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IN THIS ISSUE:

Dental Problems . . . Psoriasis



**Dr. Robert
Mendelsohn**

With three uncles who practice general dentistry, a dentist-cousin who specializes in oral surgery, and a brother who specializes in children's dentistry, I grew up with a heavy dose of trust in modern dentistry. I even learned to conform to their language, dutifully saying "caries" instead of cavities, "malocclusion" instead of crooked teeth, "restoration" instead of filling, and--for sure--"dentures" instead of plates.

My belief level diminished considerably after my brother recommended against orthodontic treatment that had been advised for both my daughters. Now in their twenties, Ruth and Sally--without ever having braces or any other appliances--have perfectly aligned teeth.

My beliefs were even further eroded by the scientific arguments against mandatory fluoridation of water supplies, a favorite item in the dental grab-bag. (See the People's Doctor Newsletter Vol. 2, No. 9, "Fluoridation.")

With this Newsletter, my faith in dentists reaches the vanishing point. Therefore, dear reader, I warn you to approach the dentist with caution as he regularly unveils new "breakthroughs"--porcelain, plastic sealants, etc. Ask him to show you the scientific evidence supporting his latest toy. Don't be afraid to read dental textbooks, regardless of their size. Just as with medical volumes, dental books that qualify as physical heavyweights may prove, on closer inspection, to be scientific lightweights.

And if I, a doctor (who, like all doctors, learned next to nothing about dentistry in medical school), can understand those books, so can you.

Q

I'm apprehensive about the effect dental X-rays may have on women of childbearing age. Our dentist takes X-rays every visit (about twice a year). He takes my concern lightly, saying that the exposure is so minimal that even the cumulative effect couldn't be injurious to the jaws or to other parts of the body, specifically the ovaries.

Please comment on this possible danger.--Mrs. H.R.

A

*Routine
X-rays*

Why are patients often so much smarter than doctors? For decades, patients have been asking me (and I presume all other doctors) if X-rays are safe. In years past, I used to respond with the assurances I was given by my professors as well as my (former?) friends in the field of radiology. But now, those assurances have a hollow ring. Dr. Karl Morgan, one of the great authorities in the field of health physics, has stated that as far as radiation is concerned, the worst offender has been the medical profession, particularly dentists. According to Dr. Morgan, the failure of dentists to take proper protective measures against radiation has "without question increased the significance of the number of central nervous system tumors, thyroid cancers and leukemias among our population."

Thyroid cancer has developed after an amount of radiation that is less than that produced by 10 bite-wing dental X-rays, and a single abdominal X-ray of a pregnant woman can predispose her child to leukemia. Other scientists reporting to a House Health subcommittee have emphasized the hazards of low-level radiation to the present generation as well as the genetic hazards to future generations; they have even gone so far as to say that radiation may be responsible for shortening the lifespan by producing early aging. Dr. Rosalie Bertell of the Roswell Park Institute at Buffalo, N.Y., has implicated diabetes, cardiovascular disease, stroke, high blood pressure and cataracts--all previously associated with aging--with radiation effects.

Since there is general scientific agreement that no radiation dose is so low as to be absolutely without risk, the questions you must ask your dentist include:

- 1) How much information about my teeth and mouth can you determine without X-rays?
- 2) What significant information will X-rays add?
- 3) Must I have full-mouth X-rays, or will a smaller segment accomplish the same purpose?
- 4) In what way, if any, will the extra findings that may show up on X-rays change the treatment?
- 5) When was the last time your X-ray machine was checked for safety?
- 6) What form of shielding and other protective measures will you furnish me?

If your dentist continues to play down the dangers of X-rays, he is practicing the medicine of decades ago, and I know of no more dangerous form of specialization than "anachronistic medicine."

