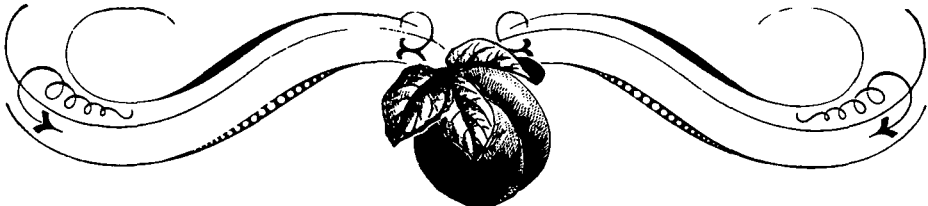


*When Ernst T. Krebs and his son plucked Laetrile from the apricot tree, they didn't count on the wrath of the FDA and the medical establishment.*

# LAETRILE

## Medicine's Forbidden Fruit



by NICHOLAS VON HOFFMAN

**T**HE MOST VIOLENT, THE MOST PROtracted, the most public, and the nastiest controversy to occupy modern American medicine—the Laetrile battle—is in temporary remission. With 17 states having legalized the substance, this oh-so-fought-over cancer drug has been able to win greater legal acceptance than marijuana. At the same time, the Feds continue to fight every step of the way. The Food and Drug Administration recently got the 10th Circuit Court of Appeals to partially overturn the ruling of an Oklahoma federal judge who had suspended FDA regulations against importing this disputed chemical, extracted from apricot pits. Nevertheless, the appeals court decision permits doctors to prescribe Laetrile to terminally ill patients, making it a victory of sorts for the drug.

Over at the National Institute of Cancer, the federal agency which has distributed the approximately \$10 billion already spent on cancer research, they are collecting case histories from physicians who have used Laetrile on patients. These histories will be sent some time in September to the doctors making up what the health bureaucrats call “the decision network.” If the decision network flashes a go-signal—an unlikely event in light of this controversy’s history—the first government-approved tests of Laetrile on cancer patients will be started.

Since Laetrile has been around in its present form since 1949, and since it’s a compound occurring in nature with far fewer side effects than most things cancer patients are asked to put in their bodies, you might wonder why the nearly

30-year delay. (What side effects it has—if any—is a source of some controversy.) The answer isn’t that amygdalin, to give Laetrile its proper chemical name, is refined from an undignified source like apricot pits. Insulin has attained the highest respectability in medical circles, and it was originally extracted from the pancreas of a pig. Rather the reason why, to this hour, no serious test of the drug has been made on cancer patients in America has far less to do with science than with the sociology of science, the nonscientific motivations for the professional behavior of scientists and doctors.

From the day of its birth, Laetrile had the wrong social pedigree. It was invented by two San Francisco men, Ernst T. Krebs, *père et fils*. The father, who began working on his cancer drug in the 1920s, was a bona fide medical doctor, although he was not connected with any university or academically recognized research institution. Krebs, the younger, who is given credit or blame for extracting, purifying, and rendering Laetrile in the form it is now used, holds no advanced degrees in medicine, pharmacology, or physiology, although he appears to have done a great deal of study in those fields at several highly regarded universities. Over the years, a number of scientists with all sorts of advanced degrees have said that Krebs, Jr., does in truth have professional competence in these areas. Yet while we may make demonstrated proficiency the only prerequisite for graduating from high school, in higher, more recondite climes, it’s not what you know but how many parchments and diplomas you have. But even two-time Nobel Prize winner Linus Pauling, with a demonstrated track record as a world-class medical researcher, hasn’t been able to get a dime from the mitred abbots at the National Cancer Institute because, with all his prestige and credentials, his ideas

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on this subject are, well, shall we say "different"?

