounds materials according to a prescription by a physician, and for the dental laboratory man to strike out on his own would be very similar to the pharmacist bypassing the M.D.

Now, this field of quack practice by these laboratory technicians is rather broad in scope. It embraces all ages and all brackets. It is not necessarily confined to or aimed at the aged.

However, their greatest bulk of work is in the full denture field and it is our senior citizens who wear the greatest number of dental plates. So, although this form of quackery is not aimed exclusively at the elderly citizens, when the ax falls, it automatically affects our senior citizens more than others.

The laboratory work that is produced by these quack laboratories is invariably of a definitely inferior nature. It is done primarily for price reasons as an incentive to have people come to them.

In bypassing the dentist, they will, frankly, not only extract teeth, construct partial dentures, they will do repairs, and remakes of a patient's present dentures.

Senator WILLIAMS. It seems to me this is clearly the practice of dentistry.

Dr. DONER. That is right. It is the practice of dentistry without a license.

Senator WILLIAMS. In all States dentistry is licensed. Can these people not be prosecuted?

Dr. DONER. We have been attempting to and Mr. Montague of the Post Office Department just related to you a few moments ago the case regarding the True-Grip Dental Laboratory in Chicago. I had the good fortune of testifying in that case and, incidentally, your Post Office Department did a splendid job and we are proud of them.

Senator NEUBERGER. Could I just ask you a question about this? Maybe this is something you will not want to answer, but is there any sort of a reasonable price one could expect an aged person to pay for a good denture? You know that we know the prices can be astronomical for dentures. Is there any way that the association could set a reasonable price?

Dr. DONER. No more than you could for an appendectomy or a legal case. It depends upon the amount of time, the amount of materials, and so forth, that go into an individual case.

Senator NEUBERGER. Now, that can't vary too much, really, honestly, can it?

Dr. DONER. Yes. It can. That can go from one very extreme to another. Let me cite you an example.

Some of these quack dental laboratories will make plates as low as \$30 or \$35.

Senator NEUBERGER. I am not talking about quacks. I am talking about reputable dentists.

Dr. DONER. This will bring out that point. Some of them will make them for very low fees. Now, let's take the Northwestern University Dental School, for example, where we are not working for profit. In fact, we operate at a deficit. For every bit of dentistry we put out, we go in the hole.

Patients are told the basic casting is, I believe, \$120. They are a wee bit aghast, and yet if you were to take that into private practice and add to it a man's time and efforts, you can see that the cost is definitely driven up, this is for good quality of workmanship in contrast to something that could be purchased at a third of that price from an unethical laboratory, or even from some ethical practitioners, depending upon the quality of the work.

Senator NEUBERGER. What were Kerr-Mills or welfare pay for a really good set of dentures for a welfare patient?

Dr. DONER. Usually the welfare patients, as I see it, are referred to the universities.

Senator NEUBERGER. Now, what if there is not any university, say, in my own area?

Dr. DONER. I don't know. Maybe Mr. Christensen can help us with that.

Mr. CHRISTENSEN. Senator, I think the closest you could come to, perhaps, to a standard, would be the fee schedule set by the Veterans' Administration.

Senator NEUBERGER. Yes.

Mr. CHRISTENSEN. I cannot tell you what it is, and it varies from one geographical area to another, but as Dr. Doner said, it is a very difficult thing to set a standard.

Senator NEUBERGER. The reason I ask is that, and I don't belittle the work at all of a dentist, standing on his feet all day and every bit of income he has comes from his actual work. He cannot assign very much.

Do you think there can be any connection between the attraction of the quack, the unskilled denture maker and the cost of legitimate dentures?

People are appalled at paying \$300 for dentures, and they see an advertisement that says, "You can get them for \$30."

Dr. DONER. That depends on the quality of work that you are dealing with. In my office if I am doing high quality denture work, I can assure you they cost me more than that to produce.

Senator NEUBERGER. But is there not maybe psychology of financial reasons why some old people, say, "I cannot pay—I haven't got \$300"? Or even \$150. So they fall prey to this advertisement for the cheaper denture.

Dr. DONER. I suppose that is true. I suppose it is the old story that if you look long enough and hard enough you will find somebody to do a cheaper job cheaper.

Senator NEUBERGER. So, we have to take this into consideration when we have Government-supported matching grants for welfare, or Kerr-Mills.

And we have to realize that we want these people to have well-fitting dentures and good ones, but the cost is quite high.

Mr. CHRISTENSEN. I might say this, the association certainly supports the inclusion of dental care in Kerr-Mills and similar programs of that nature. It should be included, particularly for the old people, because so many of them are without natural teeth. Without proper dentures they have trouble with mastication and nutrition. For these reasons, dental care certainly should be included.

Senator NEUBERGER. If we are going to continue to take care of the health needs of elderly people it ought to be expanded and made worthwhile.

Mr. CHRISTENSEN. It is included in the Kerr-Mills law, and some States have it.

Senator NEUBERGER. As an older person an individual ought to move to a State that gives one the best plan under Kerr-Mills, because I know some States hardly do anything.

Mr. CHRISTENSEN. That is right. It should be expanded.

Senator WILLIAMS. In that connection, is it not true that throughout the country there is almost a complete absence of any prepaid insurance program for dentistry?

Mr. CHRISTENSEN. It is beginning to move, Senator, but it has not been a big factor in the past.

We are making some great progress in that field, both in commercial insurance and in nonprofit dental insurance, under what we call dental service corporations. There are more than 500,000 people covered under prepayment plans now in California.

Senator NEUBERGER. How many?

Mr. CHRISTENSEN. 500,000, which is not a great many in comparison to the total population, but this is a recent development that is growing very rapidly.

Senator NEUBERGER. How does the dental organization feel about that, do they urge it?

Mr. CHRISTENSEN. The one I am referring to, the Dental Service Corp., in California, is sponsored by the Dental Society in California. It is similar to a Blue Cross or Blue Shield program and it was sponsored and is handled by the Dental Society through a Dental Service Corp.

Senator WILLIAMS. Are you familiar with the developments recently in New Jersey? We had a so-called blue teeth bill that was pocket vetoed by the Governor this week.

Mr. CHRISTENSEN. They have been trying for a number of years in New Jersey to get enabling legislation so that they can set up a Dental Service Corp.

Senator WILLIAMS. I think it is a constitutional impediment that the Governor sees.

Mr. CHRISTENSEN. We have been disappointed that they haven't been able to go ahead with that.

Senator WILLIAMS. I think it is poorly labeled "Blue Teeth."

Mr. CHRISTENSEN. I don't know who gave it that name.

Senator NEUBERGER. How about pearly teeth?

Dr. DONER. Coming back to our quack dental laboratories, whether these laboratories are constructing new dentures, relining old ones, or just repairing them, seems to make little difference, in our opinion.

We think that it can all be regarded as a very hazardous procedure and is definitely detrimental to the health of the public.

I believe I can demonstrate more clearly the need for professional supervision for these seemingly purely mechanical processes on the surface, so if we can go into the slide projection I think I can make my point more clearly.

(Dr. Doner showed and explained a series of slides.)

The slides demonstrate the dangers involved in seeking dental care from non-professional, unlicensed personnel. The following slides and comments are illustrative of Dr. Doner's presentation.

1. D-8 and D-9. The slide shows a cauliflower-like growth over the ridge which is a cancer of considerable size. The patient was scheduled for immediate surgery but due to his wife's illness he refused to proceed. (Figure 12.)

2. D-5. This picture shows early cancer of the lip. At this stage, a qualified doctor (M.D. or D.D.S.) would diagnose the lesion and the patient would be properly cared for (as this man was) and at this stage success is almost certain. However, if time passes without early recognition, this lesion will grow and spread. (Figure 13.)

SUPPLEMENTAL STATEMENT ON DENTAL QUACKERY BY THE AMERICAN DENTAL ASSOCIATION

There exists today a menace to dental public health which, though it effects the entire population, has its greatest impact on the aged.

Artificial teeth or dentures can never serve a person as well as can his healthy natural teeth. Natural teeth, with proper personal and professional care, should last a lifetime. However, as a result of neglect, disease or injury, many people need partial or full-mouth dentures. The skills and knowledge of a dentist are required to provide dentures that will restore and maintain the harmony and appearance of the face as well as assure the proper alinement of the teeth. A person lacking natural teeth and not properly fitted with dentures will be forced to restrict his diet in a way not consonant with good, general health.

In some communities, there are unqualified persons who operate contrary to laws designed to protect the health of the public that permit only qualified, duly licensed dentists to practice dentistry. Many of these illegal operators advertise to the public, as do most health quacks. Others depend on word-of-mouth advertising to bring customers to their door. They say there is no need to see a "middle man," the dentist. They promise rapid service and a perfect fit. Many unsuspecting people, hoping to save money, have been trapped by such false advertisements. The tragic fact is that the person is not properly cared for, suffers a needless amount of discomfort and even pain, often suffers injury to his gums and surrounding tissues and certainly saves no money since, in the end, professional care is necessary to restore his oral health and to then fit him properly with dentures.

Only the licensed dentist is qualified by his professional training to diagnose dental conditions and determine the design of a dental prosthesis. Under the laws in all States, only a licensed dentist (and, to a limited degree, a licensed dental hygienist) is permitted to work in a patient's mouth. The law-abiding dental laboratory technician fulfills his important role by fabricating the denture in accordance with the instructions he receives from the dentist.

