

# CANCER FORUM

PUBLICATION OF THE FOUNDATION FOR ALTERNATIVE CANCER THERAPIES, LTD.



# Foundation for Alternative Cancer Therapies

Foundation for Alternative Cancer Therapies, Ltd. is a non-profit, tax-deductible organization. It supports and encourages biological cancer research, nutritional science investigations; disseminates information about non-toxic treatment for cancer to cancer victims; provides financial assistance; and fights to eliminate carcinogenic substances from the environment.

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*In lieu of flowers, send a tax deductible contribution to F.A.C.T. as a memorial to the deceased. This may give life to a cancer victim. Acknowledgements will be sent to the families of the deceased and to the donors.*

*Assumptions have been made that the above names represent patients who have died using an alternative cancer therapy. We would like to correct that misunderstanding. Contributions are made by friends of FACT wanting to help FACT while simultaneously expressing their sympathy to the family of the deceased. Many of the above listed names are unknown to us; the persons may have died of something other than cancer.*

*Acknowledgement cards can also be sent to honor someone's birthday, anniversary or any other special occasion.*

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## The Prolongation of Life

By Alexander A. Bogomolets, M.D.

The first principle of a wise life is work. The entire body must work. All its functions must work. Not one of them must be forgotten. Yet, none must be overburdened to depletion. The misuse of any function at all — overeating, sexual excesses, overwork — will inevitably lead to untimely old age. Rest from work must precede fatigue. It should be used to prevent rather than cure fatigue.

It is very important to pay attention to one's breathing. One must breathe deeply, so that exhaled air will not be retained in the lungs, and so that the blood will be fully saturated with oxygen. One should remember that oxygen is an important nutrient and a substance that, by a process of oxidation, helps the organism not only to produce heat but also to get rid of the harmful, poisonous waste products of metabolism.

Gueniot calls the lungs, "the true fountain of youth where billions of messengers from the tissues — the red blood corpuscles — rush in for oxygen."

Very important for longevity is proper digestion. Food should be wholesome and simple. Many doctors recommend a vegetable diet to older people. However, such a diet is far from being popular. The famous author of "In Praise of Folly," Erasmus of Rotterdam said: "At heart I am a Catholic, but my stomach is that of a Protestant." He begged the Pope to absolve him from the necessity of observing the days of fasting. However, there is no doubt that one should avoid too much meat. Proteins are necessary for the replacement of the proteins of the cellular plasma. But they are needed daily for this purpose in only small quantities. Although meat is predominantly protein foodstuff, it is also responsible for the formation of waste products that are not only unwholesome but even harmful when functions of the liver and kidneys are impaired. For this reason, meat should be used in small quantities.

To replace expended energy, it is better to use fats and carbohydrates (Editors note: Fats should be used in small quantities too, and carbohydrates should be complex) that are oxidized in the organism to carbon dioxide and water. It is very harmful to overeat. I will remind you of a French saying: "To get fat, is to get old."

The bowels should be emptied not less than once every twenty-four hours. This is very important. It is necessary to have proper bowel movements to prevent constipation. A glass of sour milk or a bottle of kefir at night, at the same time regulates the emptying of the bowels and suppresses the harmful bacilli of putrefaction.

Exercise and massage are useful in preventing blood congestion in various parts of the body. One should begin and end the day with them. Ten to twenty minutes daily, not only will add vigor for the rest of the day, but will preserve more than a few years of life. This promotes the exchange of substances between the tissues and the blood; improves the nutrition of the cells, and facilitates the passage of wastes from cells into the blood and from the blood through the kidneys into the urine. Walking for not less than an hour a day is a "must" for those who lead a sedentary life. One should dress lightly but according to the weather. Even Plutarch advised that for the preservation of good health one must keep the head cool and the feet warm, and not be in a hurry to take medicine.

It is essential to keep the skin clean, because the skin is an important organ of exchange. . .

Sleep is important. Man should sleep seven to eight hours daily, including one hour after the main heavy meal. Sleep brings rest to all of the body's functions, particularly those of the nervous system. Overtiring this system is harmful for the general welfare of the organism and, if it is prolonged, will lead to an exhaustion, untimely aging and death. Excessive indulgence in drink and tobacco affects the nervous system very badly.

. . . The fundamental precept of the fight for longevity is avoidance of satiation. One must not lose desires. They are mighty stimulants to creativeness, to love, and to long life.

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*"Your spine is the switchboard to your nervous system. When the spine becomes misaligned due to jars, jolts, poor posture, or emotional stress, then nerve irritation results. With the presence of nerve irritation, your body becomes vulnerable to illness, pain, and discomfort." — Michael Chimes, Jr., D.C.*

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# Mental Attitude and Cancer

by Arthur C. Hochberg, Ph.D.

It is easy to write about the need for a positive mental attitude in coping with severe illness. It is easy to philosophize and to write abstract ideas about attitudes. The main point to consider, however, is: How do people act who *do* have a positive mental attitude in the face of a serious illness? What do they do? If we in the healing arts are to help people, then we must provide guidelines pertaining to mental attitude.

In my experience I have noticed certain characteristics or qualities in those people who in fact do have good mental attitudes. These characteristics are:

1. *Disciplined action.* The ability to carry out a program of treatment which is both difficult and time consuming, over a long period of time.