Or there was the case of Dr. Andrew Ivy and an anti-cancer substance called Krebiozen. Ivy, the author of hundreds of scientific papers, a frequent expert court witness for the Food and Drug Administration, and the director of the Clinical Sciences Department of the University of Illinois, in no way lacked credentials. But Krebiozen was another one of those drugs whose proponents were never admitted to the medical Social Register. The results were that Ivy, who championed testing and investigating it, was driven from his post, had his career ruined, and was indicted for what amounted to 40-odd counts of quackery. After a 289-day trial, which must have bankrupted the man, he was acquitted, but nothing could rehabilitate the poor devil's reputation.

The Ivy-Krebiozen fracas took place in the mid-1960s, so you can see that the FDA has long thought of the criminal courts as the proper place to settle scientific controversy. In that period, the Krebs family and their drug were not yet well known, but the Krebses had already suffered some painful altercations with the law.

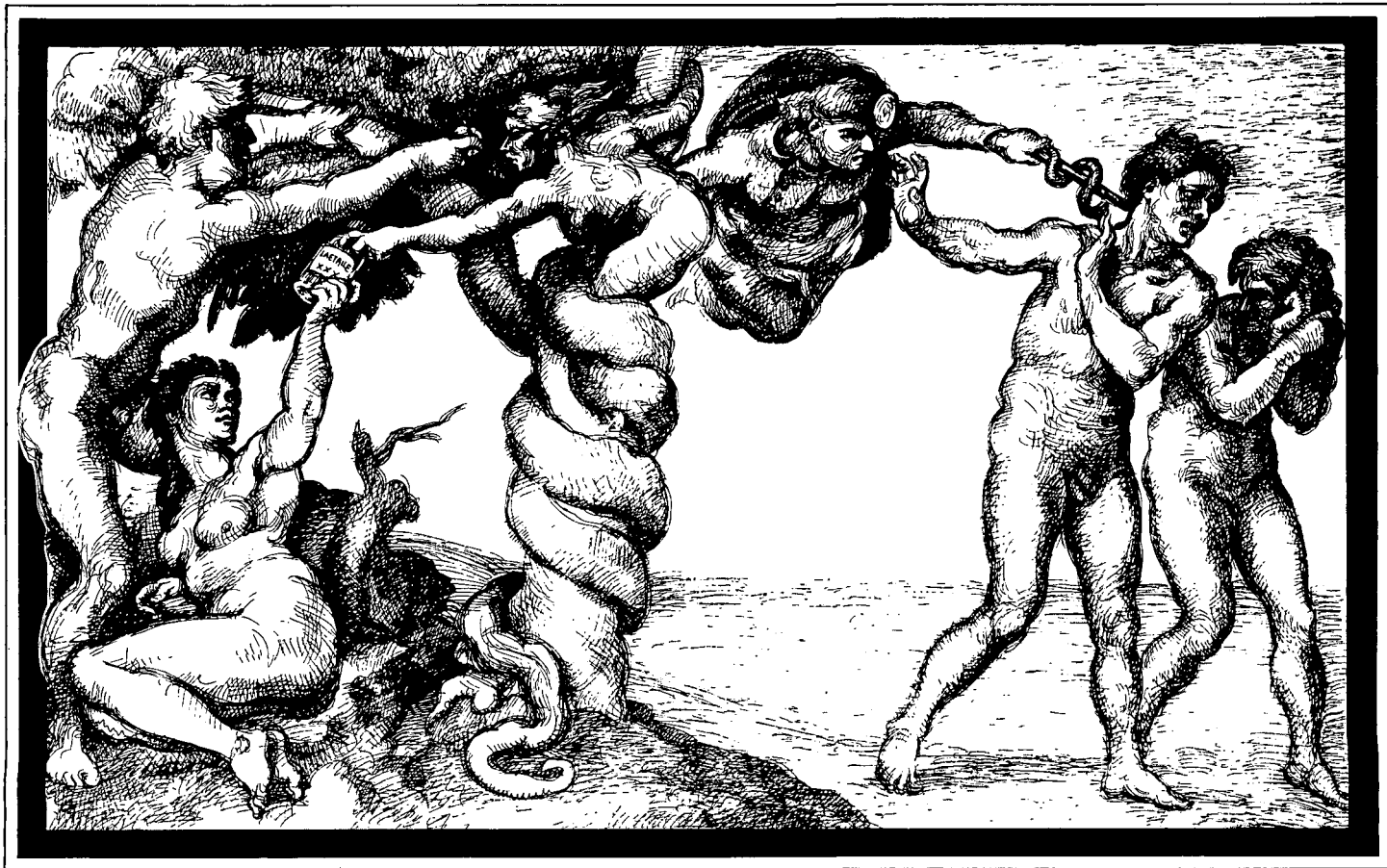
Their troubles began in 1953 when a committee of the California Medical Association called a press conference to say it had investigated Laetrile and had determined it was worthless. You have seen better documented statements on medicine in Tylenol commercials. The condemnation was based on the case histories of 44 cancer patients, most of whom had received miniscule doses of Laetrile—doses too small to do any good in the opinion of those who believe in the drug. In addition, some of these patients were also the recipients of other therapies so that the resultant hodgepodge made interpretation of the data difficult if not impossible. As a grisly footnote, which illustrates the state of un-