The elderly are a prime target of dental "quacks" who operate independently of the dentist and in violation of the law. A survey conducted by the American Dental Association reported in 1961 that 78.3 percent of our citizens past the age of 60 wear dentures or bridges. Nearly two-thirds of the over 65 age group have either a complete upper or lower denture. Of those in the 20 to 29 age group, only 22.4 percent wore either dentures or bridges and only 10.1 had complete upper or lower dentures.

The survey reported some significant results with respect to the cost of dentures and proved how effective the illegal operators have been in fooling the public. Those respondents to the survey who had obtained complete upper or complete lower dentures during the preceding 12 months were asked to indicate the cost of the dentures. The average (mean) cost of complete upper dentures obtained from dentists was \$104.21, compared to \$82.50 for those obtained from the "quacks." The averages for complete lower dentures were \$100 from dentists and \$71.88 from "quacks." Thus, for an illusory saving of a very few dollars, these people were subjecting themselves to nonprofessional care and risking injury to their oral health.

Participants in the survey were asked where they intended to go for dentures, if necessary, in the future. Of the persons over age 60 surveyed, 9.4 percent indicated they would go to a dental "quack" or that they had no answer to this question. Of the persons over age 65, 6.2 percent indicated that they had had their denture repaired by a "quack" within the preceding 12 months. Persons



FIGURE 12.—Cancer of ridge.

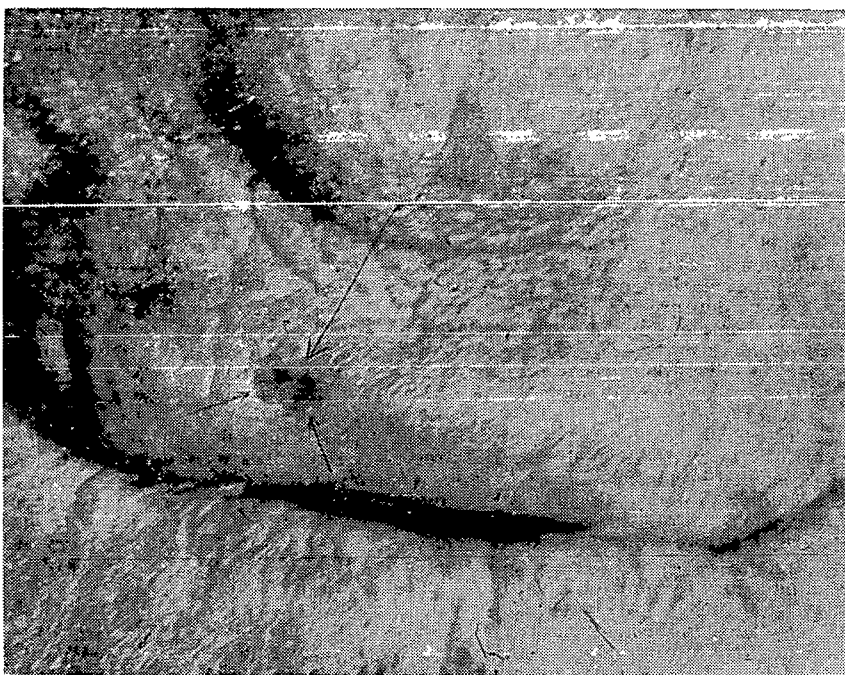


FIGURE 13.—Early cancer of the lip.

over age 65 were asked to indicate whether or not they agreed with the statement that a person could get satisfactory "false teeth" directly from a dental laboratory technician or other unlicensed persons. A startling 12.1 percent agreed with that erroneous statement.

What is the annual cost of the "quacks" to the Nation? Since their activities are contrary both to State and Federal law, it is difficult to get precise statistics. It has been estimated, however, that over \$20 million is paid to these dental "quacks" annually by the unsuspecting public.

Part of the problem, perhaps, is a lack of full understanding of the complexity of designing a denture. Physiological, anatomical, pathological and mechanical considerations enter into the planning and designing of a denture. The first step in planning a denture is correct diagnosis. The dentist must determine, by visual and X-ray examination, the condition of the soft tissue and of the bone which must support the denture. He must examine the jaw joint and determine the various relationships that the denture should maintain. The dentist is aware of the many changes in the mouth that result from wearing dentures and from the aging process itself. Ill-fitting dentures cause severe irritation and can even give rise to oral cancer. Obviously, the dental "quack" has neither the education nor the inclination to understand and act upon such considerations as these.

Law enforcement in this area has been difficult because of the usual necessity to supply witnesses willing to testify that their dentures were repaired or constructed by an unlicensed person. Customers of these "quacks" are reluctant to admit that they were duped.

There is one Federal statute on the subject. The Federal Denture Act, sometimes referred to as the Traynor Act (18 U.S.C. 1821), prohibits the transportation by mail of "false teeth" or other prosthetic dental appliances unless the dentures were made from casts or impressions taken by a licensed dentist. Three persons have been convicted under the Federal Denture Act, two of the convictions taking place in 1963. In January 1964 the Post Office Department issued a fraud order forbidding the delivery of mail or the cashing of money orders for a Chicago mail-order dental laboratory which was dealing directly with the public. This was the first such order in recent times.

The problem of dental "quacks" has two concurrent solutions: Adequate law enforcement and public education. To educate the public of the dangers of trusting the "quack", the American Dental Association has produced a film, "Report on Bootleg Dentistry," which portrays the danger and explains the complexity of designing a denture. This film is available without charge to civic, fraternal, educational, and other such groups.

HOME DENTURE RELINER AND REPAIR KITS

Many drugstores around the Nation sell home denture reliner and repair kits which present serious danger to the oral health of the user. These kits encourage the user to repair, reline and adjust his own denture. The denture reliner kits are sold with the promise that they will give the denture a better "fit." If a person is having difficulty with the "fit" of his denture, the only prudent course of action is to consult a dentist for diagnosis of the trouble. The home denture reliner kit usually consists of impregnated paper or some sufficiently plastic material that can be adapted to the contour of both the denture and the gums and ridges. These products and procedures are hazardous because the patient continues to wear an ill-fitting denture that endangers his dental and general health. It is axiomatic that these products are sold on the basis of advertising and labeling that makes promises the product is unable to keep.

The following are typical of the advertisements, appearing nationally, for these do-it-yourself kits:

"False teeth break? Good news! Now you can repair them at home in 10 minutes."

"Broken or loose false plates? Fix it yourself easily in a few minutes. Your plates may become broken or loose just when you need them most. With Fix-It-Kit you can repair your own broken plates. Also tightens loose fitting plates, easily. Get permanent comfort with professional material. Complete instructions. Satisfaction guaranteed or your money refunded."

"Dental plates broken? Fix it yourself! Why wait days for repairs? Do it yourself in minutes. Save \$5 to \$10 on repairs by doing it yourself easily and inexpensively with this new exciting 'denture repair kit.' Guaranteed to fix breaks, cracks, and loose teeth. Keep 'denture repair kit' on hand for emergencies."

Every dentist knows that it is not uncommon to see patients whose residual ridges have been destroyed by ill-fitting dentures. Extreme resorption is frequently seen in the mouths of patients who have relined or otherwise altered the shape of the impression surfaces of their own dentures with the so-called perfect fit materials described above. When a patient attempts to change the shape of the impression surface of his dentures to improve the fit, the resulting uncontrolled stresses may cause excessive pressures on the underlying tissues. Irreparable damage to the denture foundation and to the mouth may result.

The public is not fully aware of the dangers presented by the use of home denture reliner and repair kits. The American Dental Association is in the process of gathering documented cases of injuries caused by these kits for submission to appropriate governmental agencies with a request for appropriate action.

Dr. DONER. I sincerely hope that I have pointed out to you the dire need of these patients undergoing any and all laboratory procedures under the direction of the men in the profession.

Thank you. Any questions?

Senator WILLIAMS. That was a most dramatic and very informative presentation, excellent.

Dr. DONER. I am sorry I did not have a written presentation for you. They did not tell me I should have one and it was only 2 days ago I learned I was to be here.

Senator WILLIAMS. Senator Neuberger?

Senator NEUBERGER. No questions.

Senator WILLIAMS. Senator Yarborough?

Senator YARBOROUGH. I had an urgent call and unavoidably had to leave during Dr. Cederquist's presentation. I wonder if I could revert to her testimony for a moment?

Senator WILLIAMS. Yes.

Senator YARBOROUGH. Doctor, I want to congratulate you for this very forceful, rapid, dramatic presentation. I just express the hope that every American that went to a dentist could see a person who is competent to realize, to recognize these different symptoms and diagnose these ailments in the early stages.

I express the hope that all American dentists being trained now are trained to do that.

Dr. DONER. We are carefully training our students to see that they recognize them, if they don't recognize them as such, they will recognize the deviation from the normal. They can always refer the cases if need be. At least, they know that.

Senator YARBOROUGH. In the past, has it not been the practice of dentists if they saw something abnormal of the mouth or teeth itself to refer them to a medical doctor?

Dr. DONER. Usually it is to an oral surgeon or oral diagnostician and because we specialize in this particular part of the human body.