2. Ability to *Be Involved* and to take part in their own treatment. These people don't just let other people do all the work. They are right in there doing whatever they are able to do to help themselves.

3. The attitude of *Healing Themselves.* Not depending on 'The Doctor' to heal them, but realizing that they are the only ones who can heal themselves. They have the power within themselves to be healed. Their treatment program and attitude are geared toward calling forth this power, so that it can function in its healing capacity.

4. *Faith in God.* Believing in God's Will and His Power to heal His children. Allowing God's Grace to come through and to dominate their lives. Holding onto this faith in the midst of the most excruciating pain and difficult times. Holding onto God as the only One who can provide the help which is needed. Having faith in God as the Ultimate Healer. (*For agnostics who have cancer, the word God can be changed to Nature.*)

5. Recognizing the value of *Good Nutrition and Removal of Toxins* as a means of healing the body. There are many good foods in the world which may be used for our welfare. The person has to use these natural substances to fight off and eliminate the invading diseases.

6. Belief in the *Wisdom of the Body* to correct itself if provided with the proper nutrients and mental attitudes. The person must allow this to function and to carry him through the illness back to good health.

7. *Family Emotional Support.* Willingness to accept help from family members, and allowing them to be a part of the treatment process. Not being afraid to surrender their ego to others in the face of the need for help, or in letting their needs be known.

8. Having a *Perspective on Life.* Seeing a reason and a purpose for everything, even a terrible illness. Understanding that what happens to them is most often beyond their immediate comprehension, but also that if they have faith and determination in their efforts to get well then these purposes will become much clearer.

9. *Determination* to get well, and to serve mankind in a positive capacity. The desire to use this life in a manner that will be of benefit to other people who suffer from degenerative illness.

10. *Capacity for Love.* An ability to be sensitive to the needs of others and to help others feel more comfortable in the presence of severe illness. The capacity to bring forth love from others by maintaining a trust in God and an attitude that all things work out for the best in the final reckoning.

11. *Trust in the Divine Laws of Nature.* Trusting that the same laws which govern the universe are also operating within their bodies, and allowing this trust to guide their lives.

12. *Compassion* for the whole human condition. A basic love for and a sense of unity with all mankind as brothers and sisters, and a realization of the difficulty of the human lot.

13. A realization that negative thinking and emotions, such as despair, anger, and resentment, can only make the illness worse and serve to drive a wedge between themselves and the healing power within.

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*"Drainage is the term applied to the physiological processes by which all waste and toxic matters are eliminated from the cells and the tissues and, in turn, eliminated from the body. It is the means by which internal cleanliness is maintained. It is believed by the greatest authorities that defective drainage is responsible for almost every disease known to man, except the infectious diseases and accidents." — By William F. Haack*

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## The Importance of Worrying

*"A Laugh a Day Keeps Insanity Away"*

By Albert Schatz, Ph.D.

It is well known that worry can produce emotional and/or physical illness. In some cases, it may even be responsible for death. That is why, when an individual dies, someone may say, "He worried himself to death."

Worrying is like smoking. People know it's bad, but do it anyway. But worrying is unlike smoking, because people who worry don't harm anybody except themselves.

Basically, people worry because worrying satisfies certain needs they have. For example, some people are said to be happy only when they are miserable. They don't know how to handle happiness, and are therefore uncomfortable with it. So, they worry until they get miserable. Such people are often called "worry warts"

Worrying may be important for individuals who are not imaginative and creative, and do not know what else to do with themselves. Worrying gives them something to do. They can worry anywhere and any time. And it doesn't cost anything to worry. It's free.

Worrying may also have social value. Two or more people can worry together at the same time and about the same thing. People who worry this way may discover that they have a lot in common. They may therefore become good friends.

Some people who don't know what to do about their problems usually worry about them. Worrying gives them a feeling that they are at least doing something. If things get better, they may even feel that their worrying helped.

An individual who worries about other people and their problems may benefit by feeling useful and needed, especially if people express their appreciation for his worrisome support.

People who want to worry but don't know what to worry about should contact the National Association of Worriers. The organization will gladly send them a list of things they can worry about. There is no charge for this service.

The National Association of Worriers also distributes the book *The Art and Science of Worrying* by Alexis Lamont Kilrod, B.Sc., M.A., Ed.D., Ph.D. This valuable book on worrying contains the following chapters: *The Origin and History of Worrying, Examples of Worrying in the Old and New Testaments, Important*

*Characters Who Worried in Shakespeare's Plays, How you Can Become an Expert Worrier in Ten Easy Lessons, Creative Worrying for Business Executives, Setting Goals for Effective Worrying, How Worrying Can Enrich Your Life, How Worrying Can Help you Stop Smoking, Professional Worrying as a Full-Time Career, Worry Your Way to Success, Famous People Who Were Great Worriers, When in Doubt, Worry it Out, How Worry Makes the World Go Round, The Family that Worries Together Stays Together.*

So much for humor and satire. Now, let us be serious. It is important to realize that worry can be a powerful force in the world. That happens when worrying leads to anger and then motivates us to do something about important problems. This kind of worry turns out to be positive and healthy.