derstanding of the doctors on that committee, the chairman accidentally killed himself in a fire caused by a lighted cigarette, and the secretary, also a heavy smoker, died of lung cancer.

**F**OR ALMOST THE NEXT TWO DECADES, this study would be used not only as the basis for trying to suppress the drug but also for bringing charges against a number of its supporters. Krebs, the father, was enjoined in 1965 from distributing Laetrile and charged with criminal contempt when he shipped the drug to a hospital in Alabama and to physicians in Utah, Texas, and Washington. A year later, he pleaded guilty to another contempt charge for doing the same thing and then was given a one-year suspended sentence for failing to register as a producer of drugs as defined by the Food, Drug, and Cosmetic Act. (Proponents of Laetrile or vitamin B-17, as it is sometimes referred to, call the substance a food and claim that, as such, it is exempt from federal regulations governing drugs.)

Krebs, the son, was also running into problems with the law. He pleaded guilty to violating the same law under which his old man was sentenced. Junior was fined \$3755 and was put on three years' probation.

The convictions made the Krebses' foes libel-proof. They could attach words like fraud, charlatan, and quack to the two scientists without fear of being sued. Moreover, in the health and medical professions, which will let you slice up your patients like salami without anyone snitching to surviving relatives, the curse of Cain was now on Laetrile. The mere whisper that a physician might be soft on Laetrile was enough to get him expelled from the country club and have



his name painted off his parking space at the hospital.

But Laetrile's social standing would drop even lower. Next the drug would be associated with a gunrunner and what to the Anglo-Saxon orthodox ministers of medicine would appear to be a bunch of poorly trained, nonprofessional, greaser medicos.

Early in the 1960s, Laetrile was taken up—some say as a cause, some say as a business venture—by a Canadian named Andrew McNaughton. McNaughton is supposed to have made his fortune running guns to Israel and then later to Castro in the Sierra Madre Mountains. This unusual figure set up a foundation, which he named after himself, to sponsor “deserving research which promises breakthroughs in important new areas where sufficient professional acceptance does not yet exist to gain the support of the usual foundations or agencies.” The foundation explained that such research was necessary because the “increasing gov-

American doctors seldom went to see for themselves, but relied on various lower-class detectives who would find whatever corroborating evidence their upper-class, professional superiors indicated they wanted found. In the 1976 prosecution of Stewart Jones, a Palo Alto physician accused of the Laetrile heresy, an undercover agent for the state of California named Natasha Benton testified that her bosses had coached her as to what evidence she was to find and write up in her reports. It happens all the time in police work, journalism, or science—we come up with whatever it is we're looking for, which may be why the Bible is so unequivocal in promising that those who seek shall find.

