

# the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS  
by Robert S. Mendelsohn, MD

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## IN THIS ISSUE:

### Doctors Downplay Nuclear Risks



**Dr. Robert Mendelsohn**

When news surfaced of the nuclear disaster at Chernobyl in the Soviet Union, I reread the words I wrote in March, 1979, when radiation leaked from the Three Mile Island nuclear power plant near Harrisburg, Pennsylvania. Since very little has changed in the way humans of any nationality are dealing with this highly lethal form of energy, I am reprinting some of the words I first wrote in 1979 in this Newsletter.

Many countries now are relying on nuclear power as their primary means of producing electricity. As nuclear plants continue to proliferate, so does the danger that nuclear accidents will proliferate. And what happens to all of us when radioactive clouds fill the skies?

Since those who do not learn from history are doomed to repeat it, let me warn after Chernobyl, as I warned after Three Mile Island: "In future similar accidents, we must regard those invisible radiation particles as being as capable of causing disease as we now regard the epidemics caused by invisible viruses and bacteria. This is the lesson I think we can learn for the future."

*1986: Doctors in dark about nuclear fallout*

On the evening that the nuclear disaster at Chernobyl first was recorded, a reporter asked for my opinion. I predicted that, even though no-one at that early stage could possibly know enough facts to reach a rational conclusion, the doctors could be depended upon to issue reassuring statements.

Sure enough, the very next morning, less than 24 hours after the news broke, doctors nationally and internationally were trying to sooth public fears by telling people there was nothing to worry about. Reassurances came thick and fast: The radiation levels equalled those a person would receive from an ordinary chest x-ray. The radiation cloud would disperse in the atmosphere. Natural solar radiation to folks living in Denver is more dangerous. Etc., etc., etc.

Yet these medical experts around the world admitted they had no more information than did you or I. They didn't address the questions many people still are asking, such as: 1) If the Chernobyl cloud hovers over your town for 12 hours, have you had the same dose of radiation as 12 chest x-rays? (And plenty of people now are aware of the dangers of chest x-rays.)

2) The experts are basing their statistics on an even dispersion of the irradiation in the Chernobyl cloud. What if they're wrong? What if hot spots exist, causing many times the average dose to reach some people?

In the absence of full knowledge, why can doctors everywhere be depended upon to downplay the risks of radiation? I suggested to that reporter that doctors must minimize the risks of environmental damage

from irradiation because every day, everywhere, doctors are zapping patients with plenty of radioactive iodine, radioactive gallium, radioactive cobalt, radioactive cesium, and many other radioactive isotopes.

Even now, years after the nuclear accident at Three Mile Island, all the facts are not yet in about the damaging effects to the people and their offspring who lived in the Harrisburg, Pennsylvania area. Just as at Chernobyl, doctors didn't panic at Three Mile Island. Is that because they see radiation as being "user friendly," so friendly, in fact, that they are endorsing widespread irradiation of food?

Nobody really knows how much radiation is safe. No-one really knows how much radiation is dangerous. In view of that fact, why don't doctors shed their cloak of authority and admit, "We just don't know"? Since there really is no expertise in this field, doctors' pretensions to expertise, added onto their political influence in our society, guarantee a distortion of the political process. A doctor is not a disinterested, objective scientist. He has a vested interest in concealing the risks of the substances he feels he must use in his everyday work. Therefore, when you hear doctors' reassurances about Chernobyl or TMI or food irradiation, be aware that beneath the protective coloration of science, they are in reality protecting their own interests as physicians.

There is little or nothing that we can do about the Chernobyl cloud, either privately or in our role as citizens. But we can do plenty to make sure that there is never a repeat Chernobyl cloud or a repeat of Three Mile Island. If doctors would tell the truth and confess, "We don't know," people could be freed from false reassurances and then could turn to commonsense political solutions. Private solutions to nuclear accidents won't work. Swallowing an iodine tablet won't keep another reactor from blowing up. Doctors' lack of honesty blocks the way to public action, both nationally and internationally.

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To no-one's surprise, the American College of Radiology (1891 Preston White Drive, Reston, Virginia 22091) has just issued a five-page press release headlined, "Radiologists See No Demonstrated Health Risks to U.S. From Chernobyl."

I am impressed with the careful wording of this release: Note the operative word "demonstrated." In other words, we aren't saying there are no health risks; we just can't demonstrate that there are.