When enough people become sufficiently worried to do something about their concerns, they can prevent cancer by stopping the pollution of air, food, and water with chemicals and radioactivity. They can save millions of lives by preventing wars. They can get rid of corrupt politicians and even overthrow dictators.

This kind of worry has made life worthwhile and fulfilling for many people. It is responsible for much of our progress throughout history.

## Environmental Carcinogens of Industrial Origin

By Theodor D. Sterling, Ph.D.  
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Presented at the Annual Meeting of  
The Cancer Control Council  
Los Angeles, California, July 2, 1977

### ABSTRACT

An immense number of carcinogens are produced and spread throughout our modern technological society. They permeate our air, our food, and our drinking water. Our main source of knowledge about carcinogens still comes from cancer epidemics among industrial workers. Cancer of airway passages, urinary systems, digestive systems, skin, and various organs have been definitely related to such widespread pol-

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lutants as the volatile by-products of combustion, asbestos, arsenic, vinyl chloride, nitrosamines, neptalamines, benzidines and many other substances. Many of these substances find their way into almost daily contact with the population of North America.

Heavy handed attempts have been made to link industrial diseases to smoking. However, abundant evidence now exists that when it comes to cancer, **WORKING KILLS SMOKERS RATHER THAN SMOKING KILLING WORKERS.**

Cancer is a statistician's disease. This does not mean that statisticians suffer more from the disease than do other mortals. It is a statistician's disease because the complex causes that are cancer's antecedents, making their effects felt over prolonged time periods, can be ferreted out best through statistical studies. At least I flatter myself that as a statistician I am a necessary cog in the machinery.

In the broadest sense, a carcinogen is a condition, an effective contact with some substance, a set of circumstances, that in due course increase the probability of developing cancer. Such conditions abound and so do carcinogens then. Most of them appear to be created by man for his own benefit or, better, lack of benefit.

That is not to say that many carcinogens do not occur freely. The ultraviolet rays of the sun are a major cause of skin cancer. Ionizing radiation occurs naturally in many locations and we all are exposed to cosmic radiation. Improper nutrition plays a role and so do many mechanical and chemical stimulations. But the number of all naturally occurring opportunities pales in comparison with the number of carcinogens which are produced by modern industrial processes.

A proper assessment of the extent of the man made disaster has only been made lately, perhaps as recent as the last decade. That carcinogens are produced indeed has been long suspected. But the history of modern health research has been one of failures — of failures to test the many by-products of technology for their carcinogenic properties, failures to test them properly, and of failures to acknowledge many results of such tests when they clearly indicated that a health hazard was created. Only when conscientious citizens brought pressure to bear on the health establishment, were responsible investigations undertaken. Publicly supported studies have now accumulated much of the evidence of what is or what is not carcinogenic. But by far our best

source of knowledge are studies of cancer epidemics among industrial workers. Man, for the most part, has been his own best guinea pig and workers in mills, factories, and fields are most exposed and most vulnerable to the carcinogenic effect of technology. Independent of the moral question raised by this inhuman approach to health studies, industrial workers *are* the best test subjects. They constitute a large number of exposed subjects, they are exposed often and to high doses, exposure usually are at high temperatures where contact is much more volatile, and they are exposed over prolonged periods.

It would be an illusion, however, to assume that only industrial workers are exposed to industry produced hazards. Many of these hazards are spread throughout the community, often with undiminished force. The effluences of smoke stacks and the discharges of industrial sewers into the air and water are subject to ecological forces and become the increasingly concentrated companions of human existence. The industrial worker may be at the point, but the final target is all of us.

### **THE MANY SOURCES OF INDUSTRIAL POLLUTION**

The recognition of industrially caused cancers leads back to the observation by Percival Pott in 1775 of the high frequency with which cancer of the scrotum occurred among London chimney sweeps. This observation lead in time to the recognition that perhaps the greatest number of carcinogens come from the volatile by-products of combustion of organic fuels such as coal and petroleum and from substances eventually recovered from these by-products, especially tars. Most exposed are workers in and around coke ovens. According to the U.S. Bureau of Mines, there were 13,218 coke ovens in operation in the U.S. in 1970. Workers in and around foundries or steel making operations or any intensely burning organic fuel are similarly exposed. But exposure to these volatile chemicals is not limited to workers. Very much the same materials are released into the atmosphere from home heating devices and automobile exhausts.

About a million tons of asbestos are used in the United States, each year. It has been estimated that 40,000 insulation workers are directly exposed to asbestos dust. Much of the asbestos used in construction now is sprayed on.

Fibres working loose from coatings are slowly circulated into the air through heating and ventilation ducts. Another estimated 50,000 workers are involved in the manufacture of asbestos containing products. Because of the countless uses of asbestos, fibres are now found in textiles, in food, in drink, in practically every other place including baby powder. One study in New York found that over 47% of autopsied lungs contains asbestos bodies. Another study found chrysotile asbestos in lungs of 104 out of 123 people coming to autopsy at random.

Arsenic is found in larger amounts in the general environment. To this naturally occurring amounts are added 35,000 tons of arsenic trioxide in the United States each year. Arsenic is used in pesticides, in pigments, in the manufacture of glass, in textile printings, in tanning, in taxidermy, in antifouling paints to control sludge formation, in cutting oils. Arsens are often used in alloys. NIOSH estimates that approximately 1,500,000 workers are exposed to inorganic arsenic.

