

# THE SOCIAL CREDITER

## FOR POLITICAL AND ECONOMIC REALISM

Vol. 31. No. 24.

Registered at G.P.O. as a Newspaper.  
Postage: home 1½d. abroad 1d.

SATURDAY, FEBRUARY 6, 1954.

6d. Weekly.

### "Mass Medication" as an Anti-Objective

The only logical way of separating objection to a course of action *per se* from objection to *compulsion* to a course of action would be to attach the objection to a course of action of which most people might be brought to recognise, but which is enforced by compulsion. Such an objection would take the form of a public agitation by a minority to establish the rights of a minority, e.g., so-called 'conscientious' objection to military service, vaccination (small-pox), and, recently, mass-medication with such substances as fluorides introduced into water supplies.

At the end of last July, Lord Douglas of Barloch put down on the Order Paper of the House of Lords a Motion:

"To draw attention to the infringement of the liberty of the subject, and the danger to the health of individuals, inherent in projects of mass medication, such as the addition of chalk to flour, iodine to salt and fluorine to public water supplies."

The Motion was debated in the House of Lords on January 27.

It will be noticed that two objections are conjoined: (1) objection to infringement of liberty, and (2) objection to damage to individual health. (1) is political and social; (2) is technological and hypothetical. On both counts it is presumed that something bad is being enforced. Hence, according to what is said in the first paragraph above, there is confusion concerning the validity of the objection. As we expected, the House of Lords had an 'interesting discussion' (*vide* the Mover of the Motion) who said he had no doubt that the Government, if they had wanted to, "could easily defeat the Motion, but I do not want them to be put in the position of having voted against it, for I think the principle which underlies it is so important that it deserves the serious consideration of all of us; and it would be a very great pity for anyone to vote against it. Therefore, I have pleasure in asking leave to withdraw my Motion." We have pointed out that not one but two dissociated 'principles' underlay the Motion.

Such wide publicity has been given in the 'national' press to the speeches by Lord Amulree and Lord Webb-Johnson against the Mover—they "demolished his case," according to Lord Carrington, Joint Parliamentary Secretary, Ministry of Agriculture and Fisheries—that we feel justified in restricting our publicity to Lord Douglas, who said:—

"My Lords, the battle for the liberty of the subject has to be renewed and fought in every age. No sooner has one encroachment been swept away than another arises to take its place. The passion to regulate the lives of others is deep-seated and hard to root out. It is most dangerous and most insidious when it arises not from motives of personal gain but from the desire to inflict benefit upon others. In this era, the greatest danger to human freedom is the

specialist or the expert, the man who has soaked himself deep in some branch of research and wishes to impose upon others the pattern of conduct which he thinks is best. I do not refer to scientists, for a true scientist is one who has learned to take a broad and balanced view, one who is imbued with a healthy spirit of scepticism and not with fanaticism.

"This Motion was originally placed upon the Order Paper at the end of July. The immediate occasion of it was an announcement in *The Times* newspaper, which appeared to be officially inspired, that the Ministry of Food intended to make an order within a few weeks' time requiring chalk to be added to wholemeal bread. If that had been done, it would have become impossible in this country to buy any bread to which chalk had not been added. I thought, and a number of my noble friends with whom I discussed this matter also thought, that this would be an outrageous interference with the liberty of the subject, and so I put down this Motion. Happily, that particular danger has receded. The Minister of Food has exempted 'true wholemeal flour' from the requirement that chalk be added to it. There is thus left a loophole through which those who do not want their flour tampered with can escape. It is not a very large loophole, because bread made from true wholemeal flour is not easy to find, and it is dearer than bread made from 'National' flour, one reason for this, of course, being that the Minister of Food subsidises the price of 'National' bread.

"We have thus reached the position in which, by Government order, the vast majority of the population are obliged to have chalk in their bread. The total amount of chalk which is used for this purpose in the course of a year is about 11,000 tons. In passing, I may remark that chalk is cheaper than flour, and as the mixture is sold at the price of flour, the millers have nothing to complain of. One is reminded of Tennyson's line:

"And chalk and alum and plaster are sold to the poor for bread."