The meticulous, almost legalistic use of words continues throughout the first page: "There will likely be no observable biologic effects within the first five years, depending on weather and topographic conditions." The operative words in that sentence are "likely," "observable," "within the first five years," and "depending..." I particularly admire the radiologists' use of the word "observable." Rather like a microbiologist telling us no disease exists because the viruses are not observable.

The last paragraph on Page One reassures us that there is no danger to pregnant women and their fetuses. It begins with the introductory words, "Based on present information." You could run a truck through that loophole!

Referring to cancer, the radiologists do not tell us there will be no increase in cancer, but rather no "detectable" increase in cancer. They don't tell us that breastmilk is not safe, but rather that nursing mothers "should have no concern about the safety of their milk." Does that mean breastmilk is safe, or that mothers shouldn't be concerned about it even if it is contaminated?

The radiologists don't tell us that the food supply is safe, but rather that "No special precautions need be taken" concerning food. And especially, even though this doesn't exactly fit with the rest of their warnings about cancer, contaminated milk and food, and genetic damage,

they don't tell us that their diagnostic x-ray examinations are safe, but rather that "Patients need have no fears" about those x-rays.

On Page Two, the radiologists confess "the scant data available" about the amounts and nature of fission products released. But that profound lack of information doesn't prevent the ACR's panel of experts, a molehill of radiology professors, from reaching a mountain of conclusions.

The rest of the press release repeats over and over again the words "scant data available," no "observable" biological effects, no "detectable" increase, "based on the information we now have."

One sentence does stand out for its honesty: On Page Three, the radiologists state, "Long-term effects are neither known nor predictable." All of us can agree with that.

And finally, the most revealing part of this entire release is contained near the bottom of the very last page. After a series of 11 questions, each answered with plenty of qualifiers and disclaimers, Question Number 12 asks: "Should patients have any fears concerning diagnostic x-ray examinations?" The answer to this particular question is a simple one word "No." Doesn't that make you wonder whether these good doctors might have just a tiny bit of a vested interest in telling us how innocuous the Chernobyl accident is?

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A new book, "X-Rays: Health Effects of Common Exams," by John F. Gofman, M.D., Ph.D. (Sierra Club Books, \$25) describes in quantitative terms exactly the risk a patient faces from the x-rays his doctor orders.

Thanks to Dr. Gofman, professor emeritus of medical physics at the University of California at Berkeley and author of the groundbreaking book, "Radiation and Human Health," if your doctor tells you that you need a chest x-ray or a dental x-ray or a knee x-ray or an angiogram or a swallow of barium, you now can determine the risk of cancer from each of these examinations.

Of particular interest to me as a pediatrician is Dr. Gofman's finding that the most serious x-ray examinations are those which are performed on newborn infants in intensive care units. According to one study, each such infant received about 40 x-rays. Furthermore, a child at the age of five is about five times more likely to suffer from radiation-induced cancer than is an adult who is given the same radiation dose at age 35.

If your doctor should order a barium enema, I hope he shares with you the information that perforation of the colon occurs once in every 12,000 of these examinations. You then can participate in evaluating whether this risk is worth the potential benefit. Or, if the doctor orders a gall bladder x-ray, I hope he tells you that the death rate for that x-ray, when certain dyes are injected, is one per 5,000. If he doesn't, then look to Professor Gofman's new book for a much-needed second opinion.

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1979: Three Mile  
Island area not  
evacuated

When I joined my managing editor, Vera Chatz, the morning of March 29, 1979, to write my medical column, her first and startling question to me was, "Why aren't they evacuating Harrisburg?" And even though officials gave the usual assurances that the radiation level was safe, her question started off a chain reaction in my mind. After all, didn't our country take the extreme precaution of inoculating 80 million people just in case there might be a swine flu epidemic? Aren't entire communities evacuated when trucks overturn and noxious fumes and other dangerous substances are released?