Here we have then three sources of pollutants with which most individuals in the modern world have daily contact. All of them produce cancer in the work place.

The first report of unusual lung cancer experience in men engaged in coal carbonization came from Japan where gas producers showed lung cancer mortality many times that observed from other Japanese steel workers. The excess lung cancer risk was confirmed about the same time by British studies of death certificates. In 1952, Richard Doll observed in the study of gas works pensioners an 81% excess of lung cancer death in comparison with the general population. In the United States, Lloyd reported recently that many coke oven workers had lung cancer mortality rate 2½ times that predicted by the experience of all steel workers. These figures have been confirmed again by recent studies of U.S. and Canadian workers.

However, cancer of the lung is not the only cancer found. An excess risk of bladder cancer has now been confirmed for workers exposed to coal carbonization. Bladder cancer is a rare form of cancer and the very fact it was observed indicates that it's rate among coke oven workers is very high. Coke oven workers experience about three times the expected rate of kidney cancer. Other cancers that have been reported are of the larynx, nasal sinuses, pancreas, blood forming organs and stomach. However, the major site of

attack for workers exposed to carbonized by-products have been skin, lung, and urinary organs.

The report of bronchogenic carcinomas among asbestos workers are so many as to establish asbestos as a leading cause of lung cancer among them. In fact, one recent study found that 80% of lung cancer patients and another that 30% of patients with squamous cell carcinoma of the larynx report occupational or other exposures to asbestos.

Another frequent type of cancer among asbestos workers are mesotheliomas. Ten to 15% of cancer deaths among asbestos workers are due to that disease. Other epidemiological studies have consistently shown an excess risk of a number of other cancers among asbestos workers, especially of the gastric and intestinal tracts following exposure to mixed fibres. Dr. Muriel Newhouse reported that of 76 mesothelioma patients, 31 worked with asbestos, 9 were relatives of asbestos workers (pointing to the direct danger to wives and children when the breadwinner brings home toxic substances on his hair, skin, and clothing) and 11 lived near asbestos using factories.

Lung cancer has been attributed to arsenic exposures since 1924 when a high lung cancer rate was observed among nickel refining workers in South Wales. Since then nickel itself was found to be a carcinogen. However a number of factory studies established between 1936 to 1948 that workers exposed to arsenic had twice the incidence of respiratory cancer and ten times the incidence of cancer of the skin than did the general population. The incidence of lung cancer appears to be directly related to the amount of exposure to arsenic. Lee and Fraumeni of the U.S. National Cancer Institute found the lung cancer prevalence for groups that differed in exposure to arsenic from lights to medium to heavy were respectively 2.4, 4.8 and 6.7 times the expected rates.

Here are some other substances definitely proven to be carcinogens.

Besides many serious harmful effects which has been reported among workers exposed to chromium dusts are lung cancer. An increasing number of workers are exposed to benzenes, and alpha and beta nephtalamines. These chemicals are known to cause cancer of the bladder, pancreas, and various other organs. Vinyl chloride and polyvinyl chloride are known to cause gall bladder cancer, cancer of the nervous system,

liver, kidney and lung. There is an increasing incidence of bone marrow cancer and multiple melanomas and myeloid leukemia among radiation exposed workers. The cancer producing properties of nitrosamines were first found in workers using cutting oil and hydraulic fluid. Workers in the rubber industry have a high incidence of tumors of the nervous system, cancer of the pancreas, cancer of the lymphatic/homopoetic systems, cancer of the kidney, and cancer of the stomach.

I have carefully limited myself to those sources of cancer producing agents for which definite evidence has been accumulated. But what of substances for which no such observations exists? What of the many products based on chlorinated hydrocarbons or on arsenic compounds that have flooded the environment through heavy use as pesticides and herbicides? How many food preservatives are based on nitrosamines? What about food coloring chemicals? What about plastic food packaging materials that leach out various highly toxic chemicals? What about aerosol propellants of cosmetic sprays that contain vinyl chloride? (300,000,000 lb. of vinyl chloride escape each year in the air from aerosol use.) No answers to most such questions exist because no answers to most such questions are seriously sought. But when tests are made of the carcinogenic properties of many common chemicals, the results often are surprising. In the late 1960s, the National Cancer Institute tested 120 commonly used household chemicals for carcinogenic properties. Eleven of them were found to be carcinogens and one, a teratogen. As we examine our environment more and more closely, the number of hitherto unsuspected carcinogens increases. For instance sulphur dioxide, which has been associated mostly with malodorous irritation, is now thought to increase the prevalence of lung cancer among smelter workers.

#### WHAT ABOUT SMOKING

No discussion of cancer is complete without turning to the role of tobacco in causing cancer — especially of the lung.

The findings from occupational health studies are in direct conflict with the popular opinion that lung cancer is primarily a disease of smokers. And indeed, ever since the Advisory Committee to the Surgeon General had concluded in their report *Smoking and Health* that it was smoking and not occupational exposures that

caused lung cancer, the popular opinion has remained that smoking is primarily to blame for cancer of airway passages. That conclusion was based on very few occupational health studies that examined both the occupational exposures and the smoking habits of workers. But a mass of new evidence gathered since 1964 now compels us to reexamine that conclusion. Unfortunately there are also many vested interests that seek to keep attention focused on smoking and to divert as much attention as possible away from industrial sources of cancer. Our discussion would be incomplete if we were not to point to some of these "interests" as well.

