



P.O. Box 982

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A Tribute to Robert S. Mendelsohn, M.D. . . . The Tradition Will Continue

An Introduction

On Saturday, April 16, 1988, the *New York Times*' obituary of Robert S. Mendelsohn, M.D., was captioned "Medical Critic." I wonder whether the *Times* or any other publication ever again will bestow that title on anyone.

Please allow me to introduce myself. I am Vera Chatz, a writer and the Managing Editor of The People's Doctor Newsletter.

What are my medical credentials? When Dr. Mendelsohn's book, "How to Raise a Healthy Child . . . In Spite of Your Doctor" (Contemporary Books, Inc., 1984) first was published, Bob inscribed his copy to me, "To Vera, whose medical knowledge exceeds that of 99 per cent of doctors." (That's one of the very few areas in which I'm not sure Dr. Mendelsohn was completely right.)

I once said that, if I ever wrote a book, the introduction would read, "To me, Heaven is a library in which are all the answers. Our job on Earth is to learn the questions." I was wrong. Learning the questions is only the beginning. We also must try to figure out some of the answers.

*Where
we've
been*

For 12 years, that's what Bob and I did. I asked the questions, and he gave the answers. Those questions and answers were our three-times-weekly syndicated newspaper column and our monthly Newsletter. We worked several times a week during those 12 years, but each time we worked, for Bob it was as though it were the first time. He was always eager, always enthusiastic, always fresh, always brimming over with new ideas.

Sometimes, I gave the answer to a question. Then he would question my answer. For one-fifth of Bob's life, he maintained this discipline, climbing the stairs up to my office. At the end of his climb would be waiting more questions and the opportunity to answer some of them.

So what was Bob's favorite question? I think it was, "Why does a Jew always answer a question with a question?"

The answer is, "Why not?"

The following are the concluding words of Dr. Mendelsohn's first book, "Confessions of a Medical Heretic" (Contemporary Books, 1979):

**Confessions
of a
Medical Heretic**

People ask me how to start. They want to join the revolution [against Modern Medicine] but they don't know exactly where to sign up.

You don't have to sign up. You can start the revolution in your own home tonight. Start thinking of your family as a resource instead of a liability. If you're not married, think seriously about finding somebody and getting married. If you're married, the most revolutionary act you can perform tonight is to conceive a child. Then plan on having the baby at home and breastfeeding him or her.

If your parents are alive, call them up and plan a visit over the phone for the next available weekend. Or do the same with another relative.

Decide what your priorities are in life. Would you really *rather* work on an assembly line making sure this part fits into that part than making sure the pieces of a child's life all fit in place? Are the rewards of the rat race really worth selling so much of your time, energy, and emotional commitment that you don't have any left for your family as well as *yourself*? Is your job really getting you anywhere real other than closer to the coronary care ward?

Search for a community. Ask the next mother you see if she is breastfeeding or has breastfed her baby. The next time somebody says something derogatory about children or old people, say something back. When you go to lunch or dinner, start discussing health with people—not with the intention of arguing, but to find people who *agree* with you. As soon as you find these people, get to know them better. Start your community.

People also come up to me and want to know when the revolution will be over, when they will be able to stop thinking of themselves as medical heretics. I have to admit that I don't know the answer.

I do know that you can tell when you're winning: when you influence those closest to you. When your family and friends start to feel and express the joy that comes from knowing that health is a matter of choice, not a mystery of chance. That can happen when you or a relative breastfeeds a baby that's born at home, or when you or a relative decides to double-check a doctor's prescription for surgery and not only avoids the surgery but finds a doctor who helps solve the problem without as much as a hypodermic needle.

A few months ago, I became a grandfather. Our daughter delivered an eight-pound, one-ounce baby girl. Channa was born, as we planned, in our home. In attendance was my daughter's husband, her sister, her mother, Mayer Eisenstein, M.D., and myself. Both labor and delivery followed an almost classic pattern and lasted about five hours from beginning to end. After Channa was born, relatives and friends began to visit. They barely paused to greet me at the door before rushing up to greet Channa. For the five weeks that the new family stayed at our house before moving off to their own new home in Canada, I was able to leave the house every morning while the new mother was asleep and the new grandmother was rocking the new granddaughter on the porch. And on his way home those summer afternoons, the new grandfather didn't have to stop off at the hospital to get a peek at his granddaughter behind glass. I could go right home and gaze at her all through dinner.