Senator YARBOROUGH. Thank you, a lot.

Dr. Cederquist, just one question before we go onto the next witness.

I read your statement. This is about people buying food to get an adequate diet. I did not see anything here about people trying to buy diets through other ways, in these local foods you find in drugstores and groceries. How about those? Are those as bad as these foods to increase your diet?

Dr. CEDERQUIST. Yes, sir; many of them are. We have weighed slices of bread, for example, that are called diet breads, and find they weigh half as much as regular bread slices. The slices are cut half as

thick and, therefore, they would have half as many calories. Now, we do have many foods on the market today that are sweetened with non-caloric sweeteners and these obviously are lower in calories than foods sweetened with ordinary sugar, but there is a very large area of fraud here, too, and again misleading people into believing that these foods are something special.

Senator YARBOROUGH. Is there much danger of eating those foods and ending up with some of its results that are pointed out in your paper here of eating the others?

Dr. CEDERQUIST. I think if they are fortified to the degree those foods referred to are fortified—these foods may be dangerous.

Senator YARBOROUGH. Doctor, you did not go into the vitamin field, did you, generally?

Dr. CEDERQUIST. I just don't believe in them as a necessary supplement to the American diet. We have enough of the vitamins generally in our food supply and most of us do not need extra vitamins, unless there is some disease present and the vitamins are prescribed because there is interference with utilization.

Senator YARBOROUGH. I noticed in some of these foods in your paper you said that taking some were harmless and useless expense, but some are toxic.

Dr. CEDERQUIST. These are the fat soluble vitamins for which there is no known route of excretion—we represent the first generation who has had these vitamins available in highly concentrated forms.

There is evidence, fat soluble vitamins A and D are toxic. We are going to have to wait a while for the final answer with respect to these nutrients.

My concern is that almost any vitamin product I look at does not have in it the recommended allowance for 1 day, it has three or four times the recommended allowance. Are you going to eat anything or are you going to take a pill every fourth day, I don't know.

Of course, the Food and Drug Administration has put a ceiling on one of the vitamins, folic acid; but this is another story. There is a ceiling on this vitamin and people should not take excessive doses of folic acid.

Senator YARBOROUGH. Thank you for your contribution, Doctor. I wish we had time to go into both of those phases, the vitamins, the vitamin market and also the foods for—the reducing foods.

Dr. CEDERQUIST. Thank you, Mr. Chairman. I realize our time is about up.

Senator WILLIAMS. Dr. R. N. Grant, director of professional education of the American Cancer Society. Miss Irene Bartlett is accompanying Dr. Grant.

STATEMENT OF DR. R. N. GRANT, DIRECTOR, PROFESSIONAL EDUCATION, AMERICAN CANCER SOCIETY; ACCOMPANIED BY MISS IRENE BARTLETT

Dr. GRANT. Senator, it is a great privilege for me to be here and speak on the subject of cancer.

I have on my left my associate, Miss Bartlett, who is probably a walking encyclopedia on worthless cancer remedies. She knows more

about this subject than perhaps anybody else and is available to your committee for any details.

I would say that probably in my statement I will duplicate some of the things you have heard on other diseases and I apologize for it, but there are some unique characteristics of cancer which bear some emphasis.

First of all, this is a big disease. It is a disease which affects elderly people primarily. There are 45 million people in this country that will eventually get cancer.

If we live long enough, when life expectancy gets beyond 100 years of age, practically everybody will probably die of cancer.

It is also unique because it is a disease in which treatment has a life and death influence. Many of the other diseases and their treatments do not bear that relationship.

Unfortunately only a third of cancer patients survive their treatment. In other words, two-thirds are not cured.

Well, this makes it a very, very promising area for quacks and people who want to take advantage of this from a monetary point of view. As a matter of fact, it is also interesting for people who want to be humanitarian—everybody is interested in cancer and cancer cures.

This is one of the interesting aspects of the problem of controlling worthless cancer remedies. Prominent lay people—lawmakers—all of them have a very active interest. There are great pressures on them from their employees and from their constituents.

For example, many of the Members of this Congress have laws in the hopper, proposed laws in regard to unproven cancer remedies.

This goes way back in our country's history. Benjamin Franklin, one of the most scientifically sophisticated statesmen of all times, said on June 18, 1732, in a letter to his sister:

I know cancer of the breast is often thought of to be incurable, yet we have here in town a kind of shell made of some wood cut at a proper time by some men of great skill which has done wonders in this disease among us, being worn for some time on the breast. I am not apt to be superstitiously fond of believing such things, but the instances are so well attested as to convince the most incredulous.

Now, such medical naivete still exists on the part of our leading citizens in this country and a large part of it is due to the lack of scientific information that is available to them, and also incidentally, to the nature of the problem itself.

For example, a cancer remedy is very difficult to prove worthwhile or worthless. It takes 5 years at a minimum, so there is this lag period which has given people time to wonder and be intrigued.

We have a constant inflow of letters to our section, the new and unproved section of the national offices of the American Cancer Society in which prominent citizens are actually proposing logical cures; they are purely logical. They are not scientifically or biologically sound. But from a lawyer's or businessman's point of view, they make good sense.

Some of these remedies sound reasonable, like Laetrile; the theory behind it is that it releases cyanide gas in the area where the tumor is. Everybody knows cyanide will kill living tissue.

Another problem, as I said, is how to prove something worthwhile, or whether it is worthless.

Well, that means that among the drugs and remedies under consideration there is a large spectrum of some way over on one side which are obviously worthless, which even a high school science student could see the fallacy, and there are some far over on the other side which it takes a very sophisticated laboratory of the National Cancer Institute to pin down its worthlessness, as we recently have seen.

Because of this, it is very important that the approach to cancer quackery be openminded, it be flexible, adjustable. In monitoring this field you must look at all the evidence, consider all proposed remedies and not condemn any of them from scratch.

In fact, the very name of our committee in the American Cancer Society is based on this; it is called the Committee on New or Unproved Methods of Treatment of Cancer. It originally was called the quackery committee, but this implied prejudice and prejudgment before the drug had a chance for trial.

There is another aspect of cancer remedies which is unique, too, I believe. Even after the proponent is long gone, he is dead and buried, the method lingers on.

Now, this is illustrated in several striking instances. One was the Gerson method of treating cancer; it was prominent in the New York area in the 1930's and 1940's. It consisted of a diet treatment for cancer, special vegetable diets, including coffee enemas, and the coffee had to be brewed; it could not be instant coffee.

All that sort of nonsense. He died in 1959, yet in 1960 this method was being used in California and in New Jersey in 1962. And there was a paperback book on the newsstands in 1963 entitled "Has Dr. Max Gerson a True Cancer Cure?"

Similarly Laetrile is currently being promoted in the United States and Canada through the sale of a paperback book entitled "Laetrile: Control for Cancer," and a Sunday newspaper supplement story which appeared in the American Weekly, March 3 and 10, 1963.

This drug, originally obtained from apricot kernels, is reported by its proponents to be a compound made up of laevomandelonitrile-beta-glucuronoside—Laetrile.

The name was coined from the laevo and trile parts of the chemical name. It is said to release cyanide "in the cancer areas, without injury to other tissue."

This drug was first used in the 1920's. It was thoroughly investigated by the Cancer Commission of the California Medical Association in 1953 and found to be ineffective in the treatment of cancer.

Now, the drug has been "rediscovered" and is being promoted by the McNaughton Foundation of Montreal, a so-called nonprofit research foundation.

It is important to emphasize the method rather than the individual because individuals tend to flourish under the spotlight of attention; also they can take retributive action, and methods cannot.

They can delay the action. Also, when you concentrate on the individuals you get into the questions of motivation which are always difficult to evaluate, whereas you can approach a method scientifically.

Another thing when you concentrate on an individual you get into creating a medical martyr very often. Dr. Ivy is a current medical martyr in the eyes of many people.

The American Cancer Society has a large file system of material on unproven cancer remedies in our national office and we service our 59 divisions throughout the United States with materials to aid them.

We provide materials to physicians. This particular type of exhibit closest to you is one for physicians. We have been trying to provide information to physicians and to alert them to new problems in unproven cancer remedies.

This is important because there is no other source for physicians to get this information. Medical journals will not publish articles on drugs which are obviously no good.

A patient comes in and asks him about Laetrile. He cannot read about it in his ordinary sources of medicine and he feels quite frustrated and feels he is condemning a drug which he knows nothing about when he says it is no good. We publish this information for doctors in our journal, CA a cancer journal for clinicians.

This is an extensive area. We are living continually in fear of legal action by people because they may misunderstand what we said about the drug or the implications they draw may be such as to give somebody reason to feel they have cause for action.

We feel it is our duty, like the University of Michigan's Dr. Cederquist, it is our obligation. And I might say that I have no tenure at the American Cancer Society. But we do have legal advice and support from our volunteers backing us up. All our materials are gone over very carefully for legal opinion before we release them.

On the other hand, they are like physicians giving advice on an illness. All they can do is give you a fair estimate of your chances in court. They cannot guarantee you a cure or prevention.

We have promoted and encouraged the passage of State legislation in various States trying to encourage them to do something in their own local community upon worthless cancer remedies. One of the Cancer Society's strong convictions is that the proper way to approach the cancer quack problem is to approach it in the local community where the patient first comes in contact with the worthless remedy, because a life may be lost or saved at this particular point or moment.

