

Newsletter no 8: October / December 1991

- [Vega test](#) for allergy diagnosis
- [HealthWatch and Wellcome](#) - an explanation
- [Acupuncture under attack](#) in two recent reports
- [Preconceptual care](#) - at a price - Hair analysis and Foresight
- [Selenium for hair](#)
- Awards for [worst slimming aids](#)
- [Cancell](#) - an irregular substance touted as a cancer cure
- [Mercury](#) from dental amalgam - why general practitioners might unintentionally give patients wrong information
- Quackery in the [treatment of people in residential care](#): dubious psychotherapy used on deprived children
- [Charity profits on fear of cancer](#)

The world turned upside down: it is now very acceptable to suggest that cancer is caused by psychological factors, but heresy to suggest that chronic fatigue is even partly due to it. HealthWatch believes that until we can destigmatise psychiatry (and cure cancer), patients will continue to be exploited.

The Vega test for allergy diagnosis

Vega testing has been slated in a position statement by the Scientific and Therapeutic Subcommittee of the Australian College of Allergy, the recognised body of allergy specialists in Australia.

This unorthodox method of diagnosing allergic and other diseases uses a Vega machine, a galvanometer that compares the electrical resistance of skin in contact with a hand electrode and skin in contact with a measuring stylus. There is an electrical source providing a direct voltage of 0.87 volts through the patient, and the gadget is completed by a metal honeycomb in which ampoules can be placed in series with the circuit. A dial graded 1-100 reads 100 when the connected resistance is 0, and 0 when the resistance is infinity. During testing, a piezoelectric spark generator producing 400 volts per second is applied to the patient. This is alleged to stress the patient and unmask weaknesses in the body.

The patient then grasps the stylus and the machine is adjusted until a reading of 80 - 100 is produced. Sealed ampoules containing homeopathic extracts of putative allergens are then placed in the honeycomb, and a drop of 15 or more is considered a positive response.

The main points of Vega testing are as follows:

- The site of the abnormality is determined by an organ extract that elicits a positive response. Extracts from all organs are supplied: there is even the common bile duct, coronary arteries, left and right breast, and left and right epididymis.
- Various stresses are detected by pretesting' with various substances, such as Candida for multiple food allergies, and allergy injectopas [sic] for autoimmune diseases.
- Extracts of agate, calcium or silica are used to detect 'geopathic stress, but there can be a false negative due to the influence of a full moon.
- Otherwise undetectable stresses and disorders can be detected by adding an 'amplification' extract made from pineal gland.
- 'Psorinum' extract diagnoses premalignant conditions, which are then identified with test ampoules of homeopathic carcinoma, sarcoma.
- An extract of poison ivy detects cysts in the patient.
- Detection of food intolerance is said to be quick and reliable, and 80% accurate. Vega testing is promoted for diagnosing disorders including Candida allergy, streptococcal toxicity and myalgic encephalomyolitis.

The authors accuse the promoters of Vega testing of convoluted pseudoscientific jargon, irrelevant citations of other papers, apparently irrelevant allusion to accepted physical principles such as the Heisenberg uncertainty principle, and begging the question by comparing Vega testing to equally uncertain concepts such as 'bioregulatory techniques'.

They add that the test is confounded by the moist skin of ill, worried subjects and the dry skin of relaxed, healthy

subjects.

They conclude that it has no established scientific basis and there are no controlled tests to support its usefulness.

It may lead to inappropriate treatment and expense to the patient and community. At best it is a prop which can help some patients overcome ill-defined symptoms.

Katellaris CH *et al* for the Australian College of Allergy. Vega testing in the diagnosis of allergic conditions. *Medical Journal of Australia* 1991; 155: 113-4

See also [Newsletter no 6](#) and [Newsletter no 10](#)

[Top of page](#)

HealthWatch and Wellcome

Caroline Richmond defends our integrity against attack

HealthWatch started from a meeting on 1 November 1988. I organised it. It was reported in the *British Medical Journal* on 19 November. The report read:

"A steering group, including doctors and others, has been set up to create an organisation that will counteract quackery. The organisation was inspired by Caroline Richmond, a medical journalist and historian, and is modelled on the National Council Against Health Fraud, an American organisation also known as 'Quackbusters.'

"'We are not,' said Ms Richmond, 'an organisation to bash complementary medicine. Rather we want to tell the public, doctors and others, about unproved and worthless treatments. There has always been quackery and always will be, but we think there is more about now. For instance, it's getting into the respectable news media in a way it never did before.'