In all of this, Laetrile's proponents have thought they've desecrated a conscious dishonesty, but, in truth, a man like Dr. Daniel S. Martin believes what he's saying when he calls Laetrile a “quack cancer nostrum.” From the perspective of a man who is chairman of the Committee on Unorthodox Therapies of the American Society of Clinical Oncology (study of tumors) and a senior associate at Columbia University's Institute of Cancer Research, it would be surprising if he came to any other judgment. Data or no data, most people of Dr. Martin's background would naturally think a drug with Laetrile's social history was worthless. After all, Krebs, Sr., first got onto the Laetrile trail back in the 1920s when he was testing bootleg whiskey for purity at the behest of those who illegally sold it. If that's how medicine's greatest discoveries are made, then why do we have all these splendid and university-connected research facilities?

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## *American medicine is shot full of practices for which there is no scientific or clinical basis.*

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ernment involvement in science and education has resulted in loss of scientific independence and an increasing vulnerability to edicts, guidelines, regulations, and structures stifling independent initiative in solving problems.”

All kinds of slimy critters who made their money in the most disgusting ways are allowed to set up tax-exempt foundations without criticism, if they give money to build new wings on hospitals and channel their donations into programs and institutions of unquestionable propriety. Al Capone could contribute to some establishment cancer center, and if he gave enough, he'd get a plaque, a scroll, and a testimonial dinner in return. But endeavors with the objections of the McNaughton Foundation, even if it hadn't gone into backing Laetrile, are not welcomed by the canons of the cathedral of medicine. In no time at all, the McNaughton Foundation was accused of being a receptacle of Mafia money. McNaughton says such allegations are stuff and nonsense arising from the fact that many years ago the foundation made Laetrile available to a stricken lady whose brother was rumored to be a gangster of some sort. Laetrile is claimed to have prolonged her life for many years. The brother, whatever the source of his funds, donated \$130,000 to the foundation's work of facilitating the manufacture and distribution of Laetrile at reasonable prices.

Laetrile's Mexican connection only served to lower the drug's esteem. Since Laetrile was legal in Mexico and there were a growing number of patients in the United States who wanted to try it, it made functional and economic sense to establish clinics just across the border in Tijuana rather than in West Germany, where Laetrile is also legally manufactured and prescribed by physicians. Unhappily, Tijuana is a name too closely associated with abortion mills, brothels, and unwashed dysenteric vegetables. To the racist or at least elitist moguls of medicine on this side of the border, it now appeared that this worthless substance was being handed out by unscrupulous as well as unsanitary Mexican doctors of slight training and racketeerish inclination. These impressions were strengthened by the fact that

**T**HE LAST ELEMENT WHICH MADE IT impossible for establishment medicine to take a long, hard scientific look at Laetrile was the support the drug got from John Birch Society people, as well as others on what is still regarded even by conservatives as the paranoid right. Birch Society people, if not the society itself, took to defending doctors accused of using Laetrile and generally agitated for its decriminalization.

Although many a doctor may have sympathized with some of the Birch Society's stands, medicine's antagonism to little old ladies in tennis shoes was already cemented in place by the time the right wing got interested in Laetrile in the early 1960s. Those same little old ladies had irritated professional orthodoxy by being the only vociferous group in the country to crusade for better quality food and to proclaim the idea that many diseases were environmentally caused. Until the hippies came along, the entire health food industry was sustained by right wingers, then regarded as eccentrics, who complained of chemical fertilizers and additives in processed foods. Medicine was particularly irritated at the refusal of this element in the right wing to accept fluoridation. Those Birchers, who called it a species of Communist conspiracy to poison the country, wrecked themselves by exaggeration and made it easier for doctors and dentists to campaign for fluoridation with little more solid evidence in favor of its safety and efficacy than they had for the condemnation of Laetrile.

Even now, skepticism about fluoridation is only beginning to grow, but the whole notion of a toxified environment might have remained boxed up on the right and dismissed by the rest of the society had not *The New Yorker* published Rachel Carson's “The Silent Spring.” For the first time, the liberal ladies of Larchmont were told by a prestigious and respected source that it might not be too healthy to take



DuPont and Dow Chemical at their unsupported word. Thus the agitation was begun which would lead to laymen forcing institutions like the American Cancer Society to consider a wholly different etiology for the disease.