*Conflicting
readings
of X-rays*

Has your dentist told you that dental X-rays are absolutely necessary in order to determine whether you need root canal therapy? If so, ask him if he has read the 1983 study published in the Scandinavian Journal of Dental Research which shows that the accuracy of interpreting dental X-rays is just about as low as in interpreting medical X-rays. In this study, six endodontists (dentists who work on the inside of the enamel, as in the root canal) evaluated the X-rays of 119 endodontically-treated roots. A total of 37 bony defects was diagnosed, but there was agreement on only 10 of those defects. Forty of the 119 examined roots were designated as having "destruction of bone definitely present" by at least one observer. In only six cases (15 percent) did the opinions of all observers coincide. There were also plenty of cases of over-reading, i.e., reporting healthy conditions as disease. In a previous study cited, six endodontists agreed in only 27 percent of the cases.

The authors conclude that "In radiologic diagnosis, it has been shown that variations within and between examiners are substantial." They point out that this range of disagreement could at least partly explain the great discrepancies among various investigations on the results of endodontic therapy.

In "Health Shock: How to Avoid Ineffective and Hazardous Medical Treatment" by Martin Weitz (Prentice-Hall, \$7.95), British investigative journalist Weitz cites a 1977 study from the medical journal Lancet in which four investigations disclosed that people who go to the dentist regularly have fewer healthy teeth than those who do not! One study shows that more than half the cavities found by dentists had remineralized without treatment!

Q

My dentist wanted me to see a periodontist because of trouble with my gums. The periodontist now has advised that I embark on a series of treatments which includes extraction of some teeth, cutting of the gums, etc. I told him that I would have to think about it, and I now am asking you to go with me on my next visit--especially since thousands of dollars are involved.--A relative

A

*Is gum
surgery
indicated?*

A week later I did indeed accompany this relative to the periodontist's office, and I listened intently to his very compelling presentation, complete with X-rays and diagrams of his proposed program. At the end of the session, I asked him only one question, "Doctor, can you refer me to your scientific references so that I can read the evidence which supports your recommendations?"

The periodontist replied, "You can find that in any textbook on the subject." I asked, "What textbook would you recommend?" He replied, "Let me think about that, and I will send you a letter."

About two weeks later, I received his letter directing me to "Periodontal Therapy, Sixth Edition," by Drs. Henry M. Goldman and Walter Cohen. I bought the book (\$49.95) immediately for two reasons. First, the 1,217 page book was a lot cheaper than the treatment, and second, I had never read a textbook on this subject, and I had none in my library.

Let me share with you some of the statements in this excellent volume:

1) If your dentist tells you your gums are normal, you might be interested in this quote (from page 32): "...the term 'clinically healthy' gingiva (gums) appear to be a highly arbitrary concept, and what appear to be normal gingiva to one examiner may not fulfill the requirements of another." This means that different dentists might have different ideas on whether your gums are healthy or diseased. (Upon reading this, I promptly decided that we should, at the very least, get a second, third, and even possibly, fourth opinion.)

2) A periodontist is likely to tell you, as my relative was told, that there are "pockets" between the teeth that are too deep and must be reduced. However, on page 117, the following appears under the section entitled "Periodontal Pocket": "Recent studies have been presented that begin to question the need for pocket reduction in maintaining periodontal health." The three citations which follow this quote are evidence that dentists are not united on the question of pockets.

3) Perhaps you have asked your dentist what might have caused your gum trouble. Did he tell you that "orthodontic wires, bands, and elastics can contribute to the initiation of periodontal inflammation by first acting as mechanical irritants" (page 126)? This should give pause to all you parents who are thinking about braces for your children's teeth. During her adolescent years, my relative had had orthodontic treatment.

4) I hope you know how to use your toothbrush and dental floss because, while "these are the two most beneficial adjuncts in maintaining periodontal health, used improperly they can be contributory factors in periodontal disease." Three investigators showed a positive correlation between brushing teeth and gingival recession in animal experiments (page 139). In addition to the abrasion produced by brushing teeth, two studies (page 133) took up the question of the abrasiveness of dentifrices (tooth-pastes): "They concluded that abrasive dentifrices, as well as hard toothbrushes and excessive toothbrushing correlate well with destruction of the root surfaces..." Another study evaluated the incidence of bacteremia (bacterial infection of the bloodstream) resulting from the mechanical action of the toothbrush on bacteria-laden gingiva: "They found a positive correlation in patients with periodontitis." Sort of shakes your faith in vigorous brushing, doesn't it?