#### NEW EVIDENCE ABOUT THE EFFECT OF SMOKING VERSUS THE EFFECT OF INDUSTRIAL EXPOSURE AS A CAUSE OF LUNG CANCER

A number of investigations of lung cancer epidemics among industrial workers conducted during the last decade have compared the prevalence of lung cancer among smoking and non-smoking workers. With two notable exceptions, all studies agree that the prevalence of lung cancer is practically the same among smoking and non-smoking industrial workers. In fact, in some studies the prevalence of lung cancer was higher among industrial workers who did not smoke than among industrial workers who did smoke. The studies were of workers exposed to coke oven emissions, to asbestos, to uranium mining, to bimethyl methyl ether, to vinyl chloride, and others.

One of the two exceptions, Doll's study of physicians in England, does not disagree so much with the findings of occupational effects but, at the best, would point to cigarette smoking as one cause of lung cancer but not necessarily its exclusive antecedent. In addition Doll has failed to look into other carcinogenic exposure among physicians such as to anesthetics or radiation. The other study by the American Cancer Society, finds a much higher incidence of lung cancer among smoking than non-smoking asbestos workers. But, there appeared to be a number of curious difficulties with that study. The *Criterion Document on Asbestos Exposure*, published by NIOSH, has challenged the interpretation given to that study in light of other evidence.

Finally, a series of studies by my associates, Dr. Weinkam and myself have now established that the comparison of smokers and non-smokers in a number of studies has really hidden



a comparison between occupations. In our recent article in the Journal of Occupational Medicine we find that when the smoking prevalence is compared among different occupations, occupations in which smoking is heaviest turn out to be those which expose workers with a high probability to irritating toxic dusts and fumes while occupations in which smoking is infrequent are primarily of teaching or professional workers. Thus a comparison between smokers and non-smokers primarily is a comparison between two groups of which one, the smokers, consists of a large proportion of blue collar and a small proportion of occupational workers and managers and of which the other, the non-smokers, consist of a small proportion of blue collar and a larger proportion of professionals and managers.

In summary, new evidence uncovered in the last decade has pointed toward industry as a major source of carcinogens that cause cancer of the lung. The extent to which tobacco also causes that disease needs yet to be established by properly conducted studies that control for occupational exposure of smokers and non-smokers.

#### **AND THEN THERE ARE VESTED INTERESTS**

On May 12, 1977 Dr. Kotin, senior Vice-President for Health, Safety and Environmental of Johns-Manville addressed the National Commission of Smoking and Public Policy and among others said: "In the practical sense, were it not for the associating of cigarette smoking with occupational exposure and chemical or physical carcinogens (e.g. uranium mining, asbestos, coke oven exposure, chromates and nickle, lung cancer in these occupational groups would virtually disappear as a hazard of the work place)."

Dr. Bundy, of the United States Steel Corporation allowed that: "I could not say flatly whether Dr. Kotin is right or wrong, but the evidence — at least in so far as the asbestos and uranium mining fields and possibly the coke oven industry — would seem to point in the direction he indicates."

The *Occupational Health and Safety Letter* that carried these comments also included answers by Dr. Wagoner of NIOSH that "Dr. Kotin's opinion is not in accord with the facts as derived from NIOSH studies and data from the International Cancer Research Group in Lyons." And by myself that "whenever an excessive in-

dustrial incidence of lung cancer has been investigated, there either was very little or no difference between smokers and non-smokers in that industry".

This exchange clearly marks the lines of battle between the industry and environmentalists and occupational health workers. Ever since it has been discovered that workers in some industries suffer with high frequency from cancers and from chronic obstructive pulmonary diseases, industry spokesmen have blamed these diseases on smoking. Paul Brodeur in his *The Expendable American* relates how Dr. Grant, medical consultant for the Pittsburgh Corning Corporation which managed the now defunct asbestos plant in Tyler, Texas, blamed the excessive cancer rate among the workers on smoking. Only a few days ago (June 21, 1977) the Vancouver Sun reported that during the last twenty years, 132 workers at an Italian dye plant have died from confirmed and suspected cancer of the bladder due to exposure to betanaftalamine and benzidine. The article also quoted the factory doctor as saying that workers should just "drink less and smoke less". (The article reports that the managers of the plant received jail sentences. It says nothing about punishment meted out to the doctor.)

There are substantial economic factors at work. To meet acceptable standards of exposure to both workers and the community at large would require industry to make heavy investments in air cleaning devices. Industry has a long record of fighting setting and enforcement of any standards and, to their shame, regulatory agencies have just as long a record of caving in to industry pressure. In addition, compensation claims are expensive as well to both industry and government. Smoking has been a Godsend in dealing with occupational injuries. In a recent Institute on Occupational Disease Claims, sponsored by the School for Workers at the University of Wisconsin, it became clear that occupational claims for a variety of lung diseases were denied altogether or seriously cut when workers had a history of smoking. While the occupational health problems produced by industry cannot be swept under the rug, they can at least be held temporarily at bay by NO SMOKING signs. Perhaps President Nixon, in his 1972 report to Congress on "Environmental Pollution Effects" expressed most crudely this convenient interest shared by government and industry. He charged that for lung cancer "95% of the disease is attributable to cigarette smoking" as a prelude to

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diverting much needed funds from environmental and occupational health research.