Laetrilists of both right and left persuasions have often said they suspect the reason for medicine's resistance to the treatment is that there's not much potential profit in it. Amygdalin, as hardly more than purified apricot pit, is a nonpatentable substance. But this thought is something of a slander on the many doctors who aren't only concerned with money. One can only sympathize with Dr. Emil M. Freireich of the nationally respected M. D. Anderson Cancer Hospital in Houston when he cried out at a public hearing on Laetrile, "You surely cannot believe that a quarter of a million of American physicians are sitting on a cancer cure just so they can get rich?" He might have added that in the Soviet Union, where there are no drug companies and the system of compensation for physicians is quite different from our own, the use of Laetrile is also forbidden.

In a way it is more comforting to imagine that the bastards are killing us out of greed than to face the possibility that they are acting out of simple unscientific prejudice. Yet the facts are that American medicine is shot full of irrational practices for which there is no reason in science or clinical practice. This is the case with the most frequently performed of all surgical procedures—circumcision or ritual infant mutilation. Circumcision was occasionally practiced in nineteenth-century America as a kind of punishment for masturbation by older boys and girls (in those days, the medical establishment believed that that activity was a cause of madness). At length, the antimasturbation thesis was discarded, but the practice was performed on an increasing number of baby boys as a higher and higher percentage of births took place in hospitals. The ritual cutting was advocated as a hygienic procedure, as if God had created the human body so that you couldn't get it clean without an operation. Most recently, it has been justified as reducing the incidence of cancer in either the male himself or his mate. No worthwhile data backing up such conclusions exists, but hundreds of thousands of little American baby boys continue to go through the trauma of having their foreskin snipped off by thousands of doctors, who're profoundly convinced that what they're doing is medicine when in actuality it's voodoo.

**M**EDICAL BEHAVIOR UNRELATED to scientifically validated information occurs in the treatment of countless diseases including cancer. If Laetrile could serve as an example of failing to test a potentially helpful approach, there are also examples of continuing with approaches and procedures for which there is little or no evidence of patient benefit. "The massive educational, diagnostic and therapeutic attack on mammary carcinoma of the past two decades has failed to alter rates of incidence and mortality of this most frequent malignant neoplasm in female patients. Reports of the therapy of mammary cancer in the surgical literature often lack significance through selected samples of small size and the lack of statistical validation," wrote Dr. Ian MacDonald, a cancer surgeon of world repute back in 1966. MacDonald was also the gentleman who chaired the committee which doomed Laetrile in 1953 and who later incinerated himself. Interestingly, in his handling of the Laetrile investigation,

he did exactly what he would later accuse his colleagues of doing with breast surgery, i.e., relying on a statistical sample which was too small to be significant.

So it is that the same person can act like an impartial scientist in one connection and like an opinionated and uninformed layman in another. Be that as it may, 12 years ago MacDonald could already clearly see something else which would account for the large, almost massive interest in Laetrile: the war on cancer was being won by cancer. Except for the relatively rare Hodgkin's disease and certain forms of leukemia, also quite infrequent, cancer mortality rates have been stuck at virtually the same levels for at least 30 years. In a few types of cancer (bone, lung, esophagus, vulva, lip, and penis—this last also relatively rare, thank goodness), the mortality rates have even gone up. All in all, after decades of one kind of research fad or another—the viral theory, the immune system theory, the this theory, and

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*\$10 billion later, Washington admits that the war on cancer has become "a medical Vietnam."*

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the that—the panjandrums of the medical bureaucracy have been beating a strategic retreat on the carcinoma front. Donald Kennedy, the head of the Food and Drug Administration, announced a few weeks ago what the lay public had long since learned from visiting the casualties of malignancy in the hospitals—that the war against cancer has become "a medical Vietnam."