5) On page 134, we learn that "the inadvertent trauma of dental floss

can sever gingival (gum) tissue." Sort of shakes your faith in dental floss, doesn't it?

6) How about those devices that squirt water between your teeth? Several studies have shown (page 134) that in patients with inflamed gums, the irrigating device produced bacteremia in 50 percent of the tested subjects, and two investigators report that "acute periodontal abscesses can occur with the injudicious use of these devices." Other investigators report that oral lavage does not reduce plaque, and that the toothbrush is more effective than the irrigating device. Sort of shakes your faith in water sprays, doesn't it?

7) While this next bit of information doesn't apply in this case, patients are warned (page 164) that "no elective procedures such as definitive periodontal surgery should be performed during the first trimester (of pregnancy)." Since somewhere between 7 and 15 percent of the child-bearing population is unknowingly pregnant at any given time, perhaps a pregnancy test should be a prerequisite for women who decide to have this kind of surgery.

8) If your dentist says your gingival pocket measures one to two millimeters in depth, you should know that "sulci (grooves) up to two millimeters in depth occasionally may be seen in mouths that must be considered healthy from a clinical point of view" (page 203).

9) On page 379, in a chapter headed "Rationale of Periodontal Therapy," the authors get down to the basic issue: "The heart of periodontal therapy is the question, 'Does it work?'...Are the results of present treatment regimens temporal (temporary) or can tooth mortality be reduced by periodontal therapy?" In other words, is periodontal therapy necessary; are the results predictable? Believe it or not, the authors honestly confess: "The documentation on answers to these questions is sparse indeed."

Study the weakness of this next sentence (which appears on page 380): "The logic of periodontal therapy is therefore based on the premise that in the light of some studies validating the usefulness of periodontal therapy, and the apparently successful results of treatment by individual therapists, periodontal treatment is preferable to the reality of tooth loss when no treatment commitment is made." Now just what do all those words mean? The translation is that, based upon "some" studies and some anecdotal reports of "apparently" successful results by dentists, they guess that it's better to treat than not to treat.

In the very next paragraph (page 381), the authors begin: "When considering treatment of periodontal disease, it is easy to be misled." They then proceed to enumerate all the ways in which the dentist may be misled. Pity the poor patient!

10) If a dentist tells you that there should be no problem in the healing of your wound after he cuts your gums (curettage), you should know: "There has been a relative paucity of documented histologic (tissue) studies pertaining to the healing of the gingival wound after the curettage procedure" (page 677). The complications after periodontal surgery (beginning on page 740) include failure to heal properly, bone exposure, abscesses and other infections, and increased tooth mobility. This section is must reading for every prospective patient.

I am going to send a copy of this column to the periodontist my relative went to for his comments. Perhaps he will refer me to another book. Or to another periodontist. Perhaps he will tell me he doesn't need patients like us.

I will keep you informed of the developments in this on-going search for truth in dentistry which reminds me so much of the analogous difficulties in ferreting out the truth in medicine. Meanwhile, for those many patients who, with the rapid expansion of this new dental specialty, face these same decisions, ask your dentist to lend you one or more of those books which sit on his shelf so you can conduct your own search for truth.

Q

I never thought I'd be writing to you, but a dire condition prompts me to ask whether you could recommend some medical book or literature that would touch upon my serious need. I'm not asking for your advice, just for information.

I'm a 60-year-old woman with psoriasis which is now so bad around the legs, pubic area, and abdomen that it's extremely painful and unbelievably itchy. The skin has turned red and purple.

When this condition first began in 1974 with an outbreak on my head, I went to a dermatologist who said I should wash my hair daily and who cautioned me to wear a bathing cap because of oil and grease. That advice didn't help; my family is of no help and an out-of-town dermatologist was of no help. My regular physician doesn't want to touch my condition at all, I wrote to the National Psoriasis Foundation, which seems to be a one-woman operation in the Northwest, and received a reply saying there is as yet no remedy, but "please give for Research." I can't afford to do that, but I could afford to buy a book that might help give me relief. I'm experiencing tremendous pain in my hands.

Could my psoriasis be due to lack of a necessary substance in the body or to a vitamin deficiency?--Mrs. L.W.