The theory which underlies the addition of chalk to flour is that the population are not getting enough calcium in their diet—not enough for good health, it is said. For the purposes of this argument I am going to assume that there are a number of people who are not getting sufficient calcium, although many common foods, such as milk, cheese, yolk of egg, peas, beans, treacle and green vegetables, are good sources of it—and, of course, the water supply of London and of some other places also contains a considerable content of calcium. Even if it be true that some people are not getting enough calcium in their diet, are we entitled to force them to eat more of it by putting chalk in their bread? That is the fundamental issue of principle which is raised in my Motion. Another matter to which I must draw attention, and which is characteristic of all forms of mass medication, is that this procedure offends against the basic code of medical practice. The dose is administered

without any examination of the patient, without regard to age or sex, without regard to physical condition, irrespective of whether it is required or not. In this respect also, the procedure is obnoxious and immoral.

"Let me now turn to another example, the proposal to add iodine to salt. This matter received considerable attention in the Report of the Chief Medical Officer of Health for the year 1950. A Committee of the Medical Research Council had reported in 1944 that endemic goitre was on the increase and that this was probably due to reduced consumption of sea fish, which is rich in iodine. As these researches were conducted during the war, it would not have been entirely surprising to note that the consumption of fish had declined. A later Report, in 1948, long after the war was over, recommended that all salt should be iodised by adding ten parts per million of potassium iodide. In 1950, the Food Standards Committee of the Ministry of Food recommended that an order should be made requiring that all free-running salts should, within a year, have, not ten parts but from fifteen to twenty parts per million of potassium iodide added, and that within a further two years all other salt should be treated in the same fashion. If this recommendation had been carried out, it would have become impossible for the consumer to buy salt which had not been iodised.

"This proposal evidently occasioned some anxiety, for the Report of the Chief Medical Officer makes it clear that some people made representations that the incidence of goitre had been exaggerated. Others drew attention to the fact that some persons are hyper-sensitive to iodine, but this objection was brushed aside on the ground that the objectors had not supported their case by statistics. I pause here to draw attention to the fact that it hardly ever lies in the power of the non-official public to produce statistics on such matters, and if this is to be a *sine qua non*, we shall all soon be at the uncontrolled mercy of the experts. The final upshot of it was that the Medical Research Council recommend that non-iodised salt should be available wherever this was considered necessary on medical grounds—in other words, we should all have been obliged to obtain a doctor's prescription in order to be able to purchase un-medicated common salt.

"So far, we have the matter as it was explained in the Report of the Chief Medical Officer for the year 1950. In the following year, the subject received only three lines, to the effect that unforeseen difficulties were being encountered in providing suitable packaging material. What these difficulties were, is not explained. In the Report for 1952, the last one issued, I could find no mention whatever of iodised salt. The last reference I have seen to it was an Answer by the Minister of Food on July 21, 1952, in which he said that there were a good many objections of a technical nature, some of which were quite serious. So it looks as if this plan, which was introduced with such a flourish of trumpets, is on its way out. The strange thing is that it was ever proposed. Even if it were true that goitre was prevalent in certain districts owing to lack of iodine, why should people in other districts be compelled to partake of it when they do not need it?

"Here again, the fundamental objections to compulsory mass medication spring to light. The intake of iodine is obviously extremely variable, as sea foods are one of the principal sources of it. Iodine is a very potent and active

chemical; it is quite immoral to force it upon everyone, without regard to the amount that he is already having, without regard to physical condition or any other circumstance which a doctor would consider in dealing with an individual patient. This is a negation of the art of medicine as hitherto practised; it is also the negation of the liberty of the subject. Before I turn to the other example mentioned in my Motion, I should like to say that the noble Lord, Lord Methuen, informed me that, had it been possible, he would have been here to support me this afternoon. He desired particularly to refer to the chlorination of water supplies, which he considers has been carried to excessive lengths in recent times, leaving residues in public water supplies which may have physiological effects. This is a view which, I understand, will be supported particularly by adherents of the homeopathic school of medicine, of whom there are a considerable number in this country.