Since the media reports were so scanty, we decided to do a little research of our own. When Mrs. Chatz telephoned the Harrisburg Patriot and Evening News, she learned that 20 millirems per hour of irradiation

had been detected in Goldsboro, Pennsylvania, a town opposite the island on the river on which the nuclear power plant stands, about one mile away. This alarmed me, since for more than 20 years, federal scientific panels have established the maximum safe dose of manmade radiation at 170 millirems per year. An ordinary chest x-ray delivers from 20 to 500 millirems, yet the people of Goldsboro were being exposed to 480 millirems every 24 hours! Low-level radiation (and these levels from this accident are not so low-level) is generally agreed to be much more dangerous than originally thought. In addition to the risks of cancer and leukemia, particular hazards to pregnant women and their unborn fetuses concern me as a pediatrician. The link between radiation to pregnant women and later mental retardation in their offspring, first proposed by Dr. Ernest J. Sternglass, professor of radiological physics at the University of Pittsburgh, leads me to predict that 20 years from now, Goldsboro and Harrisburg will be fertile areas for scientists doing research on intelligence tests. But why wait for these retrospective studies? Why not adopt the prudent approach, as in other emergencies threatening health and life, of ordering (or at least recommending) immediate evacuation?

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*Breastfeeding  
counters  
radioactive  
fallout*

Previously, I gave my recommendation for the first line of defense against radiation damage from future nuclear plant accidents. I advised the prudent approach of immediate evacuation. At that time (March 29, 1979), it took government officials an additional 48 hours before they counseled even the halfway measure of removing pregnant women and pre-school age children from a five mile area surrounding the Three Mile Island plant. Even as I write today (April 2, 1979), no further evacuation, even of adult women who might unknowingly be pregnant, has been suggested.

Although many statements, often conflicting, have been heard from physicists and other scientists, to date there has been an almost total silence on the part of physicians. The Department of Health, Education, and Welfare, so outraged by cigarette smoking and saccharin, has voiced not a peep about radiation-induced leukemia and cancer. The health officials of the State of Pennsylvania have said nothing about radiation-caused fetal malformations.

Seeing this vacuum of medical leadership at the highest levels, I will humbly offer my own prescription for the second line of defense (under no circumstances any less important than the first line of defense), namely breastfeeding rather than bottlefeeding in areas of high radiation.

Appearing on television on the east coast following the nuclear accident, La Leche League International president Marian Thompson cited evidence from the British medical journal, Lancet ("Absorption, Excretion, and Retention of Strontium by Breastfed and Bottled Babies," Elsie M. Widdowson, et al, University of Cambridge, October 29, 1960) that breastfed babies excrete more strontium (a radioactive substance) than they ingest. If born with five milligrams of strontium (or strontium 90) a breastfed baby would be free of the material within three months. However, the bottled baby would have twice as much strontium as he was born with after about one month. The difference was attributed to the high content of strontium in cows' milk and the low phosphorus content of human milk. When phosphorus was given breastfed babies, the excretion of strontium was reduced. Thus, the likelihood is that strontium would not be retained by babies as long as they are fully breastfed.

Even though strontium may not be yet identified as a significant element in the present Three Mile Island leak, the above scientific finding shows the "survival selectivity" of breast milk. Other pieces of evidence, such as differential absorption of iron, support this



characteristic of breast milk. Tiny amounts of iron in breast milk are fully utilized by nursing babies, preventing iron-deficiency anemia, while cows' milk is well-known to inhibit the absorption of iron, thus requiring iron supplementation in formula-fed babies. In PCB-PBB scares of past years, even though these chemical contaminants were measured as being higher in breast milk than in cows' milk, not a single baby has been shown to have suffered any harm. (In the Pennsylvania nuclear accident, high levels of radioactive substances were reported in cows' milk.)

Breastfeeding has a particular advantage for the babies now being evacuated, being always available, always fresh, and always sterile. In contrast, it may be very difficult for mothers in transit to simulate the kind of conditions present when they prepare and refrigerate formula in their kitchens. Thus, the danger of bacterial contamination and subsequent infectious disease, long associated exclusively with Third World countries, is increased right here.

My advice to breastfeed in the face of nuclear accidents is important not only during this immediate crisis but also for many months to come, particularly along the east coast where the nuclear drift may endanger both the physical and intellectual development of children already born and those yet to be born.

-----

Q

I just read an article which says that a nursing baby will receive 18 times the recommended lifetime dose of dioxin within his first year of life, but that most cows' milk has only a trace of dioxin. Should I stop breastfeeding my daughter?--U.P.

A

*Breastfeeding  
and  
dioxin*

Sometimes it pays to be old, because you have a long memory. During my 35 years of medical practice, I have watched scientists point an accusing finger at breastmilk, bringing a new charge against its contents about twice a decade.