"The meeting that set up the steering group heard one psychiatrist describe a mentally sick patient of his who has paid a clinical ecologist £12,000 for a series of desensitising injections.' Ms Richmond tells the story of a woman with anxiety and pains in her head who read in a newspaper about an allergy specialist. She visited the man, who told her that she was dementing and would be dead in five months. He then offered to treat her with a series of desensitising injections at a cost of £1000.

"For More information about the new group write to Caroline Richmond, Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BP."

I used the Wellcome Institute address because I was there on a full-time postgraduate studentship (worth about £5000 a year plus tuition fees), researching turn of the century physiology. The Trust funds virtually all medical history research in Britain. It is also the largest funding source of medical research in Britain.

The Trust spends money earned by the Wellcome Foundation, a drug company. The Foundation makes and sells drugs, and 80% of its profits go to the Trust, which gives it out for research into clinical medicine, medical science, medical history, and other related activities, notably training fellowships and teaching posts in medical schools.

[Editorial note: While the statement above may have been correct at the time this article was published, in 1991, it is no longer so. The Wellcome Trust was founded by the will of Sir Henry Wellcome, and was originally the sole shareholder in a pharmaceutical company called the Wellcome Foundation. The Trust's shareholding began to be diluted in 1985 with its first share sale and this dilution continued through further sales until the takeover of Wellcome plc by Glaxo in 1994/5. From 1985 onwards the relationship between the Trust and the pharmaceutical company was that of any shareholder with a public limited company. The Trust's income is derived solely from its asset base, which is invested in a wide and diverse portfolio.]

I did not ask either the Institute or the Trust for their permission to use the Institute's address for the notice in the BMJ; it never occurred to me to do so. However, I have had cause to regret it in two ways.

- The first is that the Wellcome Trustees were furious that I had used the Institute's address and made it a condition of my continued studentship that I do not do so again.
- The second is that certain scurrilous sources have constantly accused HealthWatch of being a front for the Wellcome drug company.

The worst of these appeared in *Private Eye* in December 1989. At the time I was seriously ill and unable to take action in my own defence. The *Private Eye* article implied that because I was at the Wellcome Institute, HealthWatch was a Wellcome Front.

Our joint presidents, Nick Ross and Michael O'Donnell, published a letter in *Private Eye* refuting the false

accusations.

The *Private Eye* article, though untrue and defamatory, has been quoted against us ever since, though my studentship ended in December 1989.

HealthWatch has a considerable number of enemies among people making money by promoting unproven forms of health care, and it clearly suits them to imply that we are a front for the pharmaceutical industry.

Over the course of the next eighteen months, while we have been applying for charitable status, we have had difficulty in raising money as few organisations were able, under the terms of their constitutions, to give us money.

Two of us (including me) resisted asking the pharmaceutical industry because we feared that receiving such money would lay us open to further unwarranted accusations. However, the Committee decided that it was appropriate and proper for HealthWatch to take such money, provided that no individual gift should form more than a third of our income. In this way we should not become so dependent on any one source and therefore afraid to level justifiable criticism at them. This policy was endorsed at the annual general meeting. I also wish to point out that since the 1990 AGM the committee has included Dr Andrew Herxheimer, editor of the *Drug and Therapeutics Bulletin* and one of the most prominent critics of the pharmaceutical industry.

Our most distinguished member, Professor Sir John Vane, recipient of the 1982 Nobel Prize for Physiology or Medicine for demonstrating the mechanism of action of aspirin and related drugs, applied on our behalf to several pharmaceutical companies for donations. It was made clear that we could only accept money if no strings were attached to it.

We are grateful to several companies for gifts. They are:

- the Wellcome Foundation (£1000),
- Pfizer Ltd (£500),
- Astra (£250),
- Bioglan (£60).

Without them we could not have survived.

Now that we have charitable status we are in a stronger position to ask for donations from a wider variety of industries, and from non-commercial sources -and we hope that protecting the public from health exploitation will appeal to many such bodies.

Caroline Richmond

[Top of page](#)

Acupuncture under criticism in two recent reports

Caroline Richmond reports

Our American cousins, the National Council Against Health Fraud have published a position paper on acupuncture in the Clinical Journal of Pain, July 1991. Their findings are summarised below.