Laetrile has also been the beneficiary of a renascently popular free market sentiment which has attacked all regulation, but particularly the FDA for fumbling and delaying so long in its paper-stamping and form-processing that a number of therapeutically valuable substances have been withheld from patients who need them. Hence there is now special public irritation with Venus flytraps like the FDA, even though the fact is that all drugs have side effects which may or may not be worse than the disease, and few of them have any therapeutic value. We can't expect the high Pooh-Bahs of medicine to give up the authority they wield over therapies by willingly discarding the seal of approval that they alone are permitted to affix. But the Laetrilists' desire for a choice has chipped away at that authority.

The FDA has certainly done little to reassure skeptics about its regulatory rationality. To this day, if you call them up to inquire about Laetrile you will get a voice on the line dripping with hostility toward those who favor the treatment. The implication of their approach is that only the gullible and crooked could take Laetrile seriously. But the FDA gives no weight to the observations of trained clinicians as to the apparent benefits of Laetrile treatment. Such results should not just be tossed aside, just because the Laetrile experiments on laboratory animals have yielded conflicting and disputed results. At a minimum, rigorously conducted tests on voluntary human subjects are in order.

But the thought that the little old ladies in tennies may be right seems to be too much for organized medicine. After all, it took the doctors several centuries to get over the fact that the famous Puritan clergyman, Cotton Mather, was correct about smallpox inoculations and the most learned physicians of his day dead wrong.



**JERRY BROWN: *The Man on the White Horse*, by J.D. Lorenz. Houghton Mifflin, 267 pp., \$8.95.**

**BROWN, by Orville Schell. Random House, 307 pp., \$10.00.**

**JERRY BROWN: *The Philosopher Prince*, by Robert Pack. Stein and Day, 293 pp., \$10.00.**

**JERRY BROWN: *In a Plain Brown Wrapper*, by John C. Bollens and G. Robert Williams. Palisades Publishers, P. O. Box 744, Pacific Palisades, CA 90272. 272 pp., \$9.95.**

## Doing up Brown

PETER SCHRAG

**T**HE MORE ONE READS about Jerry Brown, the less one understands. Even before he had won a handful of presidential primaries in 1976 as a last-minute candidate, the governor of California had persuaded a lot of people that he not only embodied the real post-Watergate mood of the electorate, but that he was in touch with universal forces beyond the bounds of conventional politics. Thus we had Brown as Mr. Clean; Brown the ex-Jesuit (which, of course, he wasn't); Brown as Zen master; Brown as monk. By the time he had flashed through the primary pans of Maryland, Oregon, Nevada, Rhode Island, and New Jersey, the Brown mystique was fully developed, and although some journalists pretended to have explanations, their efforts usually made the mystique even more impenetrable.

The fault may simply lie with the journalists—though some of them are rather skillful—or it may lie in the as yet unconsidered possibility that there is a lot less to understand about Brown than most people assume. In that respect the man so often called "the kid" (to distinguish him from his father, a conventionally successful politician who was California's last governor but one) may really be different. The ordinary politician wants his public to be-

lieve that he is shallower and more common than he really is. The present governor of California, so often promoted as an antipolitician, may be just the reverse: there may be less here than meets the eye.

However that may be, what is clear, at least from a reading of the four

books under consideration, is that understanding Brown is still a long way off. Two of these books, Schell's and Lorenz's, only pretend to make the effort. Lorenz served for some six months in the Brown administration; Schell followed Brown around for what the book jacket claims was a period of two years, but, considering the results, he could have gotten the job done much more quickly. Both books are sprinkled with some tantalizing gossip, the best of which has already been quoted in the papers—bits about Brown's sex life (or lack of it); anecdotes about media manipulation; quotations from midnight conferences at the San Francisco Zen Center, where the governor sometimes likes to pass the time; stories picked up on plane trips overseas or at political dinners with Jimmy Carter. The bits add up to very little.

Schell is sympathetic; Lorenz, whom



BRUCE MCGILVERAY

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