At one time, they "discovered" a virus in breastmilk that they felt could cause cancer. Then they found strontium 90 in higher concentrations in breastmilk. Next, they came up with high levels of PBB's and PCB's in breastmilk. Later, they told us breastmilk didn't have enough iron. More recently, breastmilk has been accused by doctors of being deficient in Vitamin C and/or Vitamin D. Plenty of doctors still recommend fluoride drops to "supplement" breastmilk, nature's perfect food.

With those memories, I was not at all surprised to read that some professor in New York has found out that human breastmilk is laced with dioxin. In contrast, cows' milk contains only a trace of that toxic agent. This professor solemnly warns physicians to tell this news about dioxin to nursing mothers.

Yet doctors never have identified one single breastfed baby who has been damaged by the dioxin in mother's milk. Note also that, while the professor found a high level of dioxin in the milk, he did not establish whether the dioxin passes through the baby's intestinal tract and into the body or, whether like other noxious substances, dioxin enters the baby's mouth and exits at the other end without being absorbed into the baby's system.

So my advice to mothers is just what it's always been:

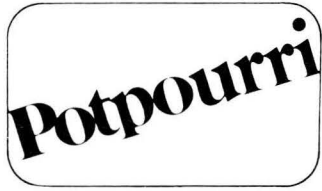
1) In view of the documented dangers of cows' milk formulas, your breast milk, regardless of its composition, remains the only, sole, unique, acceptable substance to feed your infant.

2) Since, in our time, many mothers who want to breastfeed need lots of encouragement, stay away from professors and doctors when it comes to advice on feeding your baby.

3) Since doctors apparently have such a deep-seated antipathy to

breastmilk, expect this kind of "discovery" every so often. Develop a long memory yourself, so that you can remind your daughters about these "discoveries."

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*Hospital  
dangers  
(strictly for  
the birds)*

Even pigeons can be dangerous to patients in hospitals!  
Here's the evidence: Within 25 minutes after he was admitted to the intensive care unit after he had had open heart surgery, a 73-year-old patient was found to have tiny, insectlike organisms crawling all over his dressings, chest tubes and monitoring lines (Am. J. Infect. Cont. 11:24; also reported in RN Magazine).

Hospital personnel discovered that these organisms were mites that had bred in abandoned pigeon nests located on the hospital's roof near air-conditioning intake vents. The mites had traveled along warm pipes throughout the building and had emerged from crevices in the wall and floor next to the patient's bed.

Two patients who were subsequently admitted to the same bed also became infested. When drugs, including Kwell, proved unhelpful, the insects finally were eradicated after five days of wet-mopping, wet vacuuming, washing of the bedframe and surrounding floor space every three hours, putting sticky tape on the floor, and applying insect repellent to the bed frame.

The authors of the report warn all health care personnel to suspect such pigeon mite infestations if a hospitalized patient has an unexplained rash and/or itching. In a final statement which reflects remarkable common sense, they advise that the solution lies in "removing pigeon nests from hospital buildings."

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*Hospital  
helicopters  
hazardous  
to health*

I am fond of sending patients to faroff places for second opinions. I always think that a little trip might cheer them up, and a doctor somewhere else may not come at them with the same set of treatments their neighborhood doctor has come up with.

But in emergency cases, closer is better. And, as it now turns out, safer. Within the past several years, many hospitals have gotten into the helicopter evacuation business in order to help provide better care and, incidentally of course, to help fill up empty beds.

In some places, competition among these evacuation services has become so fierce that helicopter teams from different hospitals have descended on the same site and actually have fought over the patient.

Now, the AMA News (April 18, 1986) tells us that the accident rate of hospital helicopters is triple that of commercial helicopters, leading to a new examination of standards and operations of the U.S. civil aeromedical helicopter industry. Since 1975, more than 50 civil aeromedical helicopters have been involved in accidents which resulted in 46 fatal injuries. This accident rate of 6.5 per 100,000 flight hours compares most unfavorably with the U.S. commercial helicopter accident rate of 2.2 per 100,000 flight hours.

The year 1985 was an especially bad one, with one out of 10 aeromedical helicopters suffering a reportable accident. In December, three accidents resulted in the deaths of nine crew members. No passengers were on board any of those three helicopters at the time of the accidents.