So I can tell we're winning.

I can tell we're winning because the people I see already practicing our New Medicine appear to be the healthiest people in our society. The people of the La Leche League and NAPSAC and SPUN and similar organizations not only can turn out thousands and thousands at their meetings, but when they travel from city to city, they use each other as points of reference. *They have a community.*

I can tell we're winning because in the eyes of all these families and in my own family I can see the satisfaction, the optimism, and the joy when human beings know that they are the owners of their own health.

Accolades

I would like to express my sincerest regrets for the loss of [Dr. Mendelsohn]. He was one of the bravest men to ever practice medicine and a hero for me.

We had a chance to do a radio show together in November of 1985 in Chicago and [we had] a few opportunities to cross paths over the years. Most of the time, I would hear about Bob's heresy when I was making the TV and radio circuit—the producers were still in shock months after he left.

Bob's impression on medicine will be everlasting. We shared many of the same concerns over the practice of medicine. Bob often referred to my work in his Newsletter and medical newspaper columns. If you think I can be of any help to the people who read and depended on his advice, please let me know. And if in any way I can do anything to further his work and good name, please ask.—John McDougall, M.D., Santa Rosa, California

Speaking for members of the chiropractic profession, please accept our deepest sympathy for the loss of [Dr. Mendelsohn]. Doctors of chiropractic, their families, staff and patients the world over hold [him] in great respect. His contributions to responsible health care must NOT be allowed to be forgotten.—Donald M. Petersen, D.C., Editor/Publisher, *Dynamic Chiropractic*

(From the *Evanston Review*, April 14, 1988)

John McKnight, a friend of Mendelsohn's for 25 years, described him as a "joyful and cheerful person" who cared for everyone regardless of their point of view. "He was never bitter or angry at people who were his adversaries."

Director of community studies at the Center for Urban Affairs at Northwestern University, McKnight said the doctor had a great influence on that organization's thinking. "He demonstrated how little effect medical care has on one's health status, arguing that the major influence on length of life and frequency of illness are the environment and lifestyle.

"A lot of people would call him a dissenter, but I think that misses the point. I think of him as a scientist, a person who understood that what passes for medical science is a belief system much like religion.

"He was making it clear scientifically that every medical intervention has a negative as well as a positive effect, something he did in the face of a blizzard of medical establishment publicity of 'beneficial breakthroughs.' "

I just heard on WOAI radio that Dr. Mendelson passed away recently. I would like to send out my condolences to Dr. Mendelson's family and the many people that have followed his teachings and advice down through the years in his newspaper columns, his books, his newsletters, his many radio appearances and many, many more areas too numerous to mention.

I hope that whoever succeeds Dr. Mendelson will continue to work on the causes in medicine that The People's Doctor is known for; a sort of "keeper of the flame." Thank you for your time.—Marty A. Martinez, San Antonio, Texas

A medical heretic who'll be missed

by Howard Wolinsky

(Reprinted from the *Chicago Sun-Times* April 10, 1988)

Dr. Robert S. Mendelsohn, the Evanston medical maverick who died last week, apparently from a heart attack, described modern medicine as a religion, with doctors playing the roles of priests.

The self-proclaimed medical heretic's point was that virtually all practices in modern medicine were based on faith, rather than science.

It seems appropriate that he died at home because this doctor's advice to patients so often was to stay out of hospitals. He called hospitals "temples of doom," since so many mishaps occurred within their walls.

Dr. Mendelsohn, who hit the national consciousness in 1979 with his bestselling book, *Confessions of a Medical Heretic*, often warned that the wonders of "medical science" would turn out to be disasters rather than miracles. Like a Biblical prophet, the devout Jew would predict what would go wrong with the latest "breakthrough" in drugs or surgery. He often was right on target.

Dr. Mendelsohn was an outcast in polite medical circles. Mainstream practitioners didn't like the way he would take their own studies to point up dangers in medical practices. They didn't like the fact that he testified against them in malpractice cases.

Doctors tried to bring him up on charges before the local medical society for his heretical ideas, such as opposing childhood immunizations. Doctors elsewhere organized committees to try to remove his syndicated column, the "People's Doctor," from papers in their communities.