A

*Psoriasis—
nutritional
approaches*

The last paragraph of your letter shows keen insight. Many authors have written about nutritional approaches to psoriasis. One is Dale Alexander whose book "Dry Skin and Common Sense" (Witkower Press, \$8.95) gives a complete description of his method of treating psoriasis, including cod liver oil, vegetable oils, and whole milk. Frozen juices and soft drinks are absolutely forbidden. While this book may not be the final answer for everyone who suffers from this affliction, it certainly represents a good start for patients like you who have already despaired of more conventional medical treatment.

Q

My 19-year-old daughter has had psoriasis for two years. The dermatologist first put her on Topicort, and now she is taking Cyclocort.

I understand there is a nutritional approach to treating psoriasis. Please tell me what books explain this approach.--Mrs. R.N.

A

*Steroids
vs.
nutrition*

You are very wise to seek out alternatives to the treatment your dermatologist is using for your daughter's psoriasis. Lederle's Cyclocort (amcinonine) contains a steroid hormone, emulsifying wax, isopropyl palmitate, glycerin, sorbitol, lactic acid, and benzyl alcohol. Any of these substances can cause irritation on their own, and the steroid hormone can be absorbed into the body.

Since your 19-year-old daughter is of childbearing age, she should know that the safety of topical (applied to the skin) steroids has not been established in pregnant women. Experimental studies have shown an increase in the incidence of fetal abnormalities when topical corticosteroids were used at rather low dosage levels. Adverse reactions to Cyclocort may include burning, itching, dryness, secondary infection, abnormal hair growth, acne, loss of skin pigmentation, dermatitis around the mouth, maceration of the skin, atrophy (wasting away) of the skin, and striae (the kind of lines some women develop on their stomach with pregnancy).

You will note that some of these adverse reactions produced by Cyclocort are the same as the symptoms which are produced by psoriasis. And Topicort is merely more of the same. This drug contains the corticosteroid desoximethasone, isopropyl myristate, cetylstearyl alcohol, petrolatum, mineral oil, and lanolin alcohol. Some Topicort prepara-

tions also contain edetate disodium and lactic acid. These substances, of course, can also cause irritation and sensitization, and their dangers and side effects are precisely the same as those of Cyclocort. Also, since both drugs not only have the same side effects but also the same indications (anti-inflammatory, anti-itching), I hope your doctor can justify having shifted your daughter from one to the other.

Among the books which present nutritional approaches to psoriasis is "The Encyclopedia of Common Diseases," edited by the staff of Prevention Magazine (Rodale Press)

**Dead Sea
cure**

According to a study of 1,000 people with psoriasis (as reported in Patient Care magazine), 96 percent of those who traveled to the Dead Sea for swimming and sunbathing experienced partial or complete healing of their disease. The mineral-rich Dead Sea's low altitude, coupled with an ever-present haze, cuts down on the intensity of the sun's ultraviolet rays, thus providing the right climatic conditions without the usual risk of sunburn. It has long been known that hot weather and sunlight--both natural and artificial--are beneficial for those who have psoriasis.

**Dangers
of
PUVA**

According to the 1982 FDA Drug Bulletin, PUVA, a psoralen derivative, used for symptomatic control of "severe, recalcitrant disabling" psoriasis, carries the risk of skin cancer. I hope every patient placed on this drug knows that it is associated with a ninefold increase in the risk of squamous cell cancer and a twofold increase in the risk of basal cell cancer (different cellular types of skin cancer). The FDA agrees that the patient should be fully informed of the risks, including the increased danger of cataracts, inherent in this therapy "and should be given written information about it."

Q

My 10-year-old daughter has been diagnosed by a dermatologist as having psoriasis. She has large scaly patches in her hair, one patch on the side of her face near the hairline, and one patch on her back. Her condition hasn't improved despite five months of treatment with two different medicines; in fact, a couple of the patches have gotten bigger. She uses a special shampoo as well as a liquid which is applied before she shampoos. The medicines she has had are Diprosone cream and Halog cream.