Eighty percent of all aeromedical helicopter accidents occurred during periods of limited visibility and in marginal or bad weather conditions, such as heavy fog or thunder showers. This is one of the principal reasons for the dramatic difference in commercial and aeromedical accident rates.

The editor and publisher of Hospital Aviation (would you believe such a journal exists?) blames the accident victims for the high accident rate: "People don't choose to get sick during daylight and good weather." However, the AMA News points out that there are no industry standards and operating protocols concerning flight safety, and each flight is made at the discretion of the pilot.

Plenty of plans are being proposed to remedy this situation. In the meantime, if you or a loved one should happen to be in an accident and if you see one or more choppers moving in your direction, ask a police officer or any bystander who has both feet on the ground if he knows of a local emergency facility which can be reached by ground transportation.

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### *Rabies shots for cats*

Thanks to reader Marilyn Gavran (129 Howland Avenue, River Edge, New Jersey), I have learned that communities around the country are passing laws which require that cats be vaccinated against rabies.

According to Mrs. Gavran, two companies had to withdraw their rabies vaccine from the market in 1980 after five cats who had been given the vaccine developed rabies!

In her impressively-documented presentation to the mayor and city council of her New Jersey town, Mrs. Gavran makes a strong case against using a risky vaccine for a threatened disease which may not even exist and which laboratories don't even seem to be able to diagnose accurately.

In fighting this ordinance in her hometown by pointing out the considerable error rate in the rabies test, Mrs. Gavran has collected important scientific references that should be of interest to cat lovers and non-cat lovers alike. Thirty-two percent of participant laboratories reported discrepant results. Some laboratories called positive samples "negative" and negative samples "positive."

Thus, the questions that must be raised regarding the "human" vaccines (DPT, MMR, polio, hepatitis, as well as the impending AIDS and chicken pox vaccines) also must be raised for vaccines aimed at animals.

-----

Q

I've been hearing rumors that Nutra Sweet is dangerous. What do you know about this?--M.T.

A

### *Is Nutrasweet dangerous?*

If you or your relatives or friends recently suffered from hives, rashes, skin swelling, or other typical allergic reactions, minor or more serious, of mysterious origin, think back and ask yourself whether you or they were using the new sweeteners, Equal or NutraSweet. The active ingredient of these substances, Aspartame, is used in artificially sweetening at least 90 food products.

Until now, doctors have thought that Aspartame was an unlikely cause of allergic reactions, but allergist/immunologist Anthony Kulczycki, M.D., of Washington University (St. Louis, Missouri) now has reported (Annals of Internal Medicine, February 1986) two cases in which double-blind studies positively identified Aspartame's role in producing skin reactions, swelling of the joints, swelling of the throat, and trouble in breathing.

One patient, an RN, drank two or three cans of Aspartame-sweetened diet soda daily, and a second ingested Aspartame as part of a commercial weight loss program. While some 700 Aspartame complaints have been filed with the FDA, these are the first to be studied scientifically.

# Another View

by Marian Thompson



How are Americans coping with Chernobyl? "The phone calls have doubled," reports Larry McManus, a Chicago area hypno-therapist. Three years ago, McManus started a free, 24-hour, Dial-a-Trance phone service to help callers deal with stress. Ordinarily, his machines answer 300 to 400 phone calls a day, but since the Chernobyl meltdown, his calls have escalated to 800 daily.

"This didn't happen with the Libya crisis, or with the space shuttle, or with anything else," says McManus. "There's something about this thing that has people feeling very threatened."

Of course, it's got us feeling threatened. There's no escaping the radioactivity that pollutes the very air we breathe. Three weeks after the meltdown, radioactive rain from Chernobyl was detected in 15 U.S. cities from Alaska to Louisiana. The EPA says that radioactive Iodine-131 from the accident is so widespread in the atmosphere that almost any rain in the U.S. during this time period would be radioactive.

While the EPA hastens to assure us that the concentrations still are far from being health threats, I wonder about the cumulative effect of this radiation added to the potential harm we face from color TVs, copy machines, garage door openers, supermarket checkout scanners, computers, microwave ovens, and other sources of radiation that permeate our world.