Finally it is unfortunate that vested interests are not only found in industry and government and not only controlled by economic and financial considerations. A distinguished committee of Scientists, carried away by commendable zeal, pronounced in 1964 on the basis of rather questionable evidence that it was smoking and not occupation or air pollution exposures that caused lung cancer and chronic obstructive lung disease. Now it finds itself unable to retract on the basis of new evidence. Nor does the U.S. Public Health Service and the National Institute of Health help matters because having sold themselves on cigarette smoking as the major cause of cancer in the past, the bureaucratic mind does not follow easily changes in scientific understanding. But because smoking is used so often to divert attention from environmental and occupational health problems, it is high time that the effect of tobacco is reassessed as opposed to and relation to other antecedents of cancer.

#### SUMMARY

An immense number of carcinogens are produced and spread throughout our modern technological society. They permeate our air, our food, and our drinking water. Our main source of knowledge about carcinogens still comes from cancer epidemics among industrial workers. Cancer of airway passages, urinary systems, digestive systems, skin, and various organs have been definitely related to such widespread pollutants as the volatile by-products of combustion, asbestos, arsenic, vinyl chloride, nitrosamines, nephtalamines, benzidines and many other substances. Many of these substances find their way into almost daily contact with the population of North America.

Heavy handed attempts have been made to link industrial diseases to smoking. However, abundant evidence now exists that when it comes to cancer, **WORKING KILLS SMOKERS RATHER THAN SMOKING KILLING WORKERS.**

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*"The greatest dangers of liberty lurk in the insidious encroachment by men of zeal, well meaning but without understanding."*

*U.S. Supreme Court Justice Louis Brandeis.*

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## New Study Links Chlorination and Cancer

New studies have strengthened the evidence for an association between rectal, colon, and bladder cancer and chlorinated water, according to a recent report from the President's Council on Environmental Quality (CEQ). The studies show that individuals who drink chlorinated surface water generally bear a greater risk of developing one of these forms of cancer than do individuals who drink well water, chlorinated or not. In most cases, this risk ratio was found to vary between 1.13 and 1.93, indicating a 13 to 93 percent increase in tumor incidence. The increased risk does not arise from the chlorine itself, but from carcinogens produced by the action of chlorine on naturally occurring organic compounds in the water, particularly humic acids from the soil.

Chlorinated drinking water first gave cause for concern about 6 years ago when it was observed that some chemicals commonly found in such water — especially the trihalogenated methanes such as chloroform, bromoform, and others — produce tumors in laboratory animals. Subsequently, a fairly large number of so-called ecological studies have suggested a link between chlorinated surface water and an increased incidence of tumors at various sites. In ecological studies, aggregate mortality rates for cancers at specific sites are compared to aggregate water quality measurements; county totals for rectal cancer, for example, might be compared to the fraction of the county's population drinking chlorinated water. These studies have been reviewed in a recent report from the National Academy of Sciences (NAS).\* Most investigators agree that ecological studies are useful primarily for generating hypotheses that can subsequently be tested by more detailed epidemiological studies in which data for individuals are compared.

The new report,† prepared for CEQ by Kenny S. Crump and Harry A. Guess of Science Research Systems, Inc., of Ruston, Louisiana, reviews five recent epidemiological studies. The studies were conducted by Michael Alavanja and his colleagues at the Columbia University School of Public Health, Gary R. Brenniman and his colleagues at the University of Illinois School of Medicine, Martin S. Kanarek and T. B. Young of the University of Wisconsin, Marise S. Gott-

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lieb and her colleagues at Tulane University, and Robert J. Struba and his colleagues at the University of North Carolina.

Cumulatively, the studies included 11,398 people who died of gastrointestinal or urinary tract cancer in five New York counties, 20 Louisiana parishes, 70 Illinois counties, 28 Wisconsin counties, and North Carolina. In general, the investigators obtained death certificates for each individual and identified the type of water used at the deceased's last address. Similar data were obtained for controls. Little other information about the cancer victims was available, however.

"While the epidemiological studies compiled to date are not sufficient to establish a causal relation between chlorinated organic contaminants in drinking water and cancer," Guess and Crump conclude, "they do contain evidence which supports such a relationship for rectal cancer and, to a lesser extent, for bladder and colon cancer." But by traditional epidemiological standards, they add, "risk ratios below about 2.0 (which include nearly all the risk ratios discussed in the CEQ report) are generally subject to doubt no matter how large the study," since unidentified factors could be responsible for the effects observed.

To remove some of this doubt, two more comprehensive studies are now in progress. Kenneth P. Cantor and his associates at the National Cancer Institute are compiling interview data from more than 3000 individuals with bladder cancer newly diagnosed in 1978 and some 6000 controls. Struba, who is now at the Research Triangle Institute, is collecting similar data from about 450 individuals with newly diagnosed colorectal cancer and about 900 controls. By interviewing the cancer victims, it should be possible to eliminate potential confounding caused by saccharin use, industrial exposure to carcinogens, and other variables. These results may be available this year.