NCAHF believes:

- Acupuncture is an unproven modality of treatment;
- Its theory and practice are based on primitive and fanciful concepts of health and disease that bear no relationship to present scientific knowledge;
- Research during the past twenty years has failed to demonstrate that acupuncture is active against any disease;
- Perceived effects of acupuncture are *probably due to a combination of expectation, suggestion, counter-irritation, operant conditioning and other psychological mechanisms;
- The use of acupuncture should be restricted to appropriate research settings;
- Insurance companies should not be required by law to cover acupuncture treatment;
- Licensure of lay acupuncturists should be phased out.

Meta analysis confirms sceptic view on acupuncture

The National Council Against Health Fraud (NCAHF) Sept/Oct newsletter states:

An evaluation of 51 controlled clinical studies of the effectiveness of acupuncture on chronic pain using a list of 18 predefined methodological criteria came up with findings consistent with the NCAHF's position on the topic.

Researchers stated: "The quality of even the better studies was mediocre. No study earned more than 62% of the maximum score. The result from better studies are highly contradictory. The efficacy of acupuncture in the treatment of chronic pain remains doubtful."

Journal of Clinical Epidemiology 1990; volume 43, pages 1191-1199)

[Top of page](#)

Preconceptional Care - at a price

Foresight is a registered charity dedicated to preconceptional [sic] care. It steers members of the public, which in practice usually means infertile women, to any of 38 doctors who usually perform hair analyses and prescribe nutritional supplements.

Foresight claims an impressive rate of successful full-term pregnancies and normal babies. However, the two couples I know who went to Foresight were unsuccessful and eventually gave up the treatment. Perhaps they were not included in Foresight's statistics? if people who leave because they feel they are getting nowhere are not deemed to qualify, this will, of course, explain the excellent reported results.

Foresight's hair analyses are performed by Biolab in Harley Street, a private lab run by Dr Stephen Davies. In 1988 the *Observer* sent two identical hair samples to Biolab under two different names; the results were very different. Since then, Biolab accepts hair samples only through certain practitioners.

On 13 February 1991 *Thames Action* followed the adventures of a viewer, a healthy young woman who went to three different Foresight doctors for advice. All sent a hair sample to Biolab within a few days of each other. All three samples came back with different results:

for example, her hair had 75 ppm of magnesium on Wednesday but only 29 on Friday.

However, on the basis of these results, one doctor said she needed no supplements but the two others prescribed, or sold her, different regimens of tablets; one sold her tablets even before the analysis results were available. None of them were qualified gynaecologists; none offered her a gynaecological examination and one didn't even listen to her chest. One doctor's bill was £249 for two consultations and pills.

The programme was previewed in the *Daily Mirror*, who contacted Foresight for information. Foresight sent it, adding, "you should investigate an organisation called HealthWatch."

In [Newsletter no 4](#) we reprinted correspondence between Professor John Garrow and Foresight.

One of Foresight's aims is to fund research. As there is no evidence that hair analysis results are related to the outcome of pregnancy, Professor Garrow applied for funds to analyse hair of women booking for antenatal care at the Bart's and the Royal London, and see if the results are related to the outcome of pregnancy. The hospitals' catchment areas are Hackney and Tower Hamlets, among the most deprived areas in Britain. Foresight regretted their research funds were fully committed for the next three years.

[Top of page](#)

Selenium for hair

Professor [Arnold Bender](#)

Professor Bender recently received a carton of tablets promoted (in English and one of the Asian languages) as being good for the hair. They cost £19.80 a pack, which is sufficient for two weeks. On opening, the tablets smelt dreadful. He responded by writing the following.

According to the 1991 COMA report on Dietary Reference Values, the lower reference nutrient intake for selenium is 40 micrograms (μg) per day for adults, and the reference nutrient intake (which is enough for almost everyone) is 75 μg for men, 60 μg for women. The upper limit has been set at 6 μg per kg body weight - in other words, 420 μg for a 70 kg adult. People in Finland and New Zealand consume 15 - 40 μg /day, i.e. well below the UK minimum, but have no identifiable deficiency disease.

The earliest signs of toxicity are nail changes, hair loss, peripheral neuropathy and chronic dermatitis. Acute poisoning in animals gives rise to tetanic spasms and respiratory failure.

Against this background consider Bonazi hair food "for falling hair, rough skin, fragile and brittle nails. Initially take two tablets three times a day. The product is not intended as a medicine but as a natural nutritional food supplement." This dose of Bonazi provides several amino acids, minerals (including tin!) selenium in toxic doses, and vitamins.

The vitamins are supplied in amounts of 10- 30 times the recommended daily amounts for populations (RDAs) except for vitamin D (2 x RDA), vitamin C (4 x RDA), folate (6 x RDA) and B12 (2400 times the UK estimated

average requirement for individuals. Or so the label states.