Can diet provide some help against exposure to radiation? My friends who live in Southern California report that everyone out there is taking iodine to protect their immune systems, although no-one seems to know just how much iodine a particular individual should take. Studies done at McGill University in Canada have shown that a substance in kelp and other common sea vegetables (is it iodine?) could reduce by 50 to 80 percent the amount of radioactive strontium absorbed through the intestine.

At the time of the atomic bombing of Nagasaki in 1945, Tatsuichiro Akizuki, M.D., was director of the Department of Internal Medicine at St. Francis Hospital in Nagasaki. The hospital was located one mile from the center of the blast. In his book, "Documentary of A-Bombed Nagasaki" (Nagasaki Printing Co., 1977), Akizuki explains how he was able to save many survivors of the blast from radiation sickness and cancer of the blood through diet. Dr. Akizuki and his co-workers had been eating brown rice and miso soup for some time before the bombing, and none of them suffered from atomic radiation.

Although Dr. Akizuki did not know the kind of radiation produced by the bomb, he reasoned that it probably destroyed hematogenic tissue and the marrow tissue of the human body. So he gave the hospital cooks strict orders to serve the staff and patients unpolished whole grain rice balls with sea salt, miso soup and sea vegetables and to never use sugar, which he felt destroyed the blood. Dr. Akizuki believes that this diet enabled him and his staff to continue to work while living in the lethal ash of the bombed ruins and that diet explains why both staff members and the patients whom they treated survived the disaster free from severe symptoms of radioactivity.

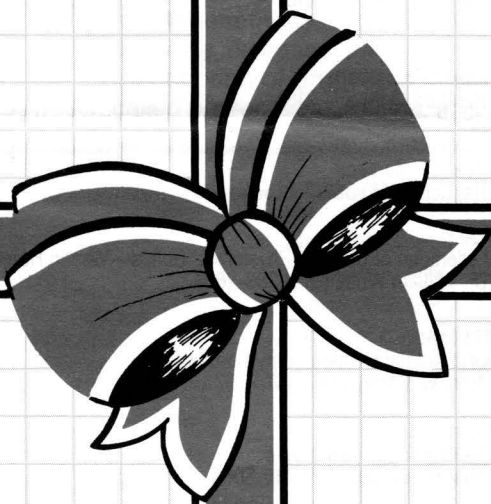
The tragedy of Chernobyl is making me do some hard thinking about my responsibilities in this nuclear age and about being prepared for other incidents. After all, I live in Illinois, the state with the most nuclear reactors in the U.S.

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## THE GIFT OF HEALTH . . .

From Dr. Robert S. Mendelsohn



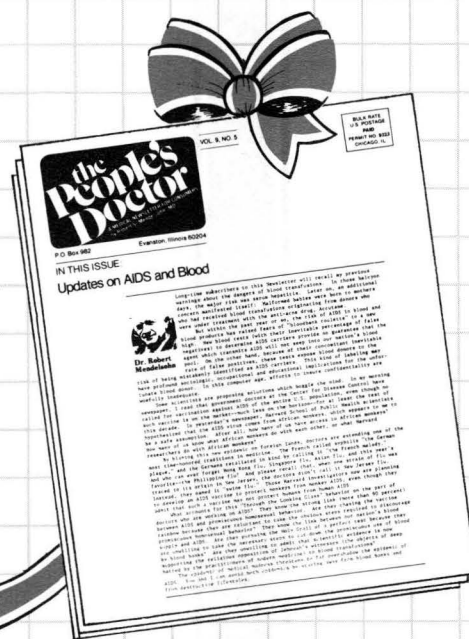
For the past 10 years, I have traveled from one end of the United States to the other, pointing out the documented risks of modern medicine and warning my listeners that the treatment they are receiving often is worse than their disease.

Now, I invite you to share my insights through my monthly Newsletter and through the books I have written.

# GIVE THE PEOPLE'S DOCTOR NEWSLETTER TO YOURSELF OR TO A FRIEND...

As editor of **THE PEOPLE'S DOCTOR NEWSLETTER**, Dr. Mendelsohn explains the side effects of drugs, documents the risks of routine immunizations and provides an early warning system that guards readers against drugs, operations and diagnostic procedures that may prove harmful to them. This syndicated medical columnist, author of numerous best-selling books, teacher, family physician and pediatrician shares his wisdom and advice 12 months a year through **THE PEOPLE'S DOCTOR NEWSLETTER**.