As you have heard, it takes the Federal Government, as good as it is, I may say they are extremely competent, it takes them years to get action far away in Washington.

Senator YARBOROUGH. Is the Hoxsey Clinic still in operation?

Dr. GRANT. I was about to say, Senator, it took the FDA—as I say, they have the finest lawyers that exist in this area, Billy Goodrich, there is none better—but he said at the first cancer quackery congress, that it took him 10 years of continuing legal maneuvering to get the Hoxsey remedy made illegal, and there are areas where it still pops up.

They just eliminated it finally in Pennsylvania.

Miss BARTLETT. The latest thing on the Hoxsey method, is that it has just been made illegal to use the Hoxsey method in the State of California. What happened was there were little nests here and there all over the country where people were using the Hoxsey method and they kept right on using it. Then the health magazines published articles in which they gave all of the Hoxsey formulas and told the people where they could get the ingredients and take them to their

drugless "doctors" and get these "doctors" to mix them up for them. It is not dead yet but it has died down.

Dr. GRANT. I would like to make a few more points because they back up some of the previous testimony.

As I say, we have a very active public and professional educational program on this as well as trying to promote the legislation which has been passed now in California and similar legislation in Nevada, Colorado, Kentucky, Maryland, North Dakota, and Pennsylvania.

This legislation attempts to create a body having statutory standing with rights to investigate, hold hearings, and make reports of a privileged nature on this type of problem.

Now, there is a special problem in cancer also which is the paperback problem, you might say. The publication of this material in the form of paperbacks, has introduced a health threat to the public. Books on medical science, especially if they are on so-called controversial medical problems, are quite appealing to the reading public.

Taking advantage of this, a number of writers have written books on unproven cancer remedies which have been a major factor in the promotion and increased use of these remedies.

We spoke of Laetrile and the Gerson book. These books are often exceedingly well written so that the average reader—and this is very important in cancer—the average reader comes to the conclusion that he himself can make a valid judgment of the merits of a treatment in question, and usually in favor of its use.

The reader then becomes, in effect, the promoter of the treatment recommending it to his associates and friends when they have any disease or symptoms which he thinks might be alleviated by the treatment he has read about.

In my opinion, one of the reasons why krebiozen became such a problem in this country was because of the publication and promotion of three favorable and well-written books on the subject.

Needless to say, there are profits from the sale of such books, completely removed from the advantages gained from the promotion of the treatment itself, which can perpetuate and increase the use of an unproven remedy.

Another problem in cancer quackery, is that the average citizen in this country erroneously assumes that he has tremendous protection from exploitation by proponents of worthless remedies.

He doesn't believe they would let this go on if it were worthless. He has great belief in something that does not exist. On the national level, only the American Cancer Society, the Food and Drug Administration, the American Medical Association, and the National Cancer Institute have any interest in the matter, and all of us are markedly limited in our capacity to be effective.

Let me give an example of the type of frustration there is in this. A newspaper reporter was investigating a story about a physician who was utilizing a lot of worthless cancer remedies.

The AMA has no jurisdiction over him because he is not a member of the AMA. An AMA spokesman said, "This is a case for the State's licensing agency."

A spokesman for that agency explained: "Unfortunately, these medical cases are difficult because it is impossible to get one doctor to testify against another. This is a case for the food and drug people."

The Food and Drug Administration official said "It is not our policy to police the medical profession. This is a painful problem and you wonder what is the proper solution for it."

What can be done, if anything, in this frustrating area? It certainly is painful and it is obvious nothing great has been done and there needs to be something done. What possibly could be done? Well, I would only report that our experience in the society has shown that the Federal Government's increasing interest in protecting its citizens from the effects of improper treatment of illness is showing beneficial results.

The impact of the two medical quackery congresses in which the Federal agencies were so strongly represented has resulted in greatly aiding our efforts in controlling unproved cancer remedies. We have seen this in our office.

The krebiozen situation has finally approached the end of the line because of the excellent and courageous work of the Food and Drug Administration and the National Cancer Institute. It seems to me it would be desirable to establish a special division of the Federal Government, possibly in one of its agencies such as the Public Health Service, to deal with the entire problem of worthless remedies for illness and fraudulent activities of charlatans.

In the health field, such an agency could concern itself with collecting data and coordinating control efforts at the national level and in cooperation with the States and private health agencies.

Now, this agency by taking the initiative in efforts to control this problem could make a very strong impact in diminishing the fraudulent practices in this country.

I might say in conclusion, all of us could ask ourselves, "Am I my brother's keeper?" in attempting to protect the individual who submits himself to unproven cancer treatments. If he does so knowingly and willingly, any interference might seem meddlesome but, unfortunately, most cancer victims receive worthless treatments innocently through lack of information. This is the tragedy, as well as perhaps, the key to the problem. A vast educational program such as that of the American Cancer Society, which provides information on proper treatment methods and emphasizes the hopeful aspects of the disease probably will do more to minimize the influence and effect of cancer quacks or crackdowns on individuals.

This is not to minimize the importance of the latter, but we must recognize the limitations of legislation in comparison to the power of education.

Thank you very much and I will answer any questions you may have.
(Prepared statement by Dr. Grant follows:)

STATEMENT OF ROALD N. GRANT, M.D., DIRECTOR OF PROFESSIONAL EDUCATION,
AMERICAN CANCER SOCIETY

WORTHLESS CANCER REMEDIES—A CHALLENGE TO SOCIETY

Mistreatment or delayed proper treatment is a possibility inherent in any new or unproven method of treating cancer. Since proper and early treatment of cancer is a life-and-death matter, any deviation from this desideratum is of concern to those with responsibility for control of the disease. Moreover, because of the high prevalence of cancer and the fact that treatment falls short of being curative for at least two-thirds of the victims, it attracts numerous proponents of new and unproved remedies. These proponents present a spectrum of qualifications for treating cancer, ranging from the ignorant, uneducated, home-remedy dispensers to the sophisticated holders of doctor's degrees in biological science or medicine.

One of the special aspects of controlling worthless cancer remedies has always been the unusual attention and support that lay persons in all walks of life, particularly elected officials and statesmen, for some inexplicable reason have given to unproven cancer cures. For example, back in colonial days, even the scientifically sophisticated Benjamin Franklin was a proponent of a worthless cancer remedy. On June 18, 1731, he wrote to his sister, "I know cancer of the breast is often thought of to be incurable, yet we have here in town a kind of shell made of some wood, cut at a proper time by some men of great skill, which has done wonders in this disease among us, being worn for some time on the breast. I am not apt to be superstitiously fond of believing such things, but the instances are so well attested as to convince the most incredulous." Such medical naivete on the part of our leading citizens has persisted up to the present day.

Such misguided enthusiasm and resulting harmful action on the part of many of our leading citizens occurs largely because of the paucity of factual information on the various proposed cancer remedies and because sometimes it is a difficult matter for medical science to prove which method of cancer treatment is worth while and which is not. What may be considered not useful or promising today may be less obviously so several years from now. Less than a decade ago, the virus etiology of cancer theory was looked upon with considerable skepticism by the scientific community. Yet today this is a respected theory openly supported by many prominent physicians and scientists. In view of the foregoing, any approach to the control of worthless cancer remedies must be openminded as well as hardheaded. Such an ambivalent attitude is not easily adopted or maintained, but when special efforts are made to preserve it, an objective and more effective program of control is possible. The very title chosen by the American Cancer Society's Committee on New or Unproved Methods of Treatment of Cancer emphasizes this point. When originally formed in 1954, it was called the "Quackery Committee." However, very shortly after its first meeting the committee took action to remove quackery from its title and adopted its present name. The word "quackery" implied prejudice or prejudice. Also, the new title places emphasis on the unproven method rather than the individual. Concentrating attention on the unproven method rather than the individual is sound for several reasons.

First, proponents of new and unproven methods of cancer therapy eventually either die or turn to other areas of interest, but unfortunately, the method lingers on. The Gerson method of treating cancer is based upon a special vegetable diet and includes coffee enemas (the coffee must be brewed—instant coffee is not acceptable). This treatment was widely used by Dr. Gerson in the 1930's and 1940's in the New York area. He died in 1959, nevertheless, his treatment was being used at a health resort in California in 1960 and in New Jersey in 1962, and a new paperback book entitled, "Has Dr. Max Gerson a True Cancer Cure?" was being sold on newsstands in 1963.

Laetrile is currently being promoted in the United States and Canada through the sale of a paperback book entitled, "Laetrile: Control for Cancer," and a Sunday newspaper supplement story which appeared in *The American Weekly*, March 3 and 10, 1963. This drug, originally obtained from apricot kernels, is reported by its proponents to be a compound made up of laevo-mandelonitrile-beta-glucuronoside—Laetrile. The name was coined from the laevo and trile parts of the chemical name. It is said to release cyanide "in the cancer areas, without injury to other tissue." This drug was first used in the 1920's. It was thoroughly investigated by the Cancer Commission of the California Medical Association in 1953 and found to be ineffective in the treatment of cancer. Now the drug has been "rediscovered" and is being promoted by the McNaughton Foundation of Montreal, a so-called nonprofit research foundation which "specializes in sponsoring independent research, particularly by scientists who are unable to get backing from orthodox research organizations either because their ideas are too far off the normal thought of the day or because the individual, himself, because of his personality, is unable to get along with organizations." These are examples of the difficulty in eliminating worthless cancer remedies, when they are promoted by persons or groups other than the original proponent.

