



# HEALING NEWSLETTER

NL 18 & 19 (DOUBLE ISSUE) MAR-JUN, 1987

\$2.00

Let's Set the Record Straight (Part 5):

## BREAD, PROPAGANDA, AND CIRCUSES

by Gar Hildenbrand

*In the years following WWII, German-American physician Max Gerson proposed an empirically developed set of general dietary and medical measures to be used in the management of cancer patients. Gerson's therapy was an integrated set of medical treatments including 1) salt and water management through  $\text{Na}^+$  - restriction and  $\text{K}^+$  - supplementation. 2) hyperalimination of micronutrients through frequent administration of raw fruit and vegetable juices, 3) extreme fat restriction and 4) temporary protein restriction through a basically vegetarian diet, 5) thyroid administration, 6) frequent choleresis through coffee enemas. The Gerson dietary therapy had been approved by the majority of authors as a curative treatment for cutaneous tuberculosis. Additional applications are found in the literature for pulmonary-, gastrointestinal-, and bone tuberculosis; cardiorenal insufficiency, skin conditions including eczema, lichen planus, lupus erythematosus, psoriasis, and pruritus; bronchitis and bronchiectasia, liver and gall bladder conditions. With several significant modifications Gerson applied his therapeutic nutritional regimen to cancer, publishing results in U.S. and German peer reviewed journals. After a 1946 patient demonstration before a Committee of the U.S. Senate which received national media attention. Gerson was attacked editorially in the pages of the Journal of the American Medical Association (JAMA). Reasons for the attack were related to policies enforced by longtime JAMA editor Morris Fishbein. A review of the world's medical literature reveals that Fishbein lied in order to damage Gerson. Propaganda analysis reveals the nature and rationales of Fishbein's policies, which have had far reaching, long lasting negative effects on the medical profession in the U.S.*

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**Healing** © 1987  
The Gerson Institute  
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Membership donation:  
\$25 / year

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**Editor's Note:** The following essay contains information presented for the benefit of both laymen and medical professionals. The post-WWII U.S. medical tradition which holds that "you can eat whatever you want" is unscientific, unhealthy, and persists in spite of a great deal of evidence contained in the peer reviewed literature. Although it is true that many positive changes are continually occurring in medicine, and that a few conscientious physi-

cians are learning, teaching, and prescribing at least some basics of appropriate, disease preventive nutrition, the U.S. general diet remains deleterious to the health of our population and to our national economy. Therapeutic wholefood nutrition, a medically sound means of increasing host resistance and enhancing wound healing, was orphaned by the wartime destruction of Germany, in which its development had been centered. It is our

hope that this series of articles will stimulate physicians and medical researchers to look seriously and thoroughly into the benefits of tested and proven therapeutic wholefood nutrition by familiarizing themselves with the peer reviewed literature of the last 70 years. Additionally, we hope that laymen will find strength of conviction to move ahead in improving their own diets without waiting for approval or encouragement.

In November of 1945, Max Gerson appealed to the medical community to take an interest in a dietary management for cancer that he and others sincerely believed would be of benefit to cancer patients, even in far advanced cases. Gerson's diet-based cancer management, first published in the *Review of Gastroenterology* 12(6): 419-425, Nov.-Dec., 1945, was an extension of his prior labors.

In the early part of this century, Gerson had introduced low  $\text{Na}^+$ , high  $\text{K}^+$  salt and water management. He had coupled this with therapeutic micronutrient feeding in the form of a mostly raw, largely lacto-ovo-vegetarian diet which was protein and calorie restricted. Micronutrient rich juices of raw fruits and vegetables replaced other drinking fluids. The curative effect of Gerson's combined regime in tuberculosis of the skin was forcefully established by the great Dr. Ferdinand Sauerbruch.

Prior to WWII, Gerson's dietary therapy and its numerous variations were subjected to broad-based clinical experimentation. Positive results were announced from all corners of the globe; many authors reproduced the successes of other original researches in such diverse conditions as tuberculosis of the skin, bones, kidneys, eyes, lungs, spine, and joints; migraines, allergies, colitis, hypertension, cardiorenal insufficiency, psoriasis, multiple sclerosis, and various idiopathic diseases of the liver and gall bladder.

## Gerson's Cancer Therapy

Gerson's 1945 message regarding cancer was modest: *"This communication is offered to again emphasize that (a) intelligent general care of the cancer patient often produces marked amelioration of symptoms and improved general health even to the point of being able to resume work and (b) that the high-potassium, low-sodium, fatless diet combined with liver therapy tends to inhibit the rate of growth of malignancies and in some cases to cause the individual nodules and metastases to become smaller."*

As news of Gerson's results rapidly spread, he attracted the attention of the U.S. Senate. In July of 1946, at the behest of then Senator Claude Pepper, Gerson presented medical evidence of the effectiveness of his treatment in the form of 5 patients who had recovered from endstage cancers. Detailed documentation for these independently diagnosed, biopsy proven cases was supplied. Additional cases and supportive testimony by six medical observers, all physicians, is reflected in the *Senate Record of the Hearings for Bill S.1875, 2nd Session of the 79th Congress*. The Senate Hearings were witnessed by distinguished news commentator Raymond Swing of ABC National News, who told the citizens of the U.S. what he had seen (*Healing Newsletter* 16, Nov-Dec, 1986, pp: 4-6).

## The AMA's Official Opinion

About 100 days after Gerson's Senate appearance, an exceedingly negative editorial entitled "Gerson's Cancer Therapy" was published in the *Journal of the American Medical Association (JAMA)*.—Probably written personally by JAMA editor Morris Fishbein, it was, to my knowledge, the only entry in the U.S. peer reviewed literature negative to Gerson's dietary therapy (with the exception of a brief 1949 JAMA restatement of the same piece). In this issue of the *Healing Newsletter*, we have printed the entire text of the 1946 editorial along with an analysis of its contents.

"Gerson's Cancer Therapy" was probably published in reaction to growing popular and professional support of Gerson after his appearance before the Senate Subcommittee. Its author, who was well aware of the peer reviewed literature, based his criticism of Gerson's cancer management and public support on an assertion that Gerson's positive results in many types of tuberculosis could not be duplicated by other authors. This statement is not consonant with the medical literature.

It is true that, for a time, there was some controversy over the ability of Gerson's therapy to produce definitive results in pulmonary tuberculosis, even though the original claims of success came from Sauerbruch

"Madam," snapped the prominent TB specialist, "when I diagnose a patient with *tuberculosis*, that patient **dies** of *tuberculosis!*"

and his associates. However, the *JAMA* itself was the venue for publication of the positive and encouraging results of one of the three clinical trials which were conducted in the U.S. prior to WWII to test the results of the Gerson therapy in far advanced pulmonary tuberculosis. Fishbein was the editor of the *JAMA* at that time. Results of the other two trials were even more positive.

Morris Fishbein took an oath when he became a physician, to "abstain from every voluntary act of mischief and corruption". Yet he voluntarily led astray the entire medical profession. In order to provide easily accessible proof of this, in our last issue, *NL17*, Jan-Feb, 1987, we published the text of "Basic (Vitamin) Feeding in Tuberculosis" by Mayer and Kugelmass, *JAMA* 93(24): 1856-1862, Dec. 14, 1929. The authors had conducted a clinical trial in which a group of far advanced, refractory pulmonary tuberculosis patients were treated with Hermannsdorfer's variation of the Gerson Diet Therapy. At the end of six months, definite clearing of the lungs, confirmed by physical examination and X-rays, was evident in eight of the twenty patients. In two patients, a complicating intestinal tuberculosis also resolved.