I haven't been able to find much information on psoriasis. I have been told it is hereditary and that once you have it, you always have it. Can it be stopped from spreading, and will anything help it go away? Will the sun help? Will increased doses of Vitamin A help? Will the aloe vera plant help?--Mrs. P.N.

A

**Is
aloe vera
helpful?**

Since your daughter's psoriasis has failed to respond to some of the most powerful, and therefore most dangerous, corticosteroid drugs that conventional medicine offers, I can understand your turning to vitamins. Actually, vitamin therapy of psoriasis is not all that unconventional: Ask your doctor to look up for you an article in the 1969 Journal of the American Medical Association in which Doctors Philip Frost and Gerald Weinstein, both of the Department of Dermatology at the University of Miami School of Medicine, reported remarkable relief in 24 out of 26 psoriasis patients who used Vitamin A. Consult Rodale Press' "Encyclopedia of Common Diseases" for information on the use of other nutrients

(soybean, lecithin, Vitamins D and B) in the management of psoriasis.

The next time you visit your local health food store, ask for their references on the recently popular aloe vera. Bring those references back to your dermatologist. Ask him if he has seen them, and ask if he learned anything about aloe vera during his medical training or dermatology residency. Ask if he has treated any patients with aloe vera, and ask if he knows of any documented evidence of side effects from aloe vera. Then ask him if he agrees with Dr. Mendelsohn's recommendation that, for patients with psoriasis, it might certainly be worth a try.

Medical News

Another example of how doctors can endanger the birth process appears in the medical journal Obstetrics and Gynecology, January 1984. Dr. John P. Lenihan, Jr., M.D., of the Department of Ob/Gyn, U.S. Air Force Hospital, Royal Air Force, Lakenheat, U.K., discloses that the examining hand of the doctor is a major cause of premature rupture of membranes or PROM (too early breaking of the bag of waters). This common complication of pregnancy subjects the mother and fetus to the risk of both illness and death from infection (chorioamnionitis). The routine internal examinations carried out by many obstetricians open up a pathway for bacteria to enter the cervix and produce infection and ruptured membranes.

In Dr. Lenihan's study, the incidence of Caesarean sections was more than twice as high in women with PROM as in those whose membranes remained intact. In 175 patients in whom no pelvic examinations were performed until term, the incidence of PROM was six percent, but in 174 patients in whom pelvic examinations were performed weekly (after the 37th week), the incidence was 18 percent. Therefore, if you are a pregnant woman, when the obstetrician tells you he wants to perform a pelvic examination to determine the condition of the cervix and other organs, ask him whether he is aware of the published hazards of this kind of examination.

Potpourri

*Padded cells become
"Freedom Rooms"*

Do you remember when a padded cell was called a padded cell? Not any more. I just received a copy of the handbook given to parents of children housed in the Psychiatric Inpatient Program of Old Orchard Hospital, Skokie, Illinois. A section entitled "Freedom Rooms" begins: "At times, it may be necessary to contain the disruptive and/or harmful behavior of your child. The staff intervenes with progressively more restrictive responses. First, the staff encourages the child to talk about his difficulties, but if this fails, the child may be moved to the Freedom Room." In other words, freedom comes to mean containment and restriction. "The Freedom Room is smaller with padding and no furniture." The article goes on to describe foam rubber "bats" or mattresses, physical holding of the child, isolation of the child with "visual monitoring by staff." Whose freedom is this anyway? It seems as though the Freedom Rooms provide the staff with freedom from the child.

While honesty in the language of the psychiatrist seems to have disappeared forever, as far as I am concerned, a padded cell is still a padded cell.

Dr. Mendelsohn's latest book, "How to Raise a Healthy Child in Spite of Your Doctor," has just been published by Contemporary Books (\$13.95).

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Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition



When the dentist whom her family had been seeing died suddenly, Beverly never dreamed it would take three years to find another dentist they felt comfortable with and could trust.