The dose of selenium, if you stick to the instructions, is 1200 µg /day - three times the upper limit of safety.

There is always a need for a large safety margin with potentially toxic substances since people will exceed the stated dose in the hope of better results. Moreover, selenium is also present, in smaller amounts, in several dietary supplements and is sold as a treatment for arthritis and other purposes. Anyone taking these supplements is also getting selenium in their normal food, so there is an obvious risk of poisoning.

See also article on selenium in [Newsletter no 20](#)

[Top of page](#)

WORST SLIMMING AIDS

Our US cousins, the National Council Against Health Fraud, report that Obesity and Health have chosen five weight loss products for their Slim Chance awards:

- **Most outrageous scam: Cho Low Tea**
- **Worst product: Cal-Ban 3000**
- **'Honorable' mention: Dream Away, Fat Blocker, and Berry Trim.**

[Top of page](#)

Cancell

Cancell is an untested, irregular substance recently touted in Britain as a cancer cure (or near-cure). The piece below is taken from the [US] National Council Against Health Fraud Newsletter Mar/Apr 1991)

Cancell (also known as Entelev, Jim's juice, crocinic acid, Sheridan's formula, JS 114, JS 101, 126~F) is described by promoters as "an assembly of synthetic chemicals" which react with the body electrically rather than chemically.

Cancell, which may be used internally or externally, is touted as a cure for cancer and a variety of other diseases including Aids, cystic fibrosis, MS, emphysema, Parkinsonism, haemophilia, and mental illness (except schizophrenia).

Cancell's inventor, James Sheridan, a chemist, says the formula was revealed to him by God in 1936. Sheridan says that because Cancell is divinely inspired, he cannot charge people for using it. Instead he has established the Eden Foundation, a non-profit corporation in the UK, to which people may contribute.

In 1982 Sheridan applied to the US Food and Drugs Administration for Investigational New Drug status, which was not granted owing to failure to provide requested information.

In 1984 Edward K Sopcak acquired the directions for manufacturing Cancell after Sheridan said he was forced to stop production "by the media and the FDA". Batches of Cancell are cooked up in Sheridan's and Sopcak's homes. Sopcak claims to have distributed about 15,000 pints to patients; it is not known how much Sheridan has sent.

Sopcak and Sheridan differ somewhat on Cancell's alleged mode of action. Sheridan says cancer is a protein disease and that there are three types of cells: normal, primitive, and cancer. He says that Cancell causes cancer cells to become primitive and self-destruct.

Sopcak believes there is only one type of cancer which is caused by a mutated anaerobic cell. He says that improper diet causes electrical and chemical damage thus opening the way for the microbe *Progenitor crytocides* [the alleged cancer-causing germ imagined by the late Virginia Livingstone-Wheeler MD]. Sopcak says Cancell acts by changing the vibrational frequency and energy of cancer cells "reducing their voltage" until they reach the "primitive" state described by Sheridan.~ He claims to 'tune' the liquid to correct vibrational frequencies in some secret fashion.

Promoters claim that human and animal studies proving Cancell's worth have been done, but are being suppressed by "the establishment".

They say the FDA did a "secret and illegal" study which resulted in 88 - 85% cure rates, but the FDA denies that any such study was ever conducted. The only evidence that Sheridan and Sopcak have to offer is a file of letters that Cancell works. One newspaper report described Sheridan's evidence as "ridiculous and amateurish" (Wendland, Monthly Detroit, March 1984).

The FDA itemised Cancell's ingredients as inositol, nitric acid, sodium sulphate, potassium hydroxide, sulphuric acid and catechol (a phenol found in resins and lignins, used as a photographic developer); Sheridan has said

that he also uses crocinic acid.

According to Dr Tadeusz Malinski, Associate Professor of Analytical Chemistry at Oakland University, Rochester, Michigan, the dark brown liquid contains at least a dozen compounds, none of which is likely to be active against cancer.

No severe reactions or deaths have been reported, but Sheridan says that patients may experience "temporary, moderate fatigue" after taking Cancell. The most dangerous feature is the promoter's insistence that patients abandon other forms of cancer treatment while using Cancell. In 1989 the FDA obtained a permanent injunction to stop the distribution in interstate commerce, but the nostrum is still being illegally obtained outside Michigan.