Such results were not routine. The patients were part of a group which had failed to improve under continuous care with the best available treatments for 2-3 years. This was the tuberculosis epoch, prior to the development of antibiotics.

Those reversals were a triumph for Gerson. The numbing frequency of tuberculosis deaths was reflected in a familiar, darkly humorous anecdote of the era in which the wife of an unfortunate patient urgently questioned her husband's diagnosis, "Oh, doctor, are you sure it's tuberculosis?" "Madam," snapped the prominent TB specialist, "when I diagnose a patient with *tuberculosis*, that patient **dies** of *tuberculosis!*"

## The Cancer Epoch

We are now in the cancer epoch. 900,000 new cases are diagnosed each year in the U.S. alone of which about half are relatively harmless, generally non-fatal, and curable by surgery. But the other 470,000 cancer patients diagnosed this year will be dead in five years.

In summary, *less than 1%* of cancers with fatal prognoses will receive meaningful benefit from chemotherapy this year

No real advances in treatment have been forthcoming in the last four decades. About 1,200-1,300 leukemic children, 1,000 Hodgkin's patients, 300 testicular cancer patients, and several dozen pregnancy-choriocarcinoma patients will be saved by chemotherapy this

year; and at least a few of these will have relatively long periods of relapse-free survival (Cairns, John; *Scientific American* 253(5): 51-59, November 1985).

In summary, *less than 1%* of cancers with fatal prognoses will receive meaningful benefit from chemotherapy this year. Clearly, even palliation is a worthwhile goal of therapy. Gerson's treatment was offered in 1945 as something more than that. That his contributions were ignored is largely attributable to the interference of *JAMA* editor Fishbein.

Although his motivations remain obscure, Morris Fishbein wrote "Gerson's Cancer Treatment" with obvious intent to damage Gerson's reputation and to thereby disenfranchise him. This in itself was a bad and unethical endeavor. But far worse, Fishbein's editorial was a now transparent and, unfortunately, successful attempt to manipulate the thinking of the trusting physicians of the American Medical Association. Physicians relied on Fishbein and *Oliver Field* of the AMA's investigative unit to make them aware of medical fraud. It may be argued that Fishbein genuinely believed that Gerson was fraudulent, but in order to have such an opinion Fishbein would have had to be ignorant of the peer reviewed literature. I am satisfied that Fishbein's editorial is a non-scientific, untruthful piece of propaganda.

## Tradition

Morris Fishbein, Oliver Field, C.P. "Dusty" Rhoads, and others were the "good ol' boys" of American medicine. They exercised control in a manner which is no longer fashionable or, for that matter, tolerable in the U.S. But the influence of their actions is still felt these many years later. My fascination with Fishbein's editorial is not consigned to a study of the history of one physician's political challenges. Gerson died in 1959, but his contributions to the medical literature are opposed in certain quarters as though this were 1946 and Gerson and the "good 'ol boys" were still alive. It is a current reality that the *American Cancer Society* maintains its traditional opposition to Gerson, and that it bases its 1987 opinion on Fishbein's 1946 editorial. I believe it is important that my readers see and understand this editorial for what it is, to appreciate the flawed nature of the "official opinions" upon which the current cancer establishment bases its avoidance of Gerson's work.

For decades, Fishbein was the most influential man in U.S. medicine; a man who singlehandedly controlled the peer review process of the *JAMA*, and which articles were printed in its pages. He frequently commented editorially regarding treatments, technologies and materials. And, as will be apparent to the reader, Fishbein told lies.

I am satisfied that Fishbein's editorial is a non-scientific, untruthful piece of propaganda

Science ceases to exist in the absence of truth; it is poisoned by falsehood. It cannot be partisan; or exclusive of any knowledge. While it is unscientific to prefer to believe something unless one has verified it through direct observation, it is equally unscientific to prefer to disbelieve something unless one has disproven it by the

same means. Science is inflexibly inclusive of all verifiable truths, even though the sight of seemingly disparate truths standing side by side may serve only to overwhelm the mind. It is perfectly scientific to feel confused, stupid and humble. It is decidedly unscientific to claim to have all the answers.

It is perfectly scientific to feel confused, stupid and humble

Using propaganda analysis techniques developed during the rise and fall of the German Nazi party, and set forth by the *RAND Corporation*, I have attempted to objectively analyze the editorial. I believe that the results of propaganda analysis afford us considerable insight into Fishbein's doctrines and policies. These are of significant contemporary importance because Fishbein-generated policies and doctrinaire thinking are probably still affecting the *AMA*.

## Lying, Conspiring, Name Calling

Is propaganda practiced by today's *AMA*? Propaganda permeates our society. It is used for both good and bad purposes. In "*Brave New World Revisited*" (Harper & Row, New York, 1958), **Aldous Huxley** wrote, "There are two kinds of propaganda — rational propaganda in favor of action that is consonant with the enlightened self-interest of those who make it and those to whom it is addressed, and non-rational propaganda that is not consonant with anybody's enlightened self-interest, but is dictated by, and appeals to, passion."

So, of course, propaganda is practiced by today's *AMA*. Propagandizing for uniformity of professionalism and quality of treatment has been a long time practice of the *AMA*. This in itself is laudable and necessary within the field. Unfortunately, though, no professional organization is made up of

saints. Nothing ensures that the highest elected or appointed officials of any professional or political body, when confronted by competition, will abide by the highest of ethical standards. The U.S. free enterprise system guarantees that competition will exist. Competition is good for all of us if we do not fail to remember the spirit of cooperation for which America is famous.

It is natural and necessary for professional organizations to attempt to outperform any competition. To not do so would be economic suicide. Propaganda is one of the tools which can be fairly and appropriately used against competitors if it is reasonable and based in truth. Such propaganda will usually take the form of claims for a superior product. Fair and appropriate propaganda rarely takes the form of attacks against competitors; it can only do so when the competitor is unethical and corrupt. It is my contention in this article that Morris Fishbein used non-rational, untruthful propaganda against Gerson, and that he disguised that propaganda as part of the *AMA*'s appropriate propaganda for uniformity of professionalism and quality of treatment.

It is the finding of **U.S. District Judge Susan Getzendanner**, ruling on August 27, 1987 in *Wilk vs. the AMA et al*, that the *AMA* has conducted a propaganda campaign against one of its competitors. In a 101-page decision, Getzendanner wrote that the *AMA* led a conspiracy against the chiropractic profession which involved "systematic, long-term wrong-doing and the long-term intent to destroy a licensed profession". Judge Getzendanner found that the *AMA* led its physicians and 10 other organizations in a boycott of chiropractors. The judge found that in addition to "labeling all chiropractors unscientific cultists and depriving chiropractors of association with medical physicians, injury to reputation was assured by the *AMA*'s name-calling practice." For example, in 1973...an *AMA* official described chiropractors as rabid dogs and killers."

Others named as defendants in the Wilk case included the *American College of Surgeons*, the *American College of Radiology*, the *American College of Physicians* (dismissed from the suit by Getzendanner), the *Joint Commission on the Accreditation of Hospitals* (dismissed) and the *American Academy of Orthopedic Surgeons* (also dismissed), three individual physicians, and H. Doyle Taylor, the former Director of the AMA Department of Investigation (which was discontinued in 1975) who also served as the Secretary of the AMA Committee on Quackery (which existed from 1964-1974).

The above litigation has been conducted in a civil manner. The four chiropractors who brought suit did not ask for monetary damages, but instead for acknowledgement of chiropractors' professional abilities. It is less important that the AMA has been found at fault in an antitrust proceeding than that the activities which prompted the lawsuit have been brought into the light and have been shown to be inappropriate behaviour for enlightened men and women of science.