Emphasizing the method rather than the individual is also important because individuals tend to flourish under the spotlight of attention, while methods fall into proper perspective as more becomes known about them. Moreover, individuals can take retributive action, thus delaying control, while methods cannot. Finally, concentrating on an individual often leads into questions of motivation which cannot be scientifically appraised, while methods and material can be

carefully analyzed and evaluated. It seems that when control efforts on new and unproved therapy concentrates on the individual rather than the method, it frequently turns out that it furthers the individual's cause rather than curtails it. Public sympathy is aroused and well-meaning but misguided supporters arise to defend the individual. A medical martyr is born and like other martyrs, is worshiped and his methods supported.

The American Cancer Society in its efforts to control worthless remedies has adopted the following objectives: (1) To develop more effective means of dealing with claims for the diagnosis and treatment of cancer that are advanced without acceptable evidence of value; (2) to encourage investigation through scientific or other qualified organizations of unestablished claims for cancer diagnosis and treatment; (3) to encourage the development of legislative programs both State and Federal, which will prevent the exploitation of the public in matters relating to the diagnosis and therapy of cancer, and to obtain the continued support of organized medicine in behalf of these objectives by every possible means; (4) to develop and encourage educational programs which will give to the public both information regarding specific cases and also a better understanding of the criteria for assessing the merits of new claims; (5) to encourage physicians to provide adequate care of patients with far-advanced cancer because it is, in the main, these individuals who unwittingly fall prey to cures which have no proven merit; and to encourage physicians to keep careful records of the life history of the disease in a given patient and to record objective data of extension or improvement as the disease progresses under treatment.

In carrying out these objectives, an information center has been developed for the collection and distribution of materials on new and unproved methods of cancer diagnosis and cure. This unique collection, which is one of the principal repositories for such information in this country, includes the voluminous file materials on this subject which were turned over to the American Cancer Society by the Committee on Cancer Diagnosis and Therapy of the National Research Council in 1957. There is a steadily increasing flow of information to and from the file. Information culled from it forms the basis for a monthly current events summary issued to the committee members to keep them abreast of new developments in the field. Also, the material has been classified into an "Index of American Cancer Society File Material on New or Unproved Methods of Treatment of Cancer," for use by the 59 divisions of the society and other interested professional groups.

One of the fundamental concepts of the American Cancer Society's approach to the overall cancer problem is its emphasis upon action at the local level. In controlling new and unproved methods of cancer therapy, this tactic is especially important because it is in the local community that the cancer victim and his family first come in contact with the cancer nostrums in a manner which can be devastating, for it is at this time that most lives are either lost or saved from cancer. In working through its 59 divisions representing State-sized communities, and its over 3,000 county units, the society has fostered the formation of State cancer commissions or committees to assume responsibility for collecting and evaluating scientific and clinical evidence on various claims on the diagnosis and treatment of cancer. State control of unproven cancer therapy has also been fostered through the formulation of model legislation to assist States contemplating laws of this type. Such legislation to create a body having statutory standing with rights to investigate, hold hearings, and make reports of a privileged nature was first enacted in this country by the California Legislature in June 1959 and similar legislation has since been passed in Nevada, Colorado, Kentucky, Maryland, North Dakota, and Pennsylvania.

However, legislation, either at the local or national level, cannot alone solve the problem. Education of both the public and the medical profession is necessary. The American Cancer Society is very active in this area with the publication of pamphlets, brochures, exhibits, etc. A special background report on unproven cancer therapy has been distributed to newspaper and magazine editors alerting them to the problem and stimulating further dissemination of information.

In professional education, one of the difficulties has been the tendency of physicians to be disinterested in the subject, hoping that it will somehow go away by itself. Also, physicians have not easily been able to get information on the various unproven methods of cancer therapy because such material is not ordinarily published in medical journals. The American Cancer Society is

now filling the gap by utilizing the pages of its medical journal—CA—A Cancer Journal for Clinicians, distributed to physicians. An important feature of each issue of 150,000 copies, is a special statement on various new and unproved methods of cancer therapy prepared from the files of the national office. Since such materials can be quite sensitive from a legal point of view, the reports are prepared with considerable care by the staff and members of the committee on new or unproved methods of treatment of cancer and after they are reviewed by the society's legal counsel, they are released to the 59 divisions for their information. Those statements which have special or current significance to physicians are selected by the editor of CA for publication. Such publication places the material in the public domain and the reprints of the statements are then useful for distribution to the medical profession and lay persons in answering inquiries. The following is a list of reports which have so far been published in CA, the reprints of which are available. (See attached.)

Publication of material on unproven cancer remedies can, however, be like a two-edged sword. For example, the current popularity of paperback books has introduced a new health threat to the public. Books on medical science, especially if they are on so-called controversial medical problems, are quite appealing to the reading public. Taking advantage of this, a number of writers have published books on unproven cancer remedies which have been a major factor in the promotion and increased use of these remedies. Previous reference was made to the books entitled "Laetrile: Control for Cancer," and "Has Dr. Max Gerson a True Cancer Cure?" This type of book is often exceedingly well written, so that the average reader comes to the conclusion that he himself can make a valid judgment on the merits of the treatment in question, usually in favor of its use. The reader then becomes in effect a promoter of the treatment, recommending it to his associates and friends when they have any disease or symptoms which he thinks might be alleviated by the treatment he has read about. In my opinion, one of the principal reasons why Krebiozen became such a problem in this country was because of the publication and promotion of three favorable and well-written books on the subject. Needless to say, there are profits from the sale of such books, completely removed from the advantages gained from the promotion of the treatment itself, which can perpetuate and increase the use of an unproven remedy.

The average citizen in this country erroneously assumes that he has protection from exploitation by proponents of worthless cancer remedies and precisely because he has little or no such protection, the risk is compounded. On a national level, only the American Cancer Society, the Food and Drug Administration, the American Medical Association, and the National Cancer Institute have any interest in the matter, and they are markedly limited in their capacity to be effective. This is illustrated in the following frustrating experience describing a newspaper reporter investigating a story about a physician who was utilizing a variety of well-known cancer remedies.

"The AMA has no jurisdiction over him because he is not a member of the AMA. An AMA spokesman said: 'this is a case for the State's licensing agency.'

"A spokesman for the agency explained: 'Unfortunately, these medical cases are difficult because it is impossible to get one doctor to testify against another. This is a case for the food and drug people.'

"The Food and Drug Administration official said: 'It is not our policy to police the medical profession. This is a painful problem and you wonder what is the proper solution for it.'"

What can be done if anything in this frustrating area? Certainly our experience has shown that the Federal Government's increasing interest in protecting its citizens from the effect of improper treatment of illness is showing beneficial results. The impact of the two medical quackery congresses, in which the Federal agencies were so strongly represented, has resulted in greatly aiding our efforts in controlling unproved cancer remedies. The Krebiozen situation has finally approached the end of the line because of the excellent and courageous work of the Food and Drug Administration and the National Cancer Institutes. It seems to me it would be desirable to establish a special division of the Federal Government, possibly in one of its agencies such as the Public Health Service, to deal with the entire problem of worthless remedies for illness and fraudulent activities of charlatans. Such an agency could concern itself with collecting data and coordinating control efforts at the national level and in cooperation with the States and private health agencies. By taking the initiative in efforts to control this problem, such an agency could be a very strong factor in diminishing its impact on the Nation.

"Am I my brother's keeper?" (Genesis IV : 9) is a question which we might ask ourselves in attempting to protect the individual who submits himself to unproven cancer treatments. If he does so knowingly and willingly, any interference might seem meddlesome but, unfortunately, most cancer victims receive worthless treatments innocently through lack of information. This is the tragedy, as well as perhaps, the key to controlling the problem. A vast educational program such as that of the American Cancer Society, which provides information on proper treatment methods and emphasizes the hopeful aspects of the disease probably will do more to minimize the influence and effect of cancer quacks than specific laws or crackdowns on individuals. This is not to minimize the importance of the latter, but we must recognize the limitations of legislation in comparison to the power of education.

UNPROVEN METHODS OF CANCER TREATMENT—CA REPRINTS

- "Anticancerogen Z-50 and Zuccala Lytic Test. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 12:31-32 (January-February) 1962.
- "Antineol. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:232 (November-December) 1961.
- "H. H. Beard Methods. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 12:69-71 (March-April) 1962.
- "Carcin and Neo-Carcin. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:151-152 (July-August) 1961.
- "Diamond Carbon Compound. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 12:163-164 (July-August) 1962.
- "Fresh Cell Therapy. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:248-249 (November-December) 1963.
- "The Frost Method. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:201 (September-October) 1963.
- "The Gerson Method. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:107-108 (May-June) 1961.
- "Gibson Methods. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:107-108 (May-June) 1961.
- "The Glover Serum. Unproven Methods of Cancer Treatment," reprint from Cancer Journals for Clinicians, 12:243-244 (November-December) 1962.
- "Hett 'Cancer Serum' and Gruner Blood Smear Test. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 12:107-110 (May-June) 1962.
- "Proponent Organizations. Independent Citizens Research Foundation for the Study of Degenerative Diseases. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:164-166 (July-August) 1963.
- "Report on the Current Status of Krebiozen. Issued by the U.S. Department of Health, Education, and Welfare, Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:76-78 (March-April) 1963.
- "Laetrile. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:94, 120-122 (May-June) 1963. This contains a review of the book, "Laetrile: Control for Cancer," by Glenn D. Kittler.
- "Mucorhizin. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:17-18 (January-February) 1961.
- "Proponent Organizations. National Health Federation. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 13:38-39 (January-February) 1963.
- "Revici Cancer Control or Lipid Therapy. Unproven Methods of Cancer Treatment," reprint from CA—A Cancer Journal for Clinicians, 11:67-68 (March-April) 1961.