Still, he endured. He paved the way for other medical heretics to speak out on the dangers of modern medicine. Dr. Mendelsohn even organized a conference of dissenters in Chicago in 1984.

Now, I'm a bit prejudiced when it comes to Bob Mendelsohn. As a journalist-in-residence at the University of Michigan 10 years ago, I first became acquainted with his column. In fact, my wife, Judi, and I brought along some of Dr. Mendelsohn's columns as talking points when we interviewed pediatricians.

I came to know him soon after I started at the *Chicago Sun-Times*. We got together regularly. He often sent me tips.

Personally, my wife and I were influenced by his views. In part due to him, we decided to have our son David at home rather than go into the hospital, where we would have had little control over the birth. In large measure, because of Bob Mendelsohn, Chicago, is one of the few cities where there is a corps of physicians doing home births.

Patient pressure triggered by Dr. Mendelsohn has led to efforts to make safer childhood vaccines. He raised questions about the "epidemic" of cesarean sections in this country, and doctors and insurers finally are taking steps to stop unnecessary operations.

This is not to say that Dr. Mendelsohn was always right. He was so distrustful of other physicians that he had a tendency to recommend the opposite of whatever the establishment urged. (A chapter in one of his books was entitled: "If This Is Preventive Medicine, I'll Take My Chances with Disease.")

But he was always in the trenches, questioning the medical establishment.

One striking example in recent years was his call for AIDS patients to be quarantined. As was typical with Bob, he pleased and he antagonized many people with one broad sweep.

Dr. Mendelsohn's critics failed to understand the important role he played as a devil's advocate in the House of Medicine. Society needs the gadflies, the mavericks, the dissenters, the doubters to challenge the true believers. Ultimately, the truth, whatever it may be, will prevail.

Dr. Mendelsohn, the medical heretic, will be missed. Let's hope the tradition will continue.

Howard Wolinsky is the medical writer of the Chicago Sun-Times.

No scientific grounds for transplants of animal hearts

The questions you are about to read are the last ones answered by Dr. Mendelsohn for his syndicated column, "The People's Doctor." After I had objected to the brief answer he originally gave to the first question, he patiently re-answered that question.

Q

As you already may know, the proposal to transplant chimpanzee hearts into humans at Columbia-Presbyterian Hospital in New York has been rejected after many weeks of deliberation. The Hospital's Institutional Review Board approved the use of humans for these experiments, but the Animal Care Committee opted to withhold approval for the six transplants.

We still are greatly concerned that the hospital team, as well as such other well-known transplant surgeons as Dr. Leonard Bailey of Loma Linda Hospital, will attempt the transplants without regard to ethics or conservation. These surgeons feel there will be enough chimpanzees to provide a "spare parts reservoir." They say if they can't import enough chimpanzees from the wild, they will raise captive chimpanzees to be harvested for their organs. This probably is impossible, given the poor breeding record of chimpanzees and their endangered status in Africa.

There are a wide range of moral, ethical and medical decisions that must be aired. We need statements from all camps on the primate-to-human organ transplant situation so that we may press for a national symposium on the issue.—Ingrid E. Newkirk, National Director, People for the Ethical Treatment of Animals, Washington, D.C.

A

I understand your opposition to the transplants of animal hearts into humans on the grounds of ethics and conservation. I have an additional problem (one which in my mind overrides both ethics and conservation), and that is the scientific question.

If one could successfully use a monkey heart to enable a child with an otherwise lethal congenital cardiac malformation to survive and thrive into adult life, then many people, myself included, would have great difficulty with either the ethical or the conservation argument.

However, it never has been shown from a scientific standpoint that animal hearts work when they are transplanted into humans. Nor are these transplant operations now being carried out at Loma Linda Hospital in California and in other places true, valid scientific experiments. In a real scientific experiment, a group of candidates is selected for a certain treatment, e.g. a group of babies with similar congenital heart malformations is selected for chimpanzee heart transplants. The transplants then are carried out on half the group and are withheld from the other half. The outcomes are compared. Only through this kind of basic scientific experiment can we learn whether the animal heart transplants prolong life, shorten life, or have no effect whatsoever.