The AMA's official comment regarding the Getzendanner decision was given August 27 by James H. Sammons M.D., Executive Vice President of the AMA. It reads, "The American Medical Association disagrees with today's U.S. District Court of the Northern District of Illinois decision which contends that we did not adequately publicize the change of our prior policy regarding the chiropractic profession. We are pleased that several of the other defendants, including the Joint Commission on Accreditation of Hospitals, have been exonerated. We will await a thorough reading of the opinion and a final decision regarding the form of the injunction before we consider whether to appeal."

Some time ago, the AMA adopted a policy more accepting of chiropractic, basing its decision on the perception that the chiropractic profession conformed to recognized standards. But the new policy was not sufficiently publicized to alert member physi-

If officials of the AMA felt that it was right for physicians to associate with chiropractors, they should have frequently said so, and explained why, in public forums and in their membership publications

cians who continued to believe that official AMA policy prevent their association with chiropractors. Many AMA member physicians apparently persisted in the unfortunate practices mentioned by Judge Getzendanner. These physicians were not bad people, but were instead professionals acting knowledgeably on the best and most recent advice of their leaders, who should have been more responsible. If officials of the AMA felt that it was right for physicians to associate with chiropractors, they should have frequently said so, and explained why, in public forums and in their membership publications.

The AMA is a responsive, growing and changing organization. The worldwide movement toward medical pluralism, and repeated Sherman Anti-Trust litigations, inspired a 1978 AMA resolution, based in the spirit of American tradition, that patients are free to seek their health care services from whomever they choose whether it be a physician, a licensed limited practitioner, or a faith healer. However, most practicing AMA member physicians are probably unaware of this resolution or the reasons for its adoption. Perhaps propagandizing its new official resolutions, with rationales, within the organization could help the AMA to avoid future Sherman-based litigations.

## Recognizing Propaganda

None of us wants to be accused or found guilty of spreading rumor and untruth with the intent to damage another's reputation or business. But we live in a world so

thoroughly saturated with propaganda, in which distinctions between positive and negative are often blurred by context, that we must carefully examine what we ourselves say. What are the hallmarks of negative propaganda? Huxley's cogent essay regarding the pervasiveness of propaganda was originally entitled, appropriately, "Tyranny Over the Mind" and published by *Newsday*. In it, he discusses the fruits of the correct use of propaganda and the damages of its abuse. "Propaganda in favor of action that is consonant with enlightened self-interest appeals to reason by means of logical arguments based upon the best available evidence fully and honestly set forth. Propaganda in favor of action dictated by the impulses that are below self-interest offers false, garbled or incomplete evidence, avoids logical argument and seeks to influence its victims by the mere repetition of catchwords, by the furious denunciation of foreign or domestic scapegoats, and by cunningly associating the lowest passions with the highest ideals, so that atrocities come to be perpetrated in the name of God and the most cynical kind of Realpolitik is treated as a matter of religious principle and patriotic duty."

I will demonstrate to the reader that JAMA editor Morris Fishbein's editorial did indeed offer false, garbled and incomplete evidence, avoid logical argument, seek to influence readers by the mere repetition of catchwords, denounce, etc. In order that the reader may appreciate the process of propaganda analysis, I offer below the unaltered full text of Fishbein's editorial.

# The Journal

OF THE

# American Medical Association

EDITED FOR THE ASSOCIATION UNDER THE DIRECTION OF THE BOARD OF TRUSTEES BY

MORRIS FISHBEIN, M.D.

Volume 132, Number 11: 645- 646, November 16, 1946.

## Gerson's Cancer Treatment

Some years ago a technic called the Gerson, Sauerbruch-Herrmannsdorfer diet was claimed to be a notable advance in the treatment of tuberculosis. Gerson proposed, by the use of these diets, to change the nature of the soil in which the tubercle bacillus lives. According to the reports, Gerson had discovered accidentally some improvement in a patient with lupus who was on a salt free diet. The good results in many types of tuberculosis reported by Gerson were apparently not susceptible of duplication by most other observers.

Dr. Max Bernhard Gerson, according to our records, was born in Wongrowitz, Germany, Oct. 18, 1881 and was graduated by the Albert-Ludwigs-Universitat Medizinische Fakultat, Freiburg, Baden, Germany, in 1909. He was licensed in New York in 1938 and, according to the records of the American Medical Association, is today at 667 Madison, New York, credited with being a member of the Medical Society of the State of New York. For several years now THE JOURNAL has been receiving requests from people all over the United States for information about Dr. Max Gerson, who is said to be using a dietary and salt controlled method for treating cancer patients at the Gotham Hospital in New York. THE JOURNAL has on several occasions requested Dr. Gerson to supply information as to the details of his method of treatment but has thus far received no satisfactory reply. A preliminary report, "Dietary Considerations in

Malignant Neoplastic Diseases (sic)," appeared in the *Review of Gastroenterology*, November-December 1945, page 419.

In the meantime occasional references have appeared in the press to the Robinson Foundation for cancer research, located at 14 Wall Street, New York, which is said to be supporting the Gerson method. In the last session of Congress hearings were held on a bill to appropriate \$100,000,000 of federal money for research on cancer. Dr. Gerson is said to have presented 5 of his patients to these public hearings. Fortunately for the American people this presentation received little, if any, newspaper publicity. However, Raymond Swing, radio commentator, in a broadcast over A.B.C. July 3, 1946 told the world that the Gerson cancer treatment was producing remarkable results. People who sent for a copy of the broadcast were referred to Dr. George Wiley (sic) at the Gotham Hospital.

Now there has come to hand through a prospective patient of Dr. Max Gerson a schedule of diets alleged to be beneficial in such cases. The patient was a man aged 83, with cancer of the stomach and multiple metastases, whom Dr. Gerson had never seen. Nevertheless he provided a complete diet for a period of four weeks, given in minute detail. The diet, which resembles that given in the *Review of Gastroenterology* forbade tobacco, spices, coffee, tea, chocolate, alcohol, white sugar, white flour, pastries and sausages;

in short, no canned, preserved, sulfured, frozen, smoked, salted, refined or bottled food. It specified that there must be no salt, soda, sodium bicarbonate, fats or oil. It forbade also for some time the use of meat, fish, eggs, milk, butter, cheese and bread. It permitted fruit but nothing from cans. It specified a mixed fresh apple and carrot juice and other fruit juices and vegetables all freshly prepared and saltless. It forbade the use of aluminum utensils and pots, and it forbade the use of pressure cookers. Basis of the diet was a special soup, of which the unfortunate victim is supposed to take 1 quart a day. The formula included a large parsley root, 3 or 4 leeks, 1 large celery knob, 4 or 5 tomatoes, 3 to 5 large potatoes, 2 or 3 large onions and 3 to 5 carrots. Also permitted was some oatmeal. The medication included Lugol's solution daily, niacin in large amounts daily, liver powder with iron daily, lubile — dried bile salts — one capsule four times a day, brewers' yeast three times daily, dicalcium phosphate with viosterol one tablet eight times a day, phosphorus compound 1 teaspoon dissolved in each glass of juice, 3 cc. of crude liver extract intramuscularly several times a week and also some injected vitamin K. The formula says that there should be no other medication because it can be harmful and dangerous, and it warns particularly against the use of anesthesia, because it says that the body becomes highly hypersensitive through this diet and that the usual anesthesia might

become fatal. As a part of the routine Dr. Gerson insists that a patient have at least one copious bowel movement a day, preferably two, and he has provided formula for an enema to secure this activity.