Senator WILLIAMS. Thank you very much, Dr. Grant. It was very comprehensive, and I do not have any questions.

Do you, Senator YARBOROUGH?

Senator YARBOROUGH. I have no questions. I want to congratulate Dr. Grant on his very full statement and the speed with which it was presented since we are under pressures now ourselves here. Senate is in session.

Senator WILLIAMS. That is one of our problems when the Senate goes into session. We are supposed to be over there.

For that reason we will have to state our regrets that Dr. Hochbaum of the Public Health Service will have to be heard at another time, and I understand that Dr. Hochbaum is perfectly agreeable to that. We appreciate that.

At this point in the record, I would like to put without objection an affidavit of Miss Mae Jean Gilbert—dealing with medical devices and the fraudulent area that she is a victim of.

(The affidavit referred to follows:)

PENSACOLA, FLA., March 6, 1964.

HON. WILLIAM ORIOL,
Senate Office Building,
Washington, D.C.

DEAR MR. ORIOL: Enclosed in duplicate is sworn statement of Miss Mae Jean Gilbert about whom you called to determine if she could appear before your subcommittee's hearing on Monday, March 9.

Miss Gilbert, because of personal plans and chronic illness of her mother, felt she could not attend on such short notice but felt she could possibly appear about a month from now should her presence be desired.

If further information or handling is desired please feel free to call me.

As indicated, this matter was handled in my office without charge to Miss Gilbert or to the committee and it has been my pleasure to have had the contact with you.

Yours truly,

C. HOBART VILLAR.

STATE OF FLORIDA,
County of Escambia, ss:

My name is Mae Jean Gilbert. I am 32 years old, unmarried, am a teacher in the Brownsville Elementary School and live at 912 East Jordan Street, Pensacola, Fla., with my mother, Mrs. Jennie R. Gilbert, who has been chronically ill for the last 14 years. Her illness has been diagnosed as Parkinson's disease and she has been under the care of several medical doctors including Dr. Barkley E. Biedleman and Dr. Clyde E. Miller, of this city, and Dr. Coffer, of Mobile, Ala. These are reputable medical doctors.

In October 1962 Mr. Henry W. Sanborn, real estate agent, came to my home to discuss a matter with my maid and observed my mother in her invalid condition in the house. Later that same day, after I had returned from my duties at school, Mr. Sanborn returned and told me about a machine which he described as wonderful and related to me in detail how he had been cured from an ailment which he described as Bright's disease; that this machine was designed for the treatment and cure of various ailments and that he was sure it would be most beneficial to my mother. At that time, he gave me a mimeograph sheet listing many ailments which this machine showed a high percentage of success in treatment and cure. I was impressed, although my mother's ailment was not listed on the sheet. I was assured numerous times by Mr. Sanborn that he was convinced that the machine would be well worth the investment.

Also Mr. Sanborn told me that he had taken a man suffering from Parkinson's disease to either Salt Lake City, Utah, or Phoenix, Ariz., and that the man had to be either carried in or assisted for his first treatment on a similar machine, the Cosray. That after several treatments, he showed remarkable improvement.

At that time, I contacted Research Institute, Inc., in Salt Lake City, Utah, as to my interest in leasing one of their machines. Either by correspondence or telephone I had contact with Mr. John E. Moray and Mr. Henry Moray. I was furnished with the names of two doctors as references. I called both of them and they recommended the machine. One of them, Dr. A. L. Gagnier, 333 East McDowal Road, Phoenix, Ariz., wrote me a letter dated December 6, 1962, a copy of which is attached.

As a result of these contacts, I entered into a lease agreement, photostatic copy which is attached, wherein I agreed to pay the sum of \$3,210, \$1,210 upon the signing of the lease agreement and before delivery of the machine and \$100 per month for 20 months and \$10 thereafter.

I sent my personal check for \$1,110, photostatic of canceled check attached, and Mr. Sanborn sent his check for \$100 as per his agreement for the down-payment.

John Moray personally delivered the machine to my house on November 24, 1962, along with instructions booklet, and showed me how to operate it. John Moray cautioned me never to let anyone open the cabinet and let anyone see the inside of it. Thereafter I used the machine, treating my mother, as instructed, several times. It soon became apparent that my mother's condition was not improved. I discontinued the use of the machine.

I later made a \$100 payment on the lease agreement. Before making any more payments I consulted C. Hobart Villar, an attorney in Pensacola, Fla., who instructed me to make no more payments. Subsequently, the Florida State Board of Health representative and an investigator for the Food and Drug Administration made contact with me and in the process took from my possession the machine and all literature pertaining to it.

This statement is being made for the purpose of being used by a subcommittee of the U.S. Senate Committee on Aging which I understand begins public hearings on Monday, March 9, 1964, in Washington, D.C. I was unable to attend the hearing to which I was invited, but would be able to attend a hearing later should it be desired.

The above statement consisting of three legal-size pages, double spaced, has been read by me and is true and correct.

MAE JEAN GILBERT.

Sworn to and subscribed before me this 6th day of March 1964.

BILLIE GILES,

Notary Public, State of Florida at Large.

My commission expires March 12, 1967.

Senator WILLIAMS. We are in recess, adjourned now subject to call.
(Whereupon, at 12:08 p.m., the subcommittee was adjourned, subject to call.)

APPENDIX

[From the Postgraduate Medicine, July 1960]

FOOD FADDISM—A GROWING THREAT

NUTRITION IN CLINICAL MEDICINE

(By Adelia M. Beeuwkes,¹ University of Michigan School of Public Health, Ann Arbor)

The history of food faddism is fascinating, and it would be entertaining, if it were not repeating and extending itself today. Throughout the records of man's efforts to lessen pain, cure disease, and forestall or perhaps prevent death, the charlatans and quacks have received top billing. Despite our remarkable advance in knowledge, nonsense has never interfered more effectively with the application of the science of nutrition in the feeding of Americans, sick and well. Human beings are obviously incurably credulous. At the present time, the prognosis is not good.

The extent of the problem and the cost to the consumer are amply documented in the records of the Food and Drug Administration, the American Medical Association, the Better Business Bureau, the U.S. Post Office, and the Federal Trade Commission. It is a strange paradox that the decades which have seen a rapid advancement in the science of nutrition have also seen this fantastic increase in products, pills, and panaceas offered through misleading advertising and expounded by irresponsible nutrition "lecturers" and "writers."

Factors influencing food faddism

Many factors have influenced and in some way contributed to this unhappy situation, but a few examples may be cited of the details of the environmental mosaic against which faddism continues to thrive.

Our means of communication have become so effective that the limited influence of yesterday's medicine man has expanded into a barrage of misinformation through the channels of radio, television, newspapers, magazines, itinerant health lecturers, and persistent door-to-door salesmen.

Testifying before a congressional committee on false and misleading advertising, Dr. S. William Kalb² stressed the significance of modern communication media in the rapid spread of misinformation:

"The oldtime medicine man, yesterday's nutrition quack, sold his cure-all, youth-restoring patent medicines to the small groups he was able to attract to a show on a street corner, in a vacant lot, or at picnics and fairs. He operated in a very small way under conditions of relatively limited communication and slow spread of public information. Improvements in communication make possible the rapid and widespread dissemination of information. An informed public became conscious of the lack of effectiveness of cure-alls in the patent medicines. Exposed, deprived of his protecting cloud of mystery and ignorance, the medicine man disappeared from the scenes some 20 years ago; or did he?"

"Too good to be true, this disappearing act was in itself an illusion. Adapting himself to a changing time and conditions, to a better informed public, the medicine man became a food expert or a drug expert dealing in so-called health foods and drugs and diet supplements instead of patent medicines. Ironically, it is the food faddist who has recognized and made use of the opportunity afforded by our modern communication methods to reach and influence great numbers of people quickly and effectively."

¹ Associate professor of public health nutrition, University of Michigan School of Public Health, Ann Arbor, Mich.

² Kalb, S. W., "Testimony on False and Misleading Advertising," hearings before a subcommittee of the Committee on Government Operations, House of Representatives, 85th Cong., 1st sess., 1957, pp. 2-3.

In the "good old days," it took months for a manufacturer of patent medicines to inform only a few thousand citizens about his newest remedy. Today, a manufacturer can enlighten millions of potential customers about equally ineffective products in the seconds allotted to a commercial on the airwaves.