"I now come to the latest example of mass medication—the addition of fluorides to water supplies. It is well known that fluorides are deadly poisons. On this account, sodium fluoride is largely used as a rat poison. At one time fluorides were used as preservatives in foods, but the use in foods is now prohibited by law. The addition of fluorides to the public water supplies must, therefore, be a matter of grave concern. This practice has been developed within the last few years in the United States, where there has been an intensive campaign to persuade local authorities to adopt it. The ground upon which it is advocated is that if a small quantity of fluoride is given to children regularly during the period of growth and tooth development, the teeth will be made resistant to decay. It was already well known that if larger quantities of fluoride, such as are found occasionally in naturally occurring waters, are taken in, the teeth are severely affected and show visible blemishes. It is now stated that if fluoride to the extent of one part per million is added to the water supply the teeth of children will become resistant to decay, but that no bodily ill-effects will follow. I would mention that the advocates of this proposal say that the proportion should be one part per million of fluorine, and they admit that it is not wise to go much beyond that.

"During last year a Mission was sent from this country by the Ministers of Health and Housing to the United States to investigate what was known there. They reported—and their Report has been published—that fluoridation of water supplies was a means of reducing the incidence of dental decay, and they recommended that in this country:

"it would be advisable in the first instance to add fluoride to the water supplies of some selected communities."

On December 3, the Minister of Health stated that the Government had accepted the recommendations of the Mission. Some towns, therefore, must look forward to the prospect of having fluorides added to their water supplies in order that an experiment may be carried out upon the whole of their citizens.

"For the purpose of my argument I am going to assume that it is a fact that if children imbibe waters so fluoridated during the growing period their teeth will—for a time at least—be less liable to decay; it may be, of course, that the effect is not permanent. The first question that arises is: How does this happen? That question the Mission have been unable to answer. They say that this matter has not yet been elucidated, and they give no fewer than four

different and inconsistent theories to explain it. One thing, however, is clear, and that is that fluorine reacts with something in the teeth and, consequently, changes the nature of the teeth. If higher concentrations of fluoride are imbibed, the change becomes greater, and blemishes upon the teeth become visible. There is little doubt that the fluorine unites with the calcium in the teeth: scientific evidence of this is available. This leads to a very important question. The advocates of fluoridation admit that it can prevent dental decay only if it is administered to children. Their procedure, however, involves that it is administered to every member of the community for the whole of his life. What happens to the fluorine which is imbibed by adults? The teeth are not the only part of the body containing calcium: it is found in the bones, and elsewhere. If the teeth are no longer capable of combining with fluorine, will not fluorine combine with calcium elsewhere in the body?

"An attempt has been made in the United States to answer this question by comparison of the vital statistics of areas having naturally a water supply containing about one part per million of fluorine with others having much smaller amounts. Anyone who is familiar with statistical investigation must know that such comparisons are worthless, and the Mission very candidly state:

'While many Americans live in areas where the natural fluoride content of water is about one part per million or more it is extremely difficult to make a comprehensive analysis of mortality statistics, on the basis of previous exposure to fluorides, and no such analysis has been attempted.'

Hence, I suppose, the recommendation to make a mass experiment, willy-nilly, upon some city or town in this country. An incidental but highly significant point in the Mission's Report is the statement—and this has also been said by advocates of fluoridation in the United States—that it makes no difference what amount of fluoride is used to fluoridate the water supply. That statement appears on page 12 of the Mission's Report. But, strange to say, in one of the appendices, on page 65, they say:

'It has been reported that stannous fluoride is more effective than either sodium fluoride or sodium silicofluoride in preventing dental caries.'

Is this a new scientific discovery, that it makes no difference to the human body whether it is treated with salts of sodium or salts of tin, or is this just a typical example of the slipshod way in which this subject has been treated?

"That leads me to say something about the methods which have been used in the United States to push the fluoridation of water supplies and which, I am afraid, are beginning to be used in this country. The plan was originated and has been strongly advocated by dentists in the American public health services. Of course, all dentists are not advocates of it, and in this country Mr. Charles Dillon has contributed some significant criticisms in his articles in the *Dental Practitioner*, pointing out the general dangers to health and also the possibility that if fluorides do delay dental decay in earlier years of life, they may actually aggravate it in the later years. By and large, however, fluoridation has made headway by the specialist argument that it reduces dental decay, without regard to any other aspects of the matter. In the United States it has been put over by methods which in any other connection would be described as 'high-pressure salesmanship.' I do not suggest that the dentists who have advocated it have any commercial interest but, in passing, I may note that there

are commercial interests who would like to see it done. Fluorides are highly toxic chemicals which are by-products of certain industrial processes, and they are, both literally and metaphorically, a drug on the market. Of course, the manufacture of machinery for putting them into the water supply would be a gain to those who manufacture this type of machine.