[Top of page](#)

Mercury from dental amalgam

Why general practitioners might unintentionally give patients wrong information

by Caroline Richmond

Medical Monitor, a weekly A4 sized free magazine for general practitioners, is one of the better free publications sent to doctors. Like many other such publications, it gets all its revenues from advertising. The main reason for its good reputation is the Review section, which prints abstracts of papers from the mainstream medical journals. General practitioners read it as a way of keeping up with the literature. They can also earn Government money for correctly answering a quiz based on *Medical Monitor's* abstracts. Thus, it is important that these abstracts are correct.

The Review section includes a column originally called Holistic Medicine; it is now more accurately called Complementary Medicine. It is written by Dr George Lewith of the Institute for the Study of Complementary Medicine, which is based in Southampton but also has a London practice. Dr Lewith was an early critic of HealthWatch and indeed criticised us in a press release he wrote for the Council for Research into Complementary Medicine.

On 25 January the Holistic Medicine column of *Medical Medicine* ran an abstract by Dr Lewith of a letter that had appeared in the *Lancet* of December 22/29, 1990. The abstract suggested, among other things, that "many complementary practitioners have for a number of years suggested that dental amalgam is dangerous and may be a contributory factor in many chronic illnesses such as rheumatoid arthritis and multiple sclerosis. This does not mean that all patients with rheumatoid arthritis or multiple sclerosis have problems with their dental amalgam, but rather that a proportion do. Consequently, removal of the amalgam is an important action in a proportion of individuals with chronic illness. Sweden has now banned the use of mercury-based amalgams for dental procedures because of their potential danger.

This abstract gives cause for concern for two reasons. One is that the letter that was abstracted, by FL Lorscheider and MJ Vimy of Calgary University, is about alleged diffusion of mercury into the placenta of animals. It makes no mention of rheumatoid arthritis, multiple sclerosis, or any other chronic human diseases. And it does not mention anything about Sweden banning the use of amalgam in dentistry.

The *British Medical Journal*, in its news columns of 2 March 1991 (p 488) ran an comment called Is Dental Amalgam Bad For You? It quoted a United States Food and Drug Administration spokesman as saying that a study by Vimy and others, published in the *American Journal of Physiology* in 1990, was "very flawed." The *BMJ* also said that four subsequent studies have shown that Vimy and Lorscheider's interpretation of the measurements of mercury concentrations in a study published in 1985 to be erroneous.

The *BMJ* went on to say "The clinical reviewer in the *Medical Monitor* of 25 January, for example, repeated the suggestion that dental amalgam may be a contributory factor in multiple sclerosis---but the American Multiple Sclerosis Society has found no evidence of this, not does it endorse the removal of amalgam fillings as a treatment procedure. The same reviewer also stated that Sweden has now 'banned the use of mercury amalgams for dental procedures.' A spokesman for the Swedish Dental Association flatly refuted this."

Thus, *Medical Monitor's* reviewer not only inserted new material into the review; he inserted statements that were at variance with the facts. One might have thought that *Medical Monitor* would publish a correction, especially after the *British Medical Journal's* comments. They did not. But that is not the end of the story.

General practitioners are paid an incentive under the Postgraduate Education Allowance scheme by the government to keep up with medicine by attending approved conferences or reading the literature. They can earn £200 a year by answering a quarterly questionnaire based on recent abstracts in *Medical Monitor*. There are 30 questions each quarter, and they need only be scored True or False. To make things easier, against each question is the date of the issue of *Medical Monitor* in which they can find the answer. Clearly, this system is open to abuse: at worst, a group of doctors could get their receptionist to look up the answer and then fill in the questionnaire on behalf of any number of them.

Medical Monitor's quarterly questionnaire for the first quarter of 1991 was published on 29 March - by which time its editors would have had time to have seen the *BMJ* article. However, it is clear they did not. Question 10 states "Mercury-based amalgams for dental procedures have been banned in Scandinavia." and the reader must tick either the True box, or the False box. GPs had to send in their answer by 16 April. A list of correct answers was published in the issue of 3 May 1991. It gave the "correct" answer as---True.

I wrote a 'for publication' letter to the editor of *Medical Monitor* drawing her attention to this, and pointing out that GPs who answer the question correctly will be penalised by losing money. My letter was neither published nor acknowledged.

Why does this matter? The answer is that many people with rheumatoid arthritis, multiple sclerosis and other chronic conditions including neuroses will clutch at any straw if they think it will help them, and are especially likely to believe information told them in good faith by their doctors. In Britain, patients wanting their amalgam fillings replaced will usually have to pay privately, and we have heard stories of patients being charged £2000 to evaluate objectively - then this constitutes the sort of quackery that HealthWatch would like to see stamped out, particularly as it takes money from people who, by reason of their infirmity, are least able to afford it---and least able to withstand a gruelling course of unnecessary dentistry.