The mysteries and magic of food make good copy because scientists are the first to acknowledge their limited but rapidly growing understanding of the specific role of certain nutrients in human nutrition. Furthermore, theories and postulates, evolved by investigators and reported for the information of their professional colleagues, are often quoted as proved and accepted facts by promoters who find an isolated statement useful in their misleading but often convincing advertising copy. Because a scientific report may become the faddists' sales instrument, investigators find it necessary to control their enthusiasm when reporting results with products they use in clinical trials.

In each scientific announcement of evidence demonstrating a need for, or the usefulness of, a particular nutrient for the well-being of a mouse or a monkey, the faddists recognize fertile soil for another story, another product, and additional profit. Through ignorance, indifference, or plain dishonesty, faddists fail to realize the hazards of transferring isolated findings from experiments with animals to widespread application in human nutrition. Royal jelly may be beneficial to the queen bee, but it is certainly no panacea in the human race. Surely, scientists will not step from behind the barriers raised by conservatism, honesty, and ethics to make false claims and unrealistic promises. The faddists capitalize on the very characteristics that are the pride of professional persons.

Our economy has permitted people to spend money for expensive dietary supplements, health foods, health lectures, and "miracle" cooking utensils. Perhaps some faddists would spend their last dime for such luxuries, but it is likely that faddism would not be as expensive if the economy could not bear it. Copywriters do an excellent job of aiming much of their "come-on" about "new, unknown to medical science" hokum toward older citizens whose income may be too limited to permit both supplements and good food.

Newspaper advertising for "Lipitrons," for example, opened with the words: "If you are over 35 years old. * * * If you are getting that "growing old" feeling. * * * Science has now found how to fight that feeling of "growing old." * * *

"Lipitrons—

"For you if you feel tired, and weak, and rundown.

"For you to help you recapture lost vitality and strength.

"For you to combat nervousness, lack of vigor and energy."

The complete advertising copy created the impression that the drug was effective in the treatment of persons over 35 years old to combat that feeling of growing old; to relieve tiredness, weakness, nervousness, and a rundown condition; to overcome the deficiencies that help drag one down; for premature advancing age; to furnish a whole new world of buoyant energy, vitality, and strength by relieving and overcoming the basic causes of their nutritional deficiencies; to help those who feel years older than their age to enjoy life again; to regain vigor and vibrant energy; to enable thousands of men and women to work harder, etc., ad nauseam. The U.S. District Court of Nebraska found the corporation and the defendant guilty on all counts.

The court decision in this case includes a statement of the concern which we have today as advertising copy continues to bombard older people with vague promises and empty guarantees for rejuvenation at a price.

"The present drugs and their supporting publicity would have no appeal and little meaning to young persons, athletes, high school or university students, youthful workers, or business or professional people. But it is quite otherwise with men and women beyond middle age, the so-called older folk of the type pictured in the challenged newspaper advertising. As most members of the Federal judiciary will at once realize, those oldsters need little more than a vagrant suggestion to lead them to hope in the restorative ministry claimed for the defendants' tablets. Their publicity advances a message they are longing to read or hear; and with pathetic eagerness they receive and embrace it. They must especially be regarded in these circumstances, for it is to them and their faltering faculties, physical and mental, that the message of the labeling is oriented. Thus understood, the court has no difficulty in concluding that the labels

² *United States of America v. Vitamin Industries, Inc. et al.*, 130 F. Supp. 755 at 760. 1955.

and labeling are false and misleading. What, indeed, can be more cruelly false and misleading than the inspiration of hope in one for whom actually there is no hope?

The book "Arthritis and Common Sense"⁵ has had such wide appeal in its own misleading way that the Council on Foods and Nutrition of the American Medical Association devoted an editorial to the topic, "Who Treats Arthritis?"⁶ and urged physicians to peruse this book. The council declared: "There are those individuals who do not ask their physician's advice. They may very possibly be in the majority, indicating an even more important reason for the physician to be aware of this type of literature. Is it not one of his responsibilities to his community and to his profession to exert all of the influence he can in combating food and health misinformation whenever and wherever it may occur?"

The fact that "Folk Medicine—A Vermont Doctor's Guide to Good Health"⁷ was written by a member of the American Medical Association (licensed to practice medicine in 1904) has provided it with much prestige. The sales figures for this book give evidence of a desire of thousands of our citizens to consider and perhaps accept the author's new theory (honey and apple cider vinegar) on the treatment and prevention of diseases ranging from the common cold to arthritis and "many others which often defy conventional medical diagnosis and treatment." The aged country doctor has added to the confused state of affairs in the field of weight reduction by suggesting that "the apple cider vinegar will have made it possible to burn the fat in the body instead of storing it * * *"

Some people obviously enjoy being "on a diet" and championing a "cause." They are certain to become the center of conversation when they launch out to defend their latest dietary excursion. It is likely that this need will always be apparent in a segment of the population, and it is also likely that faddists may harm themselves much less if they lose themselves in the wonders of blackstrap molasses, kelp, volcanic ash, crude salt, alfalfa, watercress, parsley, and garlic than if they develop an equally fanatic program invoking other kinds of misguided health practices. The specific foods are not like to harm the customer, but delay in seeking medical attention for the vague symptoms faddists love to describe may be costly.

Human beings appear to gravitate toward the simplest explanation of a phenomenon. It may be a dishonest answer but it is simple. The faddists are alert to the concerns of the nondiscriminating public and capitalize on fears or, if necessary, create fear.

The medical profession honestly admits that a simple, direct, and "guaranteed or your money back" cure has not yet been recognized for cancer, diabetes, arthritis, multiple sclerosis, and many other diseases. One would hope that when medical knowledge has advanced considerably in a special field, the public would be grateful and would be wary of nonmedical treatment. This has not been true in the case of diabetes.

Within recent years, the Food and Drug Administration has taken action against two products, because claims that these drugs were effective against diabetes could not be substantiated. The Kaadt Diabetic Institute distributed "a drug or treatment consisting principally of a mixture of vinegar and potassium nitrate (saltpeter); Taka-Diastase, a proprietary digestive preparation, was sometimes added, but analysis revealed no Taka-Diastase because it is inactivated and destroyed in a solution as strongly acid as the vinegar medicine,"⁸ Diabena also proved useless to diabetics.⁹ In part, the label on this drug read: "Kiabena-alcohol 12½ percent. Active ingredients: tephrosiavirginiana, lithii citras, cinnamon, food coloring. Dose: Two teaspoonfuls every 4 hours in water. Children in proportion to age."

At the present writing, it appears that as long as there are diabetic customers, there will be diabetic "cures." Furthermore, as long as there are diseases for which no effective cure is known, the faddists will bridge the gap between the patient's concern and his pocketbook with miracle products and extravagant promises.

⁵ Ibid., 150 F. Supp. 755 at 767.

⁶ Alexander D., "Arthritis and Common Sense," Hartford, Conn., Witkower Press, 1956.

⁷ Council on Foods and Nutrition, American Medical Association, "Who Treats Arthritis?" JAMA 163: 942 (Mar. 16), 1957.

⁸ Jarvis, D. C., "Folk Medicine—A Vermont Doctor's Guide to Good Health," New York, Henry Holt & Co., 1958.

⁹ *United States v. Kaadt et al.*, 171 F. 2d 600 at 603, 1948.

¹⁰ Notices of Judgment Under the Federal Food, Drug, and Cosmetic Act, No. 4793, Diabena at 226, 1956.

Label information and advertising copy for a single product may be so completely different that it is sometimes difficult to realize that both could possibly relate to one and the same product. While the label declarations are under the jurisdiction of the Food and Drug Administration, advertising claims are under regulations of the Federal Trade Commission.

People are motivated to buy a product through the advertising they see or hear. Few consumers will carry an ad with them to the store and try to compare the promises in print with the facts presented on the label. The Food and Drug Administration's influence has been evidenced in the area of labeling, but the Federal Trade Commission's regulations have not been much of a handicap to those who wish to write advertising copy in misleading ways. Furthermore, the purveyor of misinformation has time in his favor. The question of the length of time involved in the removal of objectionable products from the market and of misleading advertising from the various communication media was one of the problems discussed at the Blatnik committee hearings.¹⁰

It is not within the purpose of this paper to discuss the development of the laws now operating to protect the public from misinformation and fraudulence in the field of nutrition. It is suggested, however, that members of the medical profession, collectively and individually, attempt to determine ways in which more money, personnel, research facilities, and effective legislation can be obtained so that the faddists will find misleading the public less lucrative and, hence, less alluring than it is now.

According to Paul L. Day,¹¹ Scientific Director of the Food and Drug Administration, "The Federal Government spends less than 7 cents per person each year for protection of foods, drugs, and cosmetics against adulteration, misbranding, filth, and decomposition; protection against dangerous drugs and cosmetics and the hazards of pesticide residues and radioactivity; and all the other enforcement and research activities of the Food and Drug Administration * * *. Expressed in another way, Congress appropriates to the Food and Drug Administration each year less than one-sixth of the cost of one military jet bomber."

Accomplishments by our Federal agencies with existing shortages of money and personnel have been noteworthy. The job they face is just too big; no matter how dedicated the inspectors, sincere the scientists, or eager the administrators, dedication and enthusiasm without adequate staff and funds cannot result in the removal of these serious threats to medical care in the United States.