Most epidemiologists and cancer specialists interviewed by *Science* agree that the evidence linking chlorinated organic contaminants in drinking water and an increase in cancer incidence is becoming persuasive. Most, however, also urge caution before any action is taken as a result of the studies. We must remember, says David P. Rall of the National Institute of Environmental Health Sciences, that "the two major health advances of this century" were filtration of drinking water and chlorination. Any cessation of water treatment could produce health

consequences of near catastrophic proportions.

"What are the alternatives?" adds Joseph F. Borzelleca of the Medical College of Virginia, who was chairman of an NAS subcommittee on organic contaminants in drinking water. "Ozonation at the treatment plant is costly and leaves no residual ozone" in the water to control contaminants that enter the water between plant and home; the same is true for treatment with ultraviolet light. Granular activated carbon will remove organic contaminants very effectively, but installation of a filter on every drinking water tap in the country would be prohibitively expensive.

Perhaps the most cost-effective method of control would be to make greater efforts to remove organics from water before chlorination, better control of the chlorination process, and selective charcoal treatment of water supplies that have exceptionally high concentrations of organics. One step in this direction is new federal regulations — effective in November of this year for cities with populations greater than 75,000, and 3 years later for those with populations between 10,000 and 75,000 — requiring that concentrations of trihalogenated methanes remain below 100 parts per billion. A 1976 study showed that 31 of 112 municipal water systems surveyed exceeded this limit. Beyond that, there seems little more that should be done unless a causal relation between organic contaminants and cancer is more firmly established. — *Thomas H. Maugh II Reprinted from SCIENCE. Vol. 211, 13 February 1981*

\**Drinking Water and Health* (National Academy of Sciences, Washington, D.C., 1980), vol. 3 and references therein.

†*Drinking Water and Cancer: Review of Recent Findings and Assessment of Risks* (Council on Environmental Quality, Washington, D.C., 1980).

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*According to Sir Arthur Amies, one of Australia's leading dentists and an opponent of fluoridation: "The passion to regulate the lives of others is deep-seated in many individuals. When this is based on political expedience, it is bad, and when it is inspired by an idealism which wishes to inflict benefits on others, it can become dangerous."*

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## Distilled Water

J. Edward Smith

The body contains 19 essential minerals, and its supply must be continuously replenished to keep it strong and healthy. Unfortunately, most people fail to realize that the body can only use ORGANIC minerals effectively. INORGANIC minerals are not absorbed, but will remain in the body, resulting in arthritis, hardening of the arteries, stones, spurs, etc. Plants, however, can make use of inorganic minerals, converting them into a form which the body can assimilate. Plants, therefore, and other animals are the proper source of minerals. Calcium is a good example. Consumed as bone meal, the ground bones of other animals, it is readily absorbed; but consumed as dolomite, which is mined from the earth, it cannot be.

The body is 70% water by weight. Our blood, of course, is 99% water, and every cell is bathed in a chemical "soup" which is primarily water. It stands to reason that the "quality" of that water be the very best possible. Water is H<sub>2</sub>O and nothing else; but there is something else, for the water that flows from your well or the faucet has absorbed the minerals (INORGANIC) contained in the rock or soil it has flowed over on its way to the tap, plus every contaminant which has been added, whether it be on purpose or not. Often it is heard that the body needs the minerals found in the water. Not so. Our food supply is the proper source of minerals.

The ideal source of water would be from the juice of vegetables and fruits. Nature has distilled it, and it contains the minerals in a form which we can use. Unfortunately, most of our fruit and vegetables are not organically raised and therefore are contaminated. Even so, it is vastly superior to the tap water. Rain water used to be an excellent source of water. It, too, is distilled; but our atmosphere is now polluted and so is the rain. That leaves only one alternative. We must DISTILL the water in a home distiller. We could buy distilled water, but it is expensive, the quality is in doubt, and it comes in a plastic jug which nullifies its purity. We are left with a home water distiller.

Don't make the error of thinking that a filter attached to the water faucet provides pure water. It doesn't — it provides filtered water, and although it may remove odor, it in itself is a

source of bacteria. Distilled water eliminates 100% of the bacteria and 100% of all viruses. It also virtually eliminates chlorine, fluorine, and other inorganic minerals (99%). Eliminating most of the calcium, it renders the water soft, but not as soft as water which has sodium added to make it soft. However, it makes beautiful suds and removes them when rinsing. A baby's rash disappears if distilled water is used in bathing the infant. A spot on a fabric is easily washed out and will not leave a ring IF distilled water is used. By introducing it slowly into a fish tank, it will keep the tank clean.

There are over 12 thousand chemicals on the market today. Regardless of where you live, some of these chemicals are getting into YOUR drinking water. No one on the face of this earth knows how these chemicals will interact with each other or with any medicine that you may be taking. And since your body is composed of 70% water, isn't it important to put the very purest water into it? Prevention is the keyword in health care. You cannot drink polluted, inorganically-filled water over a period of years without paying the price in poor health.