Dental amalgam is a remarkable material - biologically inactive when set, able to withstand high pressure and the stresses of biting and chewing without breaking, fatiguing, distorting or creeping, an unfriendly substrate to micro-organisms, and setting tightly in the tooth without leaving crevices to harbour bacteria.

[Top of page](#)

Quackery in the treatment of people in residential care

Dubious psychotherapy used on deprived children

After the recent court case of a social services children in care, the *Observer* and several other newspapers have revealed that regression therapy is widely used in Britain.

According to the *Observer* (29 September 1991) a home practising one kind of therapy is funded by the Department of Social Security despite a report by Shropshire Social Services, who found that patients were sometimes tied up to staff members by a rope, or made to stand in the corner of a room for up to 24 hours. The inspectors found these practices "dangerous and potentially abusive" and demanded an immediate halt to them.

Regression therapy is a controversial form of psychotherapy based on the theory that the subject must be taken back to childhood to discover the roots of personal problems. The technique involves putting patients in nappies, bottle feeding and standing in corners, and alternating between shouting at them and hugging them so that they feel like bewildered children.

Its techniques are disseminated among psychotherapists, social workers and teachers by the Institute of Transactional Analysis, who have several hundred members and organises regular workshops to disseminate ideas. They also promote a form of regression therapy called Cathexis, which has been widely discredited in the US.

Cathexis was the brainchild of US social worker Jacqui Schiff, who developed 'reparenting' while working with schizophrenics. In her book, *All My Children*, she describes making patients stand in a corner, restraining them and spanking them. She also describes how she got a patient over a castration complex by holding a knife to his genitals. A home she operated in California had its licence taken away, and courts in Virginia ordered Ms Schiff never to work again. She now lives in Birmingham, where she runs a private reparenting practice.

A home for mentally ill adults that uses Cathexis techniques operated in Shropshire until June and now operates in Birmingham. It is managed by the Trident Housing Association.

In September 1991 Birmingham City Council refused an application to have the home registered with the Social Services Department. However, Nick Moreton, Director of Trident, is challenging this decision at an appeal tribunal.

The home is funded by the Department of Social Security to the tune of £170 a week per resident. It has eight patients, but the application is for 12 places. The home is likely to lose its funding if the appeal fails.

[Top of page](#)

Charity profits on fear of cancer

It takes a brave editor to run an article criticising an advertiser, especially during the current recession, when newspapers are feeling the pinch because of shortage of advertising revenue.

Full marks, then, to the *Observer*, who on 7 April published a fund-raising advertisement for the World Cancer

Research Fund, followed, a week later, by an critical article.

The advert showed a ripe pear and an equally ripe breast, the latter carrying the word 'press' in three places. The Observer article, by Adam Raphael, said that the WCRF is an offshoot of a controversial US cancer charity, the American Institute for Cancer Research (AICR).

Said the Observer: "this body has faced charges of conflicts of interest, excessive expenses, and, in at least three US states, has been investigated for violating the law. Set up eight years ago by two professional fund-raisers, Jerry C Watson and Byron Chatsworth Hughey, AICR sent out a diet questionnaire to I million Americans asking about their eating, smoking and drinking habits.

"It pretended to be a scientific survey, but was basically an appeal for funds. The dollars rolled in. What the donors did not know was that less than ten per cent of the money initially raised would go into scientific research. Most was used to cover expenses. And a large chunk of those expenses - \$645,116 to be precise - was paid to a direct mail company owned by AICR's founders."

"A further quarter of a million dollars was paid to another direct mail consultancy firm controlled by Watson and Hughey. Watson and Hughey have since resigned from AICR's controlling board, but their firms are still lucratively employed as consultants."

[Top of page](#)

Opinions expressed in letters and articles published in the HealthWatch Newsletter belong to the authors and do not necessarily reflect the views of HealthWatch. The editor reserves the right to amend text if necessary but will, where possible, consult the author to ensure accuracy is maintained. Letters and articles for publication are welcomed and should be addressed to: The Editor, HealthWatch Newsletter, HealthWatch, Box BM HealthWatch, London WC1N 3XX

Letters and articles may also be sent to the Editor by e-mail to: newsletter@healthwatch-uk.org

Copyright © 1991 HealthWatch.