Our programs in nutrition education for children and adults have fallen far short of helping them to make decisions based on facts rather than on the emotional and irresponsible appeal of the faddists and charlatans. Education should prove the most effective weapon in limiting the faddists' influence.

Why be concerned?

Doorstep diagnosis and mail-order treatment are foolish and vicious. When confidence is placed in nonmedical diagnosis and money is invested in products ranging from pumpkin seeds to Pacific Ocean water, the least the customer will lose is his money, the most—his life. In any event, the customer will be assured that the medical profession has nothing quite like it to offer—thank goodness.

Many of the dietary supplements are suggested to cure (or the distributor assumes the freedom to so imply) as many or more diseases as there are ingredients on the label. "Shotgun" therapy is not new. Andromachus, physician to Nero, once provided his royal patient with a remedy containing 78 ingredients, an affair only a little more complex and uncertain than many dietary supplements being sold today. History reveals that Andromachus did not give large enough quantities of this toxic mess to kill the patient.

In Nero's day, when all products listed in the pharmacopeia were compounded into one medication, the term "theriaca" was used.¹² Today, we call such preparations dietary supplements. Although Nutrilite, Visan, and Vit-Ra Tox include somewhat fewer than 78 ingredients, in the field of nutrition they might be considered present-day theriacas.

The cost of membership in health organizations; the cost of lecture series, pills, and health foods; and the support of health ranches are great. Many of the products are sold on a "plan" basis. Vitasafe and Nutrilite customers, for

¹⁰ Ibid., pp. 41-42, 76-77, 133-137, 198-212.

¹¹ Day, P. L., "The Food and Drug Administration Faces New Responsibilities," *Nutrition Rev.* 18: 1 (January), 1960.

¹² Harding, T. S., "Fads, Frauds, and Physicians," New York, the Dial Press, 1930, p. 4.

example, are thus assured of regular delivery and the manufacturer is confident of a steady income. Yet, occasionally, one hears the plaintive cry that "medical care is too costly; I can't afford it." Cook¹² reported that in 1957 more than \$1 billion was spent for patent medicines and that the Nutrilite Co. alone had more than 20,000 "distributors" who sold tens of millions of dollars worth of dietary supplements.

In an initial decision¹⁴ by a Federal Trade Commission examiner, dated January 11, 1960, the statement was made that Mytinger & Casselberry, Inc., have contracts with more than 80,000 house-to-house distributors of its Nutrilite food supplement.

The Fuller Brush Co. has seen fit to add a line of vitamin and mineral supplements. Mail-order vitamins have huge sales volumes, to say nothing of such sales by supermarkets and health food stores. "Lecturers" draw large crowds, particularly after they have been "persecuted" and sent off for jail sentences, and they do not share their "fabulous" discoveries without adequate reimbursement. If all the money spent for empty dreams in the name of food faddism could be directed toward research and education, the solution of some of the unanswered questions in nutrition and in medicine might be forthcoming more rapidly.

Finally, choice of food is apt to be erratic. It is likely that if more money is spent on health foods and specific nutrients, it will decrease the contribution of a sensibly planned diet of good American foods. Appreciation of the role of adequate food in health and in sickness will be delayed among thousands of our citizens until the faddists' influence is curtailed and our program of positive education is enlarged.

What can be done?

To recognize the problem of food faddism for what it is and to recall some of the reasons why it exists are of purely academic interest if we make no concerted effort to combat it. "Organized medicine has led the fight against quackery, unethical practices, and the misleading promotions of nostrum makers ever since the first meeting of the American Medical Association in Philadelphia in 1847. There, a resolution was introduced calling for renewed vigor in the fight against quackery and its attendant evils."¹⁵

For more than 50 years, the Bureau of Investigation of the American of the Medical Association has been a clearinghouse for information regarding quacks and their methods of operation. For more than 40 years, members of the American Dietetic Association have attempted to combat fraud with fact. The Food and Drug Administration has worked diligently; the Food, Drug, and Cosmetic Act of 1938 was a milestone in the fight against quackery. The Better Business Bureau and the U.S. Post Office have contributed in a forthright manner. It is obvious, however, that a more vigorous program of education is needed, and the American Medical Association, in cooperation with the Food and Drug Administration and the Better Business Bureau, has taken bold steps to provide every interested physician with the information and the tools he needs to assume leadership in a nationwide program to combat ignorance with education in nutrition.

The following aids are available for your use in planning a program in your community:

1. A materials kit entitled "Food Faddism and False Claims" is available from the American Medical Association. This kit includes reprints, a 20-minute speech, a bibliography and descriptions of a film, and an exhibit recently prepared by the association.

2. The film entitled "The Medicine Man" is cleared for television use and will also prove helpful in your community program. A small flyer entitled "The merchants of menace" is planned to be distributed to the film audience, and reprints of "Let 'em eat hay," from the September 1958 issue of *Today's Health*, will provide excellent followup reading for those who have been motivated by the film to appreciate the problem of faddism. The film runs 27 minutes and can serve as an excellent introduction to a lively discussion. The use of this film as part of the community service program of a local medical association is highly recommended.

3. The exhibit on "Nutrition Nonsense and False Claims" is so attention getting that you will find it necessary to plan for a longtime display. This is also available on loan from the American Medical Association.

¹² Cook, J., "Remedies and Rackets," New York, W. W. Norton Co., 1958, ch. 6.

¹⁴ Initial Decision (6962), news summary, Federal Trade Commission (Jan. 11), 1960.

¹⁵ *Ibid.*,¹⁵ pp. 7-8.

4. The January 3, 1959, issue of the Journal of the American Medical Association carried a statement on "Vitamin preparations as dietary supplements and as therapeutic agents."¹⁶ This summarized the recommendations of the council on foods and nutrition relative to kinds and amounts of vitamin and mineral supplements considered useful under various conditions of stress.

5. The Council on Foods and Nutrition of the American Medical Association also has published a compilation of statements and decisions.¹⁷ This publication describes recommended advertising and terminology for labels and also spells out practices not acceptable in the advertising of food and dietary supplements. Unfortunately, you will find it very easy to assemble examples of the kind of advertising copy which the council on foods and nutrition decries.

6. Your encouragement of greater circulation of the publication, *Today's Health*, is suggested, because the information on nutrition given in it is accurately and attractively presented. In 1958, this publication carried a series of 12 papers on nutrition. Reprints of these papers are available.

7. The American Dietetic Association¹⁸ has published a pamphlet entitled "Food Facts Talk Back," a question and answer presentation. This useful publication is available from the American Dietetic Association, 620 North Michigan Avenue, Chicago.

8. The Nutrition Foundation, Inc.¹⁹ has copies of a pamphlet entitled "The Role of Nutrition Education in Combating Food Fads" available for the asking. The role of the Food and Drug Administration and that of the Federal Trade Commission are described and a brief description of some of the faddists and their products is presented by members of the Department of Nutrition, Harvard School of Public Health.

9. In October 1959, the *New York Post* ran a series of six stories on "Foods, fads, facts, and phonies." It is an excellent series and can be purchased in reprint form.

10. In order to appreciate fully that history is repeating itself, read "The Golden Age of Quackery."²⁰ It describes some of the multitude of cures available under the leaky umbrella of home remedies prior to 1907, when President Theodore Roosevelt's Pure Food and Drug Act altered the products and required honest labeling. While reading this fascinating account of the so-called golden age of quackery, you may wonder how the present era of misleading advertising, nonmedical diagnosing, health store treatment, and nutrition lecturers with pots, pans, pamphlets, and pills will be categorized. Will this be described as the diamond jubilee of food faddism? It is true that narcotics, alcohol, herbs, and bark have been for the most part replaced by vitamins, minerals, seaweed, etc. The distributors have had to keep up to date. Ingredients have changed and the advertising copy has been altered with the years; yet, there is a strange likeness between the events described in "The Golden Age of Quackery" and those revealed by James Cook in "Remedies and Rackets."²¹ The latter book will be most enjoyed after the former has set the stage. These books supplement each other and together they bring into sharp focus the problem with which the medical profession is faced today.

Summary

Nutritionists look to the medical profession for leadership in the renewed effort to lessen the influence of the quacks who are luring people away from sound dietary practices and ethical medical care. We want to support you in these efforts.

When professional groups consider food faddism unimportant, they are by their very indifference lending credence to the old adage that silence lends consent. Tools and information are available to us, but the implementation of an influential program will depend to a very great extent on the conviction and willingness of physicians to speak out loudly and effectively. Hopefully, a portion of the 10 million people who now live in the shadow of confusion can be motivated to seek ethical roads to good nutrition and medical care.

¹⁶ Council on Foods and Nutrition, American Medical Association, "Vitamin Preparations as Dietary Supplements and as Therapeutic Agents," JAMA 169: 41 (Jan. 3), 1959.

¹⁷ Statements and decisions of the Council on Foods and Nutrition of the American Medical Association, Chicago, 1957.

¹⁸ "Food Facts Talk Back," "Food Information—Fallacies and Facts," Chicago, the American Dietetic Association, 1957.

¹⁹ "The Role of Nutrition Education in Combating Food Fads," New York, the Nutrition Foundation, Inc., 1959.

²⁰ Holbrook, S. H., "The Golden Age of Quackery," New York, the Macmillan Co., 1959.