"It is apparent that the experts who have advocated fluoridation have paid scant attention to the physiologists and pathologists who have drawn attention to the possible hazards to general health. I am going to quote one example of this from the proceedings of the annual conference of State Dental Directors, which was held in Washington, D.C., on June 6 to June 8, 1951. This quotation is from the speech of the Dental Director of Wisconsin. Referring to another speaker who had mentioned some possible difficulties, he said:

'I noticed that Dr. Bain used the term "adding sodium fluoride." We never do that; that is rat poison. You add fluorides. Never mind that sodium fluoride business. All of these things give the opposition something to pick at, and they have got enough to pick at without our giving them more. But this toxicity question is a difficult one. I can't give you the answer to it. I can only prove to you that we do not know the answer, because we had a city of 18,000 people which was fluoridating its water for six or eight months. Then a campaign was started on the grounds of its toxicity. It ended up in a referendum and they threw out fluoride. It's tough. When we are having the Press in, and the public in, don't have anybody on the programme who is going to go ahead and oppose us because he wants us to study it some more.'

That is rather an interesting sidelight upon the way in which this campaign has been carried on—and we are being asked to imitate what has been done in the United States. I could quote a good deal more of a similar character, but that sufficiently illustrates the nature of the campaign.

"It is not my purpose to-day to argue in detail the case against adding sodium fluoride, or other fluorides, to water supplies, but the announcement by the Minister of Health that he approves of this being done makes it imperative that I should say something more about it. The whole question of the addition of chemicals to foodstuffs was exhaustively examined by a Select Committee of the American House of Representatives, under the chairmanship of Congressman Delaney. They devoted a considerable amount of time to this particular question and took a great deal of evidence, both from advocates of fluoridation and from a number of eminent physiologists and pathologists who gave reasons why they considered this practice to be risky or dangerous. This evidence was made known, of course, to the members of our Mission, but it is dismissed in a very brusque fashion. They do admit, however, that

'Fluoridation involves a degree of "calculated risk."'

What does this comment mean? If the word 'calculated' is intended as a synonym for 'deliberate' or 'intended,' it is correct; but if it is intended to mean that the risk is known and can be estimated, then that statement is simply not true. Moreover, the benefit, if any, is confined to children, while the risk is distributed over the whole population.

"What is this risk? I am going to quote now from a paper by Professor D. G. Steyn, who is Professor of Pharmacology in the University of Pretoria. South Africa is a country where natural drinking waters are found containing

fluorides, and the effects have been the subjects of scientific study. Professor Steyn says:

'Fluorine is a dangerous poison in that its chronic harmful effects may not be in evidence until thirty or forty years after consumption of minute quantities of this poison had begun. In addition to our previous knowledge of the harmful effects of fluorine in drinking water, it was recently established that small quantities of fluorine in drinking water suppress thyroid activity, and in our fluorine areas endemic goitre is of frequent occurrence.'

How does this tie up with the plan for adding iodine to salt in order to combat endemic goitre? Will the dosage of iodine be increased still further if fluorides are added to the water supplies? Professor Steyn continues:

'An aspect of fluorine poisoning which needs investigation is the characteristic of this halogen to form a chemical combination with calcium phosphate in the teeth and bones. The nature of chronic fluorine poisoning is such that in order to study it fully, experiments have to be conducted over a number of generations of animals, as the bones and teeth of each succeeding generation will contain more fluorine than those of the preceding generation. In this tendency of fluorine to accumulate in the bone system lies the greatest danger of chronic poisoning when small quantities of this poison are ingested daily over long periods.'

Here, my Lords, I would make two comments. Have the Government the intention of adding more chalk to flour, in order to counteract the immobilisation of calcium by fluorine? Do they intend to experiment for several generations on the unfortunate communities whom they select for what the Minister calls studies of the various aspects of fluoridation? Professor Steyn also points out that

'the ingestion of fluorine during pregnancy and lactation needs special attention and care as excessive quantities may harm mother and foetus and suppress lactation, as this poison has an antithyroid action.'