Early in October the Chicago Tribune called attention to the Robinson Foundation, which apparently finances itself by manufacturing electric wire and cable and building life boats and marine equipment. The foundation was established in 1941 but did not qualify for exemption under section 1016 of the revenue code until 1944. Incidentally, a considerable number of similar foundations associated with large industrial concerns have appeared on the medical horizon in recent years. According to Mr. George P. Robinson, president of the foundation, it first sought to finance its activities by contributions. Later the foundation acquired four small manufacturing plants owned by corporations. These were dissolved, and their facilities were operated as divisions of the foundation. Two of the corporations were sold. Those still owned are the Hatfield Wire and Cable Company of Hillside, N.J., and Wellin Davit and Boat Company of Amboy, N.J. Mr. Rob-

inson said, according to the Chicago Tribune, that the manufacturing divisions are managed as if they were separate corporate entities and are operated as competitive business enterprises. They pay unemployment insurance, local and state taxes and provide for depreciation, but they qualify for federal tax exemption by conforming their operations to the provision of the revenue code as does a college. Among the members of the foundation's advisory committee are listed Charles Seymour, Harlow Shapley, Raymond Swing, Matthew Woll and W. Cameron Forbes. Irving Fisher, professor of economics at Yale University, is listed as the director in charge of the foundation's section on health education.

Without any further investigation it would appear that a technic has developed whereby industrial corporations may incorporate themselves as research foundations and thus be free from federal income tax, since their profits are given to research in various medical fields. The intimate details of the conduct of these foundations are not open for public inspection, and Mr. George P. Robinson, when questioned,

declined to disclose the earnings of the foundation that he represents. Similar foundations have been established in New York and in Washington. One corporation formed by the alumni of New York University acquired ownership of a piston ring manufacturing company, the untaxed profits of which are turned over to the university.

In the present instance the Robinson Foundation seems to be devoted to the promotion of an unestablished, somewhat questionable method of treating cancer. The only statements as to the number of patients treated, the number benefited and the possible effects of the treatment is that in the *Review of Gastroenterology* already cited. It offers clinical impressions as to benefits secured but nothing resembling scientific evidence as to the actual merit of the method. Indeed, it admits lack of any actual cure, claiming only that patients seemed improved in health and that some tumors were delayed in growth or became smaller. The entire performance, including the financial backing, the promotion and the scientific reports, has a peculiar effluvia which, to say the least, is distasteful and, at its worst, creates doubt and suspicion.

## Propaganda Analysis

How does one go about analyzing propaganda? I quote from the hallmark monograph "Propaganda Analysis: A Study of Inferences Made from Nazi Propaganda in World War II" by Alexander L. George of the RAND Corporation (Row, Peterson and Company, Evanston, Illinois and White Planes, New York, 1959): "Propaganda analysis, or the analysis of propaganda communications, has two general purposes: (a) the summary, or selective description, of *what* is being said by the propagandist and (b) the interpretation of the *intentions, strategy, and calculations* behind propaganda communications. These two aspects of propaganda analysis correspond to the distinction,

familiar in the theory of content analysis, between description of content and inferences made from content as to the intentions and calculations behind the propaganda. While both types of propaganda-analysis results — description and inference — were of interest to intelligence specialists and policy-makers, inferences were potentially more valuable and also more difficult for the propagandists to make. Insofar as is known, only the United States and Great Britain made efforts to develop systematic techniques of propaganda analysis."

By looking at post-WWII medicine and the new world-leadership role of the U.S., I have attempted, through qualitative analysis, to in-

fer the meanings of words and phrases used by Fishbein. Because qualitative analysis is largely intuitive, I have made an effort to balance it with a more-or-less quantitative content analysis which highlights the use of linguistic devices and untrue statements.

Simply put, the formula governing content analysis is this: Determine *who* says *what*, *how*, to *whom*, under what *circumstances*, for what *purpose*, and with what *effect*.

By linking word meanings and the action components reflected in the preceding formula, I have inferred the political policy which the propaganda goal was designed to promote.

# Establishing THE JOURNAL as Supreme Authority

In the first paragraphs the author encourages us to identify him as THE JOURNAL, an elite and supreme authority. The first device used to establish the authority of THE JOURNAL is a dependent clause beginning with the words "according to".

This clause is grammatically unnecessary and can be deleted without changing the statements to which it is dependent. The clause serves no purpose other than to create the impression that THE JOURNAL is the only repository of factual knowledge; a trusted and frequently consulted provider of the truth.

This is reinforced by the 2nd paragraph statement, "For several years now, THE JOURNAL has been receiving requests from people all over the United States for information about Dr. Max Gerson...", which suggests that all America regards THE JOURNAL as the definitive source of information.

THE JOURNAL is further portrayed as a protector of American values by the following: "Fortunately for the American people this presentation received little, if any, newspaper publicity". The author intended that his readers infer from this statement that THE JOURNAL knows what is best for the American people.

The role of THE JOURNAL as enforcer of justice is implied by the following: "Now there has come to hand through a prospective patient of Dr. Max Gerson a schedule of diets alleged to be beneficial in such cases". The author intended that his readers infer that THE JOURNAL had intercepted proprietary information which could not be obtained through ordinary channels. This overlooked the fact that, a full year earlier, THE JOURNAL's editorial offices had been mailed 5 copies of Gerson's "Dietary Considerations in Malignant Neoplastic Disease", *Review of Gastroenterology* 12(6): 419-425, 1945, which detailed the dietary therapy.

Additionally, the word "alleged", in "diets alleged to be beneficial" tends to encourage the sensation in the reader that THE JOURNAL is a legal prosecutor and that Gerson is a defendant. An ancillary phrase, "Without further investigation" encourages the reader to infer that THE JOURNAL had, from its supreme authority, conducted an impartial investigation.

## Dr. Gerson's Character

Through contrast with the godliness of THE JOURNAL, the author encourages us to regard Dr. Gerson with suspicion: "THE JOURNAL has on several occasions requested Dr. Gerson to supply information as to the details of his method of treatment but has thus far received no satisfactory reply." This statement is one of several actual untruths in the editorial.

As noted above, Gerson had earlier routinely supplied THE JOURNAL with reprints of his first peer reviewed article on the subject of cancer management. Gerson had replied to THE JOURNAL when it wrote requesting information. I refer the reader to *NL16*, Nov-Dec 1986, pgs. 4-5, for a review of Gerson's letter to THE JOURNAL.

A phrase mentioned earlier, "Fortunately for the American people... etc.", also serves to identify Gerson, in contrast with THE JOURNAL, as "not American" and "not good for American people". The negative image of Gerson is later reinforced by a reference to a Gerson patient as "the unfortunate victim".

## Devaluing Facts

The author invites the reader to devalue factual information in 10 clear instances through use of linguistic devices. One of these devices, the archetype of which is the phrase "*is said to be*", employed 5 times.

For example, the author sought to devalue Gerson's positive publicity. Records of U.S. Senate Committee Hearings during the 2nd Session of the 79th Congress contain transcript-

ed statements made by five patients demonstrated by Gerson as evidence of the effectiveness of his treatment.

Fact: Dr. Gerson presented 5 of his patients to these public hearings. THE JOURNAL could not deny this fact outright, but instead inserted the device:

"Dr. Gerson *is said to have* presented 5 of his patients to these public hearings."

The device subliminally adds a sense of vagueness and rumor. The suggestion is that, in some indiscernible manner, something happened other than the presentation by Gerson of 5 of his patients.

In every instance of its use, the device may be removed without disturbing the syntax of the sentence. Its removal renders each statement a simple fact. Four similar usages of the device and its variations are listed below.