Reprinted from  
*Natural Food Associates Newsletter*

*(Ed. Note: I've written and lectured frequently about the importance of using distilled water because it is safer than tap or spring water. The old argument that it contains no minerals always comes up as though those minerals are desirable. The above article should put to rest the qualms people have about the missing minerals. Quality minerals are obtained from food.*

*The best example of distilled water's lack of harm and its benefits is Dr. Norman W. Walker, a vital centenarian plus, who is probably the earliest and most forceful advocate of distilled water. Distilled water leeches out inorganic minerals which should be a boon to arthritis and rheumatism sufferers.*

*Most spring water comes from underground rivers which are polluted by many of the toxic chemicals used on farms and lawns, and discharges from factories. Some of these poisons are impossible to detect because detection systems are yet to be developed. So be safe; use distilled water.)*

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## “Fighting Back – A Manual for Survival With Cancer”

by Margaret Clark Keatinge

Margaret Clark Keatinge is told she has cancer of the pancreas, a cancer that has a 100 percent fatality rate. She refuses to accept the death sentence and, with the help of a well-meaning neighbor and friends, explores alternative therapies. Much to the surprise of the doctors who were treating her, she outlives their prognosis.

Mrs. Keatinge was a professional writer and her story is well-written. She beautifully describes her strong will to live and quotes from Dr. Arnold Hutschnecker's book, “*The Will to Live*”:

“If we truly wish to live, and if we have the incentive to live, if we have something to live for, then no matter how sick we may be, if we have not exhausted the last of our physical resources, we do not die. We live because we want to live. As long as we have something to live for, the will to live carries us through the moments of crisis which are inevitable in every life.”

Margaret Clark Keatinge turned to alternative cancer therapies and although she does not describe the therapy she followed, it did contain carrot juice and raw vegetable juices and it may have been a natural food diet. During a trip back home to visit her father, while she was there, she went off her “diet” and her malignant condition which, had been in remission became exacerbated. Unfortunately, Mrs. Keatinge must not have had total confidence in her natural food diet. She continued from time to time to undergo treatment from her cancer specialists with chemotherapy.

Mrs. Keatinge's book is interesting and well-worth reading. Her wish to live motivated her to seek an alternative approach to curing her cancer. Even though the medical establishment held no hope for her, she did extend her life beyond their prognosis. While the book itself does not allude to her eventual death, she is referred to on the book jacket in the past tense. . . “In addition to writing, she *loved* skiing and tennis. She *had* one son, Richard.”

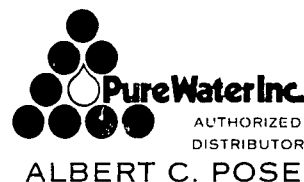
The book was published by Vantage Press, Inc. and sells for \$8.95 a copy.

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RICHARD MOTT, A Recovered Cancer Patient,  
*A Personal Case History*

DR. ANTON SCHENK, Cellular Therapy Specialist,  
*How Cellular Therapy Effects a Biological Repair*

DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Tissue Cleansing Through Bowel Management and Nutrition*

DR. THOMAS FRAZIER, Surgeon, Oncologist,  
*The Principles of Hyperthermia and Hyperthermia as an Alternative*

RUTH SACKMAN, President of FACT, *Cancer Causes and Prevention*

DR. JANE GOLDBERG, Psychologist, *How Stress Hampers the Normal Function of the Body*

DR. WILLIAM D. KELLEY, Nutrition Specialist,  
*The Importance of Metabolic Individuality*

BARBARA SEED, A Recovered Cancer Patient,  
*A Personal Case History*

PROFESSOR ALBERT SCHATZ, Microbiologist, Biochemist, *Food and Water Pollutants Unsafe for the Cancer Patient*

DR. LEO ROY, Nutrition Specialist, *Individualized Nutrition for the Cancer Patient*

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*Fluoridation: Its Effect on Health*

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*The Effect of Food, Water and Air Pollution on the Body*

KARL OTTO ALY, M.D., Director of a Nutritional Clinic in Sweden, *Better Nutrition for Better Health*

LEO ROY, M.D., N.D., Nutrition Specialist,  
*The Individuality of Diagnosis and Treatment*

ALBERT SCHATZ, Ph.D., Biochemist, *Fluoridation, the Great Brain Robbery*

DR. WILLIAM D. KELLEY, Nutrition Specialist,  
*Individualized Metabolic Therapy for the Cancer Patient*

PAT JUDSON, A Recovered Cancer Patient,  
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KURT EBERT, Ph.D., Chief of Clinical Neuropsychology at Temple University Hospital, *The Cognitive Control of Internal States: Biofeedback, Hypnosis, and Autogenic Training*

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*Symptoms Associated with the Restoration of Health*

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DR. BERNARD JENSEN, Iridologist and Nutrition Specialist, *Moving the Whole Body to Health*

DR. HENRY NORRID, Osteopathic Physician,  
*Osteopathy in Health and Disease*

V. EARL IRONS, Long-Time, Health Advocate,  
*The Colon - Mirror of Your Health*

DR. DONALD COLE, Physician, Oncologist,  
*Modern Concepts in Cancer Therapy*

DR. EVA REICH, Daughter of Dr. Wilhelm Reich,  
*The Cancer Biopathy*

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