Instead of doing this legitimate kind of scientific experiment, let's take a look at what those transplant surgeons are doing: They take a group of children with congenital heart disease and predict that, within a short time (weeks, months, etc.), these children will be dead. They assure us that the particular kind of heart defect found in these children is incompatible with life.

Of course, the problem is that doctors are not infallible. Being human they make mistakes. Every once in a while, patients whose doctors proclaimed them to be doomed somehow manage to live for a long time afterward, sometimes even outliving their doctors. The transplant surgeons proceed to operate on every case they can get their hands on, rather than on alternating cases. A lot of these children die. But every once in a while, one of them manages to live. When that happens, the public relations machinery goes into high gear, and the entire nation learns about a "successful" animal heart transplant. But what does that word "successful" mean?

Doctors make mistakes

*Do children
survive
because of,
or in spite of,
transplants?*

When a child does manage to survive an animal heart transplant, did he survive because of the transplant or in spite of the transplant? As long as surgeons do not study alternate cases, there is no way of knowing the real answers. Unsurprisingly, the enthusiastic surgeons boast of their achievement and of the nobility of using animal parts to save human lives. On the other hand, the critics point out that the survival of the child with the transplanted heart was simply a lucky accident. No-one knows for sure which side is correct because no scientific experiment has been carried out. Rather, a technical feat—akin to a high-wire act in the circus—has been performed. The surgeon has demonstrated that an animal transplant can be done. But a circus act has nothing to do with scientific proof.

Will a bona fide scientific experiment ever be carried out by transplant surgeons? Knowing surgeons, I doubt it. Despite many voices in medicine over the years recommending the same kind of proof for introduction of new operations which now is required for introduction of new drugs, surgeons steadfastly have opposed any restrictions on the introduction of a new operation—transplants included. Furthermore, surgeons know the history of controlled studies in their own field. In practically every instance in which controlled studies on operations were carried out, the operation was shown to be valueless. Examples include radical mastectomy for breast cancer, poudrage for coronary artery disease, the brain bypass for strokes, and tympanostomy (the insertion of tubes in the ears) for chronically infected ears.

*Poor science
equals
poor medicine*

Scientifically controlled studies leave surgeons with a bitter taste in their mouths. That's why I predict that those Loma Linda surgeons and others who are doing animal transplants will resist scientific evaluation of their work to their last suture. While I certainly respect Ms. Newkirk's opposition to heart transplants on moral and conservationist grounds, I suggest that the most fundamental reason for opposing this latest medical "advance" is because it is poor science and therefore poor medicine. It certainly doesn't benefit the animals. And no-one knows whether it benefits the babies. The sole beneficiaries are the doctors. And since those doctors have a vested interest in performing the procedure, they automatically must be disqualified from testifying.

**Unusual disease
may be
doctor-produced**

Q

Because I always have thought of Mayo Clinic as a great center of research, I sent them a letter about my condition. I am sending you a copy and would appreciate any advice that could help my case!

Dear Mayo Clinic Health Letter:

Over a year ago, I somehow contracted a rare disease called dermatomyositis. It took nearly six months to diagnose, and I ended up in the hospital in a state of near incapacitation.

I was put on Prednisone and Tagamet. Since then, I have become almost normally functional, but I have subsequently experienced a skin reaction and a decline in energy level. My muscular regeneration seems to have come to a standstill.

Has the Mayo Clinic initiated any research into the causes and treatment of dermatomyositis? I know of no research or support groups in Canada. Can you tell me where to get help? I can't sit around waiting for this disease to burn out naturally. I am willing to visit any medical center you recommend that may help me.—MLM

A

Thank you for sharing your letter to the Mayo Clinic Health Letter. By now, I assume you have learned how little doctors know about your disease. Just look at the name: "Dermato" means skin. "Myo" means muscle. "Itis" means inflammation. So now you know you have an inflammation affecting your skin

*The words
mask
the truth*

and muscles. But, as you undoubtedly have learned by this time, although doctors may have given this disease a fancy name, that doesn't mean they have any idea about its cause. Sometimes, doctors attach such words as primary or idiopathic to disease words such as dermatomyositis to indicate they don't know the cause.

I recommend that you behave in regard to this disease just like anyone should behave regarding diseases whose causes are unknown by doctors.