"The first dentist we went to, Dr. A., had bought our old dentist's practice," Beverly explained. "He was personable, easy to talk to and supposedly shared the same philosophy of tooth care. But when David, our 19-year-old, who never had had a cavity in his life and whose teeth were checked every six months, was told he had 17 cavities, we began to wonder about Dr. A. A young friend of ours, who never had more than one or two cavities a year, was told she had 15 cavities which Dr. A. proceeded to fill. My husband then had a very suspicious 'examination' during which he felt that Dr. A. actually was creating the problem he told my husband would cost \$1,000 to fix. In the meantime, we sent David to another dentist for a checkup; both this dentist and his partner could find only three cavities in David's mouth. When Dr. A. began bad-mouthing our first dentist with statements we knew weren't true, we asked for our records (a hassle in itself) and went to to Dentist B."

But Dentist B. raised their suspicions when he insisted that all silver fillings more than 10 years old had to be replaced. A friend who had also switched to Dr. B. was told one of her teeth should be pulled because it wasn't worth saving. A visit to a specialist saved the tooth. But when she returned to Dr. B., and told him about it, he became angry and ordered her to leave. Finally, through the recommendation of a friend, Bev's family settled in with a "good, solid dentist" whom they all like.

In his book, "How to Avoid Rip-Offs at the Dentist," (Sovereign Books, 1979) Dr. Carl Kenyon admits that a dentist can practice for a lifetime without the dental treatment he offers being checked or questioned by anyone. "The banker has bank examiners who come in unannounced to see how the bank is running its business; the physician is checked by hospital and professional review committees"; but as for dentistry, "No other professions or businesses have as few checks and balances."

So I turned to our family dentist for some comments on Bev's dilemma. Dr. R. agreed that the motives of some dentists might not be in the best interests of the patient. To my surprise, he added, "Determining the number of cavities needing to be filled is really a judgment call."

Apparently there are many gradations of color to be taken in account in grading a cavity. If it's black you know it has to be filled. In dental school all cavities, even the tiniest beginning ones, are considered cavities to be filled. But an experienced dentist who knows his patients and sees them regularly might decide to just watch and wait. According to Dr. R., if a patient is on a good diet, has eliminated sugar, and is using fluoridated toothpaste, the cavity can remineralize and may never have to be filled.

As for finding a good dentist, Dr. R. recommended we talk to friends who have the same criteria. "Don't take the advice of a man with dentures if you want to save your teeth," he pointed out. "Although it's hard to confront a dentist, keep asking questions if his explanation doesn't make sense to you. Don't hesitate to get a second or third or fourth opinion if there is a doubt in your mind. I think most people have a sixth sense that warns them when someone isn't being honest with them."

We should take these words to heart because the only alternative is my beleaguered friend, Beverly's heartfelt plea, "Don't let good dentists die!"

DISSENT IN MEDICINE

A CONFERENCE FOR THE PUBLIC PRESENTED BY
THE NEW MEDICAL FOUNDATION IN COOPERATION
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- HOW MUCH REAL SCIENCE IS THERE IN MODERN MEDICINE?
- ARE THERE OPTIONS TO "STANDARD" MEDICAL TREATMENTS FOR CANCER, HYPERTENSION, ARTHRITIS, ETC.?
- WHAT EFFECT DOES THE ENVIRONMENT HAVE ON HEALTH?
- HOME BIRTH VS. MATERNITY HOSPITAL BIRTH
- HOW EFFECTIVE IS CARDIAC SURGERY?
- HOW RELIABLE ARE LABORATORY TESTS?

PRESENTATIONS AND DISCUSSIONS ON ESSENTIAL HEALTH QUESTIONS FROM NATIONALLY RECOGNIZED MEDICAL EXPERTS:*

ROBERT S. MENDELSON, M.D., General Chairman
discussing how much real science there is in modern medicine

GEORGE CRILE, M.D. — a dissenting view on cancer treatment

SAMUEL EPSTEIN, M.D. — environmental issues in medicine

HENRY HEIMLICH, M.D. — inventor of "The Heimlich Maneuver"

ALAN SCOTT LEVIN, M.D. — a dissenting view on allergy treatment

RICHARD MOSKOWITZ, M.D. — a dissenting view on immunization

EDWARD PINCKNEY, M.D. — the accuracy of medical testing

DAVID SPODICK, M.D. — the "conscience of cardiology"

GREGORY WHITE, M.D. — hospital vs. home births

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