1) Some years ago a technic called the Gerson-Sauerbruch-Hermannsdorfer diet was *claimed to be* a notable advance in the treatment of tuberculosis.

2) For several years now THE JOURNAL has been receiving requests from people all over the United States for information about Dr. Max Gerson, who is *said to be* using a dietary and salt controlled method for treating cancer patients at the Gotham Hospital in New York.

3) In the meantime occasional references have appeared in the press to the Robinson Foundation for cancer research, located at 14 Wall Street, New York, which is *said to be* supporting the Gerson method.

4) Now there has come to hand through a prospective patient of Dr. Max Gerson a schedule of diets *alleged to be* beneficial in such cases.

## Flavoring Factual Information

In four instances, the author uses devices which create the impression that THE JOURNAL has functioned as a legal investigator and has collected facts which are not readily apparent. In each instance the facts stand well without the devices.

1) The diet, *which resembles that* given in *The Review of Gastroenterology*, forbade tobacco, spices...etc.



2) Early in October the Chicago Tribune called attention to the Robinson Foundation, which apparently finances itself by manufacturing electric wire and cable and building life boats and marine equipment.

3) (Without any further investigation) it would appear that a technic has developed whereby industrial corporations may incorporate themselves as research foundations and thus be free from federal income tax, since their profits are given to research in various medical fields.

4) In the present instance the Robinson Foundation seems to be devoted to the promotion of an unestablished, somewhat questionable method of treating cancer.

A last example of the devaluation of factual information is the use of the phrase "but did not" in place of the neutral conjunction "and" in the following:

"The foundation was established in 1941 but did not qualify for exemption under section 1016 of the revenue code until 1944".

## The Central Lie

A specific deceit is central to this piece. It is undisguised and boldly stated: "The good results in many types of tuberculosis reported by Gerson were apparently not susceptible of duplication by most other observers."

A complete survey of Gerson related entries in the medical literature, which I have discussed in previous articles in this newsletter, has revealed that there was relatively little controversy. Following are excerpts from the U.S. literature which are typical and representative of the vast majority of the literature.

Noted dermatologist **Erich Urbach** wrote in "Skin Disease, Nutrition and Metabolism", (Grune & Stratton, NY, 1946):

"This dietary therapy for cutaneous tuberculosis has been extensively tested and approved by the majority of authors."

**Dr. Clarence Emerson**, writing in *The Nebraska State Medical Journal* 14(3):104-107, March 1929, noted many applications:

"It may be stated further that the (Gerson) diet has become in the Lincoln General Hospital almost the

routine medical management of tuberculosis by members of the staff. **Dr. J.M. Mayhew**, chief of staff and head of the Department of Internal Medicine, and others in that department, report very favorably on it. It is being used in the Urological Department in various forms of *urinary tuberculosis*. I have used it in all cases of *tuberculosis of the chest and pleurae* in which I have performed one or more of the surgical procedures indicated in cavernous tuberculosis. ...the consensus of opinion is that the (Gerson) diet distinctly favors improvement in tuberculosis."

**Dr. W.H. Goeckerman**, of Mayo Clinic's Section on Dermatology and Syphilology wrote in *The Proceedings of the Staff Meetings of the Mayo Clinic* 7(6):73-78, February 10, 1932:

"Although the last word on the (Gerson) diet as such, or on the mechanism by which it acts, probably has not been said, it must be conceded that good clinical results have been obtained."

**Dr. Edgar Mayer** summarized his experiences in *The Journal of the American Medical Association* 97(26): 1935-1939, Dec. 26, 1931:

"My own experiences very largely agree with the evaluation of it made by the Hamburg Medical Congress, that the diet is a distinct therapeutic advance as an aid generally effective in the treatment of *lupus vulgaris*, and occasionally in *bone and joint tuberculosis*, and that its value in other forms, more particularly pulmonary tuberculosis, is yet to be determined.

"The diet seems directly responsible for many relieved cases of functional disturbances attendant on pulmonary tuberculosis, especially with chronic constipation or gastric hyperacidity. And tuberculosis with the rare *toxic nephroses or essential hypertension or vasoneuroses* has been helped by it.

"The leading authorities report favorable effects from this diet in the treatment of *lupus vulgaris*: retrogression of swelling, flattening of the foci, and absorption and disappearance of the individual nodules. Lupus of the mucous membrane reacts even better than lupus of the skin. Foci of the *nasal mucosa*, the *hard palate*, the *pharynx* and the *larynx* have been benefited; the lupus

foci about the gums of the teeth have been the most resistant. Noteworthy influence on exudative processes is clearly shown; the dry squamous forms react less favorably. The best results are seen when light treatment by general exposure in minimal doses is added. My conclusions are arrived at from the observation of sixteen lupus cases whose treatment I directed others to carry out.

"In an occasional sinus in *genito-urinary* and in *bone and joint tuberculosis* that has come under my observation, the diet has helped to bring about favorable closure where other therapeutic procedures had failed for from one to two years."

**Dr. Philip B. Matz, M.D.** commented in the *U.S. Veterans' Bureau Medical Bulletin* 6:27-32, January 1930:

"It is of interest to note that Doctor Rollier has introduced the Gerson-Sauerbruch dietetic regimen at his sanatorium in Leysin, Switzerland, as has also Doctor Bommer of Giessen, Germany.

"In this country, C. Emerson of Lincoln, Nebraska has used it in a number of cases of *pulmonary tuberculosis with very favorable results and, according to the experience of the General hospital of Lincoln, Nebraska, both in the operative and nonoperative cases of pulmonary tuberculosis, this dietetic regimen has proven very satisfactory and the results have been quite favorable*. In the experience of the Sauerbruch clinic of Berlin, this dietetic regimen is followed by a rapid gain in weight and a *speedy arrest of the tuberculous disease*."

**Dr. Andrew L. Banyai** reported results of a clinical trial in the *American Review of Tuberculosis* 23:546-575, May 1931:

"The Sauerbruch, Herrmannsdorfer, Gerson diet is a complex and technically difficult, still an applicable, therapeutic measure. Its use should be restricted to institutions with well-trained personnel, well-organized service, and adequate technical facilities, to avoid its abuse and unethical commercialization. Its clinical value being under investigation, the deductions presented from different sources must be analyzed with due regard to the type of cases, length of treatment, additional

medical or surgical measures, and eventual variations in diet itself.

*"Favorable results were seen in 36 per cent of our pulmonary cases. Gain in weight, decrease in cough, expectoration, temperature and pulse rate, improved appetite, and complete or partial abatement of subjective and objective symptoms were recorded. Considering the fact that 82 per cent of our pulmonary cases had far-advanced tuberculosis, with serious complications in many instances, we feel that the beneficial results found justify the further application of the Sauerbruch, Herrmannsdorfer, Gerson diet in the treatment of tuberculosis."*

My review of the literature yields the fact that positive *clinical* reports far outnumbered negative clinical reports, suggesting that procedural errors and other factors may have played a part in failures. Most papers negative in tone were *speculative* in nature and did not reflect clinical experiences as their authors had not personally used the Gerson therapy. Morris Fishbein, the probable author of "Gerson's Cancer Therapy", did not practice medicine; consequently he had no hands-on experience with Gerson's therapy. His editorial may have been based on his reading of the scientific literature. If so, he relied on either partial information or, more likely, only specifically selected references.