This brings me back to the fundamental principle, that procedures of this kind are the antithesis of rational medical science. The drug is administered to everyone, whether with teeth or without, whether young or old, without regard to physical condition or susceptibility. It is, therefore, a reckless and unethical practice. All such practices are an invasion of the liberty of the subject which should not be tolerated in a free country. I beg to move for Papers."

In the course of the Debate, Lord Hankey said he was "now more confident than ever that this year will pretty nearly see the last of agene." In other words, public clamour, whether right or wrong *technologically*, moves governments to yield to pressure concerning *methods*. We believe Lord Douglas's campaign has been canvassed as one with which it is suitable that Social Crediters should ally themselves. As individuals that is for them to say. As Social Crediters, their objective is a reversal of *policy*; and in this matter "the good is the enemy of the best."

We note with keen approval the words of Lord Douglas of Barloch in saying that the passion to regulate the lives of others "is most dangerous when it arises not from motives of personal gain but from the desire to *inflict benefit* upon others." (The emphasis is ours.) "The fear of the Lord is the instruction of wisdom." While the Social Credit Movement as a whole has largely been weaned from the notion that a frontal attack upon the entrenched forces of Finance can possibly succeed, it may yet have to experience all-but annihilation before it learns that the opposite extreme of dissipation of energy can do no better. As Douglas put it: "If it is true that what the opposition most fears is individual initiative backed by genius, that does not mean that genius backed by individual initiative can do anything at all."

## A Neglected Sanction in Alberta

It will be remembered that in 1937-8 the Aberhart Government was diligent in the search for *sanctions* such as would enable Social Credit to be established in face of its determined suppression by the Federal Government at the instance of the Financial Monopoly. But since Aberhart's death, and in action rather than words the idea of Social Credit has been replaced in Alberta by the type of socialism known as the Welfare State. Nothing can illustrate this reversal with greater clarity than the account published in *The Canadian Social Crediter* of December 16 headed "Premier Manning on Gas Export." This tells of negotiations to construct "an all-Canadian pipe line from southern Alberta through Regina and Winnipeg to the Minneapolis market areas of the United States," and continues: "The Government of Alberta has advised the [Federal] Prime Minister that if the present competing proposals are reduced to one sound overall project and the Alberta Conservation Board is supplied with definite evidence to show that it can be financed and successfully operated on the basis that will ensure fair and equitable prices to Alberta producers it will meet the requirements of the Alberta Board . . . and . . . I am quite certain that the Provincial Government will approve such a recommendation, Mr. Manning concluded." It is clear that this is just another bargain between Monopoly Owners (the Alberta Government), Monopoly Distributors (the Federal Government) supervised and directed by their Principals (the Monopoly of Finance).

Aberhart, warrior that he became, assuredly would never have sold this pass but would have seized the sanction implicit in the position—that *Alberta's oil should be distributed by social credit, or it should never leave Alberta*. But Manning cries 'On to Ottawa' for oil as well as for constituents.

## "To-morrow is Already Here"

"Everything, in fact, depends on what you think man is, and is for. If man is just a cog in a corporate body which is aiming at domination of nature well then—why on earth make a fuss if he has to be psychologically and medically conditioned to the part the science allots him?"

"But if you think that man is more than this—that he is responsible, individual, sacred, holding himself and nature in trust to God, then every step in the technicalisation of man must be resisted, and the whole philosophy of contemporary science must be re-examined and re-written." (Leslie Paul, reviewing "To-morrow is Already Here" by Robert Jungk in the *Daily Telegraph*.)

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This journal expresses and supports the policy of the Social Credit Secretariat, which is a non-party, non-class organisation neither connected with nor supporting any political party, Social Credit or otherwise.

SUBSCRIPTION RATES: *Home and abroad, post free:*  
One year 30/-; Six months 15/-; Three months 7s. 6d.  
Offices (Temporarily as follows):—*Business and Editorial:* 49, PRINCE ALFRED ROAD, LIVERPOOL, 15, Telephone: SEFton Park 435.

Published by K.R.P. Publications Ltd., at (temporarily) 49, Prince Alfred Road, Liverpool, 15. Printed by J. Hayes & Co., Woolton.