*Did she take
prescription
drugs?*

First, look for a doctor-produced cause. Did you take any prescription drugs? Did you have any operations or other forms of medical treatment in a hospital which may be responsible for your condition? Unsurprisingly, doctors are extremely reluctant to look for diseases they have caused.

Second, look for environmental allergens, toxins or even offending foods. This is another field about which most doctors know very little.

Third, don't do anything that could make your condition worse. For example, when you look up the dangers of Prednisone and Tagamet, you will discover that these medications expose many organs in your body to the risks of serious damage. Does it make sense to take that risk for a disease whose cause is unknown?

Would you be any worse off looking for safer healing methods that doctors know nothing about (nutrition, acupuncture, homeopathy, etc.)? Maybe these other remedies won't work. But they certainly are less likely to do you in than is Prednisone.

I hope this answer will be of value to all those patients out there whose doctors tell them, "I don't know the cause of your disease but I sure have a blockbuster treatment for it."

**Uncertainty
still clouds
AIDS causes**

Q

I'm enclosing an article on "AIDS and Insects" which I thought might interest you. Keep up the good work you've been doing on AIDS (and everything else). It's good to know there's a Dr. Robert Mendelsohn out there!—J.M.

A

Thanks very much for sending me that fine article written by Katie Leishman (*Atlantic Monthly*, September 1987).

Readers like you constitute an invaluable source of information for my column. Your ability to discriminate between what is important and what is not beats any electronic computer terminal.

Ms. Leishman's last name has special meaning for me, and for doctors in general, because a famous British surgeon, Sir William B. Leishman (1865-1926) gave his name to a special group of protozoan parasites which can cause a variety of important diseases, particularly in South American countries. I will send a copy of this column to the author to determine whether she belongs to that distinguished family.

Ms. Leishman's article provides ample evidence that, despite all efforts of the AIDS experts to put down any possible transmission of AIDS by insects, the theory just won't go away. I predict that this situation will continue. The AIDS experts will do their best to tell us about homosexual transmission and dirty needles. But from time to time, a Katie Leishman or a Masters & Johnson or a Peter Duesberg will surface to point out how little the AIDS experts really know.

The most important lesson we can learn from the uncertainty surrounding AIDS is that the same kind of uncertainty surrounds practically every other disease in modern medicine.

A Eulogy

The following are among the closing words of the eulogy delivered for Dr. Mendelsohn by his son-in-law, Rabbi Martin Lockshin of Toronto, Canada:

His loved ones will miss him, not just the official mourners and the unofficial ones; his extended family; his hundreds of grateful patients; his dedicated medical disciples, and his numerous friends.

But I would venture to say that he will be missed not only by loved ones and friends and not only by his millions of readers and media followers. Just before Socrates died, he prophesied that even those Athenians who opposed him and found him overly critical would come to miss him and his attempts to get them to think and reason. I think Socrates was right. I too predict that even establishment doctors and establishment scientists who rejected and fought his criticism while he was alive will yet miss having a worthy intellectual foe to wake them up from their intellectual stupor, blindly following the accepted dogma of the Religion of Modern Medicine.

Future newsletters

*Where
we're
going*

Next month's Newsletter will be entitled "Immunization Update #3," a subject dear to Dr. Mendelsohn's heart. He had prepared a great deal of information in anticipation of that issue.

After next month's Newsletter, we will go to a new format and a new title, "The Doctor's People." In the upcoming months, I will introduce you to some of Dr. Mendelsohn's medical disciples and to others who shared some of his beliefs.

Please continue to send in your questions. I will see to it that The Doctor's People answer as many of them as possible. Those People all share one important quality—each of them carries a part of Dr. Mendelsohn in his or her heart and mind. And, as I hinted at above, they won't all be doctors. After all, Dr. Mendelsohn always said, "One grandmother is worth two pediatricians."

Since so many of you have asked how you can help perpetuate Dr. Mendelsohn's efforts, we are suggesting that donations be made to The New Medical Foundation of which he was president. Just like this Newsletter, the New Medical Foundation will endeavor to continue the work Dr. Mendelsohn began.

If you would like to make such a donation, please mail your check (made out to the New Medical Foundation) to The New Medical Foundation, 111 East Wacker Drive, Suite 3000, Chicago, Illinois 60601.

*To everything there is a season and a time to every purpose
under the heaven. (Ecclesiastes 3:1)*

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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.

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