## The Grand Inference Intended by the Propagandist

The overall network of facts, falsehoods, and devices employed by the author encourages the reader to draw what we may call the "Grand Inference": *A criminal scheme existed wherein the tax evading owners of the Robinson Foundation were profiting by promoting a physician who pandered a fraudulent cancer management.*

The reader is encouraged to see connections leading to the "Grand Inference" through two key statements:

1) "The intimate details of the conduct of these foundations are not open for public inspection, and Mr. George P. Robinson, when questioned, declined to disclose the earnings of the foundation that he represents."

2) "The entire performance, including the financial backing, the promotion and the scientific reports, has a peculiar effluvia which, to say the least, is distasteful and, at its worst, creates doubt and suspicion."

In the first statement, the reader is encouraged to speculate that the Robinson Foundation must be doing something financially illicit because, "when questioned", Mr. Robinson declined to provide THE JOURNAL with information regarding its earnings. However, it is likely that Mr. Robinson regarded THE JOURNAL and its editor as opponents, and would logically refuse to provide them with information.

## The Propaganda Goal

The propaganda goal of the author is easily recognized and is, in fact, summarized in the author's own words in the last sentence of his article: *to create doubt and suspicion.* Using falsehoods, hyperbole, and innuendo, the author accused Gerson and associates of "creating doubt and suspicion". The measure of the author's success in achieving his propaganda goal could be measured by the degree to which readers were filled with doubt and suspicion toward Gerson, the Robinson Foundation, newscaster Swing, Professor Fisher, et al.

## Historical Context and Policy

In order to understand the policy supported by the above goal, it is necessary to understand the author's context and circumstance. The U.S. medical industrial complex during early post-WWII years consisted of a number of manufacturing businesses, service organizations, and educational institutions. Manufacturers included pharmaceutical firms, radiology equipment makers, suppliers of surgical and general

care materials, etc. Service organizations providing medical care were, for the most part, hospitals or small privately owned practices. The heavily capitalized, private, unidirectional research concerns we are familiar with today had not yet evolved, but the incentive and concept were in process. A tremendous influx of excellent, capable scientific talent had occurred with the wartime destruction of much of continental Europe and, most importantly, Germany. The existing medical industry experienced many forces of change and, logically, exerted considerable energy to maintain the *status in quo*.

The American Medical Association (AMA), a professional organization of physicians, relied on *The Journal of the AMA (JAMA)* for continued orientation in the rapidly changing science and practice of medicine. For the benefit of its member physicians, the JAMA regularly published articles regarding new pharmaceutical materials, new uses of existing materials, and technological advances in diagnosis and treatment. Many of these articles were generated by educational institutions which were recipients of funding from medical business concerns. Subsequent issues of the JAMA regularly carried advertisements for the same materials and equipment.

Gerson claimed that cancer patient hypersensitivity caused by his diet-based therapy would preclude the use of drugs and radiation, even in small dosages. For this reason, more than any other, he did not fit into the U.S. medical industry. His publications, reputation, and professional stature coupled with the support of such men as Yale Professor Dr. Irving Fisher, nationally respected ABC News commentator Raymond Gram Swing, and the wealthy George P. Robinson increased the likelihood that his advice might be heeded by physicians.

Leaders of the cancer-related medical industry of the time were likely to have viewed Gerson as a potentially successful competitor. Because components of the medical industry in the U.S. were closely interactive, it is likely that concerns raised in board rooms of radiological and pharmaceutical

manufacturing corporations expediently reached the editorial offices of the *JAMA*, and that the *JAMA* responded in its harsh criticism of Gerson. Gerson's condemnation of the products of industry was therefore transmuted into his scientific censure.

In this context, it may be stated that the propagandist's policy was *professional isolation of Gerson*. This was part of his larger policy of promoting existing managements, materials, and technologies. Isolation of Gerson prevented competition.

## The Business of Science

It is germane to emphasize that the *scientific* censure of Gerson was the result of *business* competition. At that time, medicine was an art, in the public eye, and enjoyed the reputation of high ethical standards and self regulation. The public perception was, and remains, that medicine regulates itself through scientific censure for scientific reasons. That nonscientific business considerations were at least partial motivation for scientific censure of Gerson is evident in the author's criticism of support provided by the Robinson Foundation.

The author did not say that the Robinson Foundation should not support Gerson. In the same paragraphs he stated that New York University was supported by a piston manufacturing business. Rather, his intention was to point out that Gerson was not alone. Gerson's backers were well positioned to build a significant, institutionally based organization for the benefit of cancer patients which would, at the same time, become an increasingly formidable opposition to the growing businesses of radiation oncology and anti-cancer drug research, publication, manufacture and sales.

THE JOURNAL was misused to aggressively implement business controls against a scientific initiative. Because his editorial could not be scientific, the author disguised his communication to look like an appeal for morally and ethically based opposition to Gerson.

## Medical Dictatorship

Oscar Wilde, playwright and poet, once commented, "It is a foolish man who does not judge by appearances, as appearances are all that there is." Judging by appearances, Morris Fishbein participated in the control and operation of a medical dictatorship. Control was maintained through manipulation of the flow of information. According to Huxley, "The survival of democracy depends on the ability of large numbers of people to make realistic choices in the light of adequate information. A dictatorship, on the other hand, maintains itself by censoring or distorting the facts, and by appealing not to reason, not to enlightened self-interest, but to passion and prejudice, to the powerful 'hidden forces,' as Hitler called them, present in the unconscious depths of every human mind."

## The Propagandist's Technique

Huxley considered the role of the propagandist as one who employs passion to appeal to negative action. The archetype of this role, Huxley thought, was Hitler: "The demagogic propagandist must be consistently dogmatic. All his statements are made without qualification. There are no grays in his picture of the world; everything is either diabolically black or celestially white. In Hitler's world, the propagandist should adopt 'a systematically one-sided attitude towards every problem that has to be dealt with'. He must never admit that he might be wrong or that people with a different point of view might be even partially right. Opponents should not be argued with; they should be attacked, shouted down, or, if they become too much of a nuisance, liquidated. The morally squeamish in-

tellectual may be shocked by this kind of thing. But the masses are always convinced that - 'right is on the side of the active aggressor'."

In performing propaganda analysis on the Fishbein editorial, we naturally looked specifically at the author's choice of words. Huxley pointed out: "People may start out with an initial prejudice against tyrants; but when tyrants or would-be tyrants treat them to adrenalin-releasing propaganda about the wickedness of their enemies — particularly of enemies weak enough to be persecuted — they are ready to follow him with enthusiasm. In his speeches Hitler kept repeating such words as 'hatred,' 'force,' 'ruthless,' 'crush,' 'smash'; and he would accompany these violent words with even more violent gestures."

## Dictatorship Without Opposition

Prior to reading Mr. Huxley's brilliant discourse, I had written in NL16, Nov-Dec, 1986, "I would wager that of any 1,000 physicians who read Fishbein's editorial, not one of them bothered to question the veracity of Fishbein's statements by going to the stacks of a biomedical library to review Gerson's work. This, dear reader, is how lies succeed, how character is assassinated, and how evil temporarily prevails over that which is good and true."

The basis of my conviction that almost no one in medicine questioned THE JOURNAL is the fact that even today there is little controversy in the profession. Disagreement causes one's colleagues to become uncomfortable. One hears occasional complaining that the insurance companies are controlling the industry, but beyond that everyone knows exactly what to do about everything else. Ap-

It is germane to emphasize that the *scientific* censure of Gerson was the result of *business* competition

proved treatments are available for most conditions, nothing else may be employed, and that's all there is to it.