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Canadian College of Natural Healing  
Contact: Dorothy Marshall (613) 820-0318

**MAY 6 TAMPA, FLORIDA:**  
Television appearance—Channel 32,  
Richard Shanks (813) 870-1274

**MAY 13 ATLANTA, GEORGIA:**  
Council of Chiropractic  
Contact: Robert E. Rabin, D.C. (404) 428-7351

**MAY 15 CHICAGO:**  
Metro Seniors in Action—Americana Congress Hotel,  
9:30 AM-2:30 PM  
Contact: Kathryn Anderson (312) 435-8060

**MAY 16 CHICAGO**  
National Association of Parents and Professionals for Safe  
Alternatives in Childbirth (NAPSAC)—Marriott Hotel  
Contact: Dr. David Stewart (314) 238-4273

**MAY 20 SKOKIE, ILLINOIS:**  
North Shore Chapter, Women in Management—"Women and  
Doctors"—North Shore Hilton.  
Contact: Kathleen A. Roehl (312) 963-0079, 0134

**MAY 22 TORONTO, CANADA:**  
Canadian Natural Hygiene Society  
Contact: Joseph Aaron (416) 781-0359

**JUNE 21 SAN JOSE, CALIFORNIA:**  
National Health Federation  
Contact: Hal Card (818) 357-2181

**JULY 27 DALLAS, TEXAS:**  
National Health Federation  
Contact: Hal Card (818) 357-2181

**AUG 10 CHICAGO:**  
National Health Federation  
Contact: Hal Card (818) 357-2181

**SEPT 7 ATLANTA, GEORGIA:**  
National Health Federation  
Contact: Hal Card (818) 357-2181

**SEPT 11 CHICAGO:**  
National Federation of Catholic Physicians' Guilds—Westin Hotel  
Contact: Dr. William White (312) 383-2854

**SEPT 14 PHILADELPHIA:**  
HERS Fourth Annual Hysterectomy Conference  
Contact: Nora W. Coffey (215) 667-7757

**SEPT 28 CHICAGO:**  
National Natural Foods Associates  
Contact: Max Huberman (216) 746-5000

**OCT 30-NOV 1 TAKAYAMA, JAPAN:**  
International Conference of Yoko Civilization Research Institute  
Contact: Dr. Justin O'Brien, Tokyo (03) 306 0279

**JAN 17-19, 1987 PASADENA, CALIFORNIA:**  
National Health Federation Annual Convention  
Contact: Hal Card (818) 357-2181

# NOW, YOU CAN ORDER DR. MENDELSON'S BOOKS DIRECT FROM "THE PEOPLE'S DOCTOR"



## 1) **Dissent in Medicine: Nine Doctors Speak Out**

Nine prestigious doctors explain how much quackery exists within modern medicine. Originally presented at a public conference, these writings by George Crile, M.D., Samuel Epstein, M.D., Henry Heimlich, M.D., David Spodick, M.D., Edward Pinckney, M.D., Gregory White, M.D., Richard Moskowitz, M.D., and Alan Levin, M.D. comprise the first publication of The New Medical Foundation, of which Dr. Mendelsohn is president.

## 2) **How to Raise a Healthy Child . . . In Spite of Your Doctor**

Maintaining that 90 percent of pediatric office visits are unnecessary and often even dangerous, Dr. Mendelsohn carefully instructs parents on how to diagnose and treat their children without medical intervention, how to determine when a child is sick enough to need a doctor, and how to avoid unnecessary and potentially hazardous treatment when a doctor is consulted.

## 3) **MalePractice: How Doctors Manipulate Women**

In this book Dr. Mendelsohn examines the condescending attitude of doctors toward their female patients. Over-prescription of drugs, unnecessary surgical intervention, and the ordering of dangerous x-rays are only a few of the many common practices Dr. Mendelsohn questions. A chapter on "Fifty Drugs Every Woman Should Think Twice About Before Taking" is included.

## 4) **Confessions of a Medical Heretic**

Dr. Mendelsohn believes that your own doctor is usually the greatest danger to your health. He believes that the methods of modern medicine are rarely effective and in many instances are more dangerous than the diseases they are designed to diagnose and treat. In this book, he discusses the over-prescription of drugs, home vs. hospital birth, unnecessary surgery, the dangers of hospital care, so-called preventive medicine, and modern medical ethics in general.

Please send me:

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