## Group Indoctrination

Medicine is a profession which has little use for individualism and innovative thinking. This is not due to a general lack of creative intelligence within the ranks. It is due, rather, to the constraints of the industry (e.g.: IND required by FDA and Phase I, II etc.) and to the way in which physicians are educated. The parameters of permissible diagnosis and treatment are very narrow. Rote memorization of textbooks is the indispensable talent of the contemporary medical student. Creativity is regarded as errant spirit. Physicians are "broken" like horses. Perhaps the best example of the techniques used to accomplish this are the brutal back-to-back-to-back shifts of the intern who may sleep 6 of 54 hours. One functions as a robot under such circumstances.

Dr. Keith Alan Lasko, M.D., described the initiation faced by all interns in his angry book "The Great Billion Dollar Medical Swindle" (Bobbs-Merrill Co., Inc., Indianapolis & New York, 1980).

"The sweatshop has been relegated to a thing of the past. Medieval tortures have been long forgotten. Labor abuses have gone the way of Simon Legree, too. Except in hospitals. For cheap labor, for slave labor in fact, none can compare to the lowly intern. Despite his M.D., he is treated as lower than the hospital janitor, is paid less, and works harder.

"In an era when the 40-hour week is becoming unpopular and leisure time continues a steady rise, the lowly intern works a 100-hour week, or even 120 hours. Who else is asked to work all day, then all night, then all the next day? Then he is allowed to go home, collapse, sleep six hours, and return to work all day, all night, and all day again.

"For a pittance in pay, mocked and abused by his superiors (the

residents and staff doctors), he labors for an hourly wage that a Chinese coolie would refuse. Told that this is a necessary part of his "education," the young doctor toils for one year of voluntary servitude in a hospital that acts as if it is doing him a favor to let him slave there."

"Why?", the reader may ask. The contention is that physicians may have to work under such conditions. In order to test their readiness to do so, it is necessary to subject them to grueling conditions to test their ability to perform. If they can no longer think, it will be possible to see how well they have drilled; whether they are able to practice medicine on automatic pilot.

Huxley saw the power of group

**Morris Fishbein's 41-year-old editorial is frequently used against the Gerson Institute by several dominant institutions: the American Cancer Society (ACS) and the National Cancer Institute (NCI)**

indoctrination and wrote, "Virtue and intelligence belong to human beings as individuals freely associating with other individuals in small groups. So do sin and stupidity. But the subhuman mindlessness to which the demagogue makes his appeal, the moral imbecility on which he relies when he goads his victims into action, are characteristic not of men and women as individuals, but of men and women in masses.

"Mindlessness and moral idiocy are not characteristically human attributes; they are symptoms of herd-poisoning. In all the world's higher religions, salvation and enlightenment are for individuals. The kingdom of heaven is within the mind of a person, not within the collective mindlessness of a crowd. Christ promised to be present where two or three are gathered together. He did not say

anything about being present where thousands are intoxicating one another with herd-poison.

"Under the Nazis enormous numbers of people were compelled to spend an enormous amount of time marching in serried ranks from point A to point B and back again to point A. 'This keeping of the whole population on the march seemed to be a senseless waste of time and energy. Only much later,' adds **Hermann Rauschning**, 'was there revealed in it a subtle intention based on a well-judged adjustment of ends and means. Marching diverts men's thoughts. Marching kills thought. Marching makes an end of individuality. Marching is the indispensable magic stroke performed in order to accustom the people to a mechanical, quasi-ritualistic activity until it becomes second nature.'

"From his point of view and at the level were he had chosen to do his dreadful work, Hitler was perfectly correct in his estimate of human nature. To those of us who look at men and women as individuals rather than as members of crowds, or of regimented collectives, he seems hideously wrong. In an age of accelerating overpopulation, of accelerating overorganization and ever more efficient means of mass communication, how can we preserve the integrity and reassert the value of the human individual? This is a question that can still be asked and perhaps effectively answered. A generation from now it may be too late to find an answer and perhaps impossible, in the stifling collective climate of that future time, even to ask the question."

## Fishbein Today: His Words in the Mouths of the American Cancer Society

In today's highly competitive, politically charged cancer research and treatment community, Gerson's cancer publications in the peer reviewed journals of the U.S. and Germany are, for

the most part, ignored. On the other hand, Morris Fishbein's 7-year-old editorial is frequently cited against the Gerson Institute by several dominant institutions: the American Cancer Society (ACS) and the National Cancer Institute (NCI).

For more than three decades, both ACS and NCI resisted the realities of therapeutic nutrition. Through hypercapitalization and unidirectional research initiatives, they hoped to discover the "cure" for cancer. Only through growing public concern and resulting governmental initiatives have these organizations begun to look at the relationship of diet and nutrition to cancer. NCI has responded to Congressional pressure at the glacial pace of bureaucracy. A "diet, nutrition, and cancer program" of sorts now exists within NCI, but the floodgates of research have not yet opened. We might more appropriately refer to NCI's work in this area as a trickle through the oilway.

ACS, in contrast, is a private fund raising organization which is probably better situated than NCI to take advantage of the imminent shift into medical pluralism in U.S. cancer treatment. Already ACS has done far more than NCI to educate the U.S. population regarding the pivotal role of diet in cancer prevention. ACS will predictably be able to raise money in the name of cancer until cancer no longer plagues us. ACS does not need NCI or its officers **Vincent De Vita**, **Bruce Chabner**, or **Gregory Curt**. If carrot juice and coffee enemas become central to cancer research, ACS will move swiftly into the funding of studies related to organic gardening, protein-calorie restriction, monooxygenase oxidase, palmitates, and glutathione S- transferase.

I repeat, ACS is a private fund raising organization. Its chief function is to raise funds. It does so exceedingly well. It should not be faulted for raising funds for cancer research, because cancer research is vital to understanding cancer and to the eventual eradication of the disease which will most probably result from prevention.

## The New Paradigm

It is ironic that both ACS and NCI refuse to objectively consider Gerson's contributions to the medical literature because, they say, the publications date from the 1940s and 1950s. According to a spokesperson for ACS' *Committee on Unproven Treatments* in a recent conversation, "Medicine has moved since then".

Indeed it has. Diet and nutrition are continually growing in importance. At the time of Fishbein's editorial, therapeutic nutrition for cancer was a dead issue. **Albert Tannenbaum's** experimental models had been ignored, and Gerson's clinical work experienced the same fate.

In 1949, as part of his second attack on Gerson, Fishbein misinformed his readers, "There is no scientific evidence whatsoever to indicate that modifications in the dietary intake of food or other nutritional essentials are of any specific value in the control of cancer." (*JAMA* 139: 93-98, January 8, 1949).

Clearly, Fishbein's comment is no longer true. However, that does not stop ACS and NCI from using Fishbein's two propaganda pieces of the 1940s as the basis of current negative statements against the Gerson Institute and in opposition to medical investigation of Gerson's treatment.

## Current Propaganda

In the late 1940s and throughout the 1950s the U.S.A. enjoyed a period of historically unparalleled economic expansion and prosperity.

During that time, there were few currents of discord and unrest in the general population. However, times are no longer the same. Today's disadvantaged wage earner is pretty disgusted with the cost of medical insurance and care. In the halls of the U.S. Congress, a public controversy in cancer medicine is being staged. The spotlight is focused on funding, challenges to the reliability of statistics, and the ineffectiveness of treatments developed during the last 40 years.

It occurs to me that ACS should form a think-tank to carefully weigh the involvements it has with organizations which propagandize recklessly. Recently on national talk radio, I heard **Dr. John Laszlo**, **Director of Research** for ACS, support a concept promoted by manufacturers of chemotherapeutic drugs. He said, "(Chemotherapeutic treatment of) leukemia is particularly important because its a model for treatment of other tumors. I think in some ways we've been unlucky that the things that have worked in childhood leukemia haven't worked as well in treatments of cancer of the lung."

The impression created by Dr. Laszlo's statement is that there is promise that drug managements for leukemia will result in similarly successful drug managements for lung and "other tumors". There is no factual basis for this statement. One cannot correctly say that leukemia is a model for other tumors because leukemia is not a tumor, it is not a cancer, it is a blood dyscrasia.

The days are over when wildly hyperbolic claims could be comfortably made. Neither the so-called "orthodoxy" nor the so-called "alternative community" can afford to make unfounded claims. Many of us are familiar with physicians on both

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We are taught to memorize what we read in books. We should instead be taught to question what we read in books

sides of the fence who claim 80-90% "cure" rates. But very few members of the general population believe such bunk any more.

No one denies the results of chemotherapy in childhood leukemia. But we are not ignorant of the results in other tumors. Many of us are familiar with the chemotherapeutic management of lung-, pancreas-, metastasized bowel-, and metastasized prostate cancers, just to name a few. Many of us have watched each case with fresh astonishment as tumors rapidly regressed in response to chemotherapeutic drugs. Many of us have felt the exhilaration of hope as the occasional patient rapidly recovered after chemotherapeutic treatment. And just as many of us have felt the crashing despair as each and every one of these patients relapsed and died of the original cancer after only a few weeks or months. How can we allow statements to be made which would lead treating physicians to involve themselves in such terribly expensive, futile, and damaging treatments?

Statements such as that made by Dr. Laszlo are not innocuous. He is a *highly stationed official with a very large and powerful organization*. He is creating false impressions. Whether or not Dr. Laszlo has stopped to consider his role in the business of science, in other words, whether or not he knows what he is doing, he is propagandizing irrationally. This is underscored by the fact that the above statement was

made in the context of a nationwide radio-broadcast debate with investigative journalist **Peter Barry Chowka**, an advocate for alternative managements for cancer and long-time critic of ACS and NCI.

## Don't Believe Everything You Hear

More than by anything else, *I am distressed by the number of young physicians who do not think for themselves*. Most who promote therapeutically useless and even damaging chemotherapeutic drug treatments are true believers. They are doing what they are doing because they believe in it. How, one might ask, do they come to believe in the application of drugs in conditions which they have repeatedly failed to improve?

Physicians go to medical school to take advantage of the compiled wisdom of several centuries of recorded medical history up to the present day. They read the refereed journals in pursuit of the truth and to enhance their personal understanding. They do not enter education with the understanding that much of what they encounter will be an admixture of hype and reality. There are no courses in "discrimination: separating the hype from the reality". There are no instructors warning them that what is taught consists a large measure of factual information, *but* it also contains

mistakes, false impressions, balderdash, and misinformation (public relations hype). Not all of what is incorrect in the medical encyclopedia is new, some of it is not. But there are many sources of fresh misinformation. For example, any informed observer reviewing oncology journals of the last decade will find that a number of them are distressingly unrealistic, even sensationalistic, in their presentations. Because these venues for publication of splashy articles pass as peer reviewed journals rather than supermarket tabloids, the average reader is not alert to the incredibility of the contents.

How can a physician defend himself against false indoctrination when the behavioural code of his profession dictates that he shall conform to the standards of the profession, and the contemporary standards themselves are based in multiple fallacies? Standards are imposed for the good of the patient, to lower the percentage of errors in diagnosis and treatment. But, given the above, when do organization and standardization cease to be beneficial? Huxley observed: "We know that, in a very large and complex society, democracy is almost meaningless except in relation to autonomous groups of manageable size; nevertheless more and more of every nation's affairs are managed by the bureaucrats of Big Government and Big Business. It is only too evident that, in practice, the problem of over-organization is almost as hard to solve as the problem of

There will never be such a thing as a writ of *habeas mentem*; for no sheriff or jailer can bring an illegally imprisoned mind into court

over-population. In both cases we know what ought to be done; but in neither case have we been able, as yet, to act effectively upon our knowledge."

The problem is immense. Our educational system does not prepare us to enter medical school. We are taught to memorize what we read in books. We should instead be taught to question what we read in books. We are taught how to function in a social context so that we do not offend, but we are not taught how to think on our feet. How many of us remember being taught that tin comes from Bolivia, copper from Chile, beef from Argentina? What did those "facts" imply, and how do we reconcile that with the actual current and historical relationship of the U.S. to Latin America? How much of the present day relationship of the U.S. to Latin countries has been flavored by the teaching of the above "facts" to children who grew up to become our current corporate, political and military leaders?

Huxley wrote: "It is perfectly possible for a man to be out of prison, and yet not free — to be under no physical constraint and yet to be a psychological captive, compelled to think, feel and act as the representatives of the national State, or of some private interest within the nation, want him to think, feel and act. There will never be such a thing as a writ of *habeas mentem*; for no sheriff or jailer can bring an illegally imprisoned mind

into court, and no person whose mind had been made captive by the methods outlined in earlier articles would be in a position to complain of his captivity. The nature of psychological compulsion is such that those who act under constraint remain under the impression that they are acting on their own initiative. The victim of mind-manipulation does not know that he is a victim. To him, the walls of his prison are invisible, and he believes himself to be free. That he is not free is apparent only to other people. His servitude is strictly objective."

Although Huxley's comments encompass world society, they are applicable to the microcosm of medicine. The informed, thinking physician is more and more frustrated by his inability to move beyond his constraints to seek out means and methods effective to relieve suffering. Why should the thinking physician be subjected to the same rigidity of control as his less reliable peers? Where is the flexibility in the system? Because peer review panels are democratically selected from the general population of the profession, they are made up of people with average intelligence. Why should mediocre minds sit in judgement of creative ideas? Where in medicine can a creative mind challenge a stupid peer review by filing a writ of *habeas mentem ad sub-jiciendum*?

When Huxley wrote his master essay on the role of propaganda in society, the postwar boom was two

and a half decades old. There was no hint of the explosive years to come. As he cast his gaze across a great sea of human complacency, he wondered, "At this point we find ourselves confronted by a very disquieting question: Do we really wish to act upon our knowledge? Does a majority of the population think it worth while to take a good deal of trouble, in order to halt and, if possible, reverse the current drift toward totalitarian control of everything? In the United States — and America is the prophetic image of the rest of the urban-industrial world as it will be a few years from now — recent public opinion polls have revealed that an actual majority of young people in their teens, the voters of tomorrow, have no faith in democratic institutions, see no objection to the censorship of unpopular ideas, do not believe that government of the people by the people is possible and would be perfectly content, if they can continue to live in the style to which the boom has accustomed them, to be ruled, from above, by an oligarchy of assorted experts. That so many of the well-fed young television-watchers in the world's most powerful democracy should be so completely indifferent to the idea of

Do we really wish to act upon our knowledge?

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self-government, so blankly uninterested in freedom of thought and the right to dissent, is distressing, but not too surprising. 'Free as a bird,' we say, and envy the winged creatures for their power of unrestricted movement in all the three dimensions. But, alas, we forget the dodo. Any bird that has learned how to

grub up a good living without being compelled to use its wings will soon renounce the privilege of flight and remain forever grounded. Something analogous is true of human beings. If the bread is supplied regularly and copiously three times a day, many of them will be perfectly content to live by bread alone — or

at least by bread and circuses alone."

The above was true for the better part of four decades; but now bread is more and more frequently in short supply, and the distractionary value of propaganda and circuses is wearing thin.

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The Healing Newsletter is the membership organ of the Gerson Institute. You can become a member of the Gerson Institute simply by making a donation of \$25 or more.

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