HISTORY OF THE

U. S. FOOD AND DRUG ADMINISTRATION

Interview between:

Ralph W. Weilerstein, M. D.

Retired Medical Cfficer

San Francisco District

and

Robert G. Porter

Berkeley, California

October 12, 1978

INTRODUCTION

This is a transcription of a taped interview, one of a series conducted by Robert G. Porter, who retired from the U. S. Food and Drug Administration in 1977.

The interviews were held with retired F.D.A. employees whose recollections may serve to enrich the written record. It is hoped that these narratives of things past will serve as source material for present and future researchers; that the stories of important accomplishments, interesting events, and distinguished leaders will find a place in training and orientation of new employees, and may be useful to enhance the morale of the organization; and finally, that they will be of value to Dr. James Harvey Young in the writing of the history of the Food and Drug Administration.

The tapes and transcriptions will become a part of the collection of the National Library of Medicine and copies of the transcriptions will be placed in the Library of Emory University.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

TAPE INDEX SHEET CASSETTE NUMBER(S) 1-2-3

GENERAL TOPIC OF INTERVIEW: History of the Food & Drug Administration

DATE: 10/12/78 PLACE: Berkeley, California LENGTH: 135 minutes

INTERVIEWEE	INTERVIEWER
NAME: Ralph W. Weilerstein, M.D.	NAME: Robert G. Porter
ADDRESS: [redacted]	ADDRESS: U.S. Food & Drug Administration
[redacted]	Denver, Colorado

FDA SERVICE DATES: FROM 1938 TO 1970 RETIRED? Yes

TITLE: Medical Officer, San Francisco, California
(If retired, title of last FDA position)

CASSETT NO.	SIDE NO.	EST. TIME ON TAPE Minutes	PAGE NO.	SUBJECT
1	A	0	1	Introduction
		1	2	Organization & Personalities of Division of Medicine in 1938
		15	8	Walter G. Campbell
		22	12	Sulfapyridine Investigation
		28	15	Bromo-Seltzer & Related Investigations
	B	3	21	Merlek Mineral Water Case
		5	22	Nue-Ovo Case
		14	27	J. O. Clarke
		16	28	John L. Harvey
		24	32	Paul Dunbar
		29	35	Gharles Crawford
2	A	4	38	George Larrick
		9	41	McKay McKinnon, Jr.
		13	43	Allan Rayfield
		19	46	Drown Case
		27	50	Laetrile Investigations
	B	2	60	Relaxicisor Case
		4	61	Regimen Investigation
		6	62	Investigations of Investigators
		12	65	Alergaton Investigation
		16	67	Woodard Laboratories
		18	68	Fremont Christian Clinic
		29	71	Wandell Vincent

(CONTINUED ON PAGE 2)

INTERVIEW WITH RALPH W. WEILERSTEIN, M.D., BERKELEY, CALIFORNIA, ON 10/12/78

CASSETT NO.	SIDE NO.	EST. TIME ON TAPE MINUTES	PAGE NO.	
3	A	1	71	Brandenfeld's Hair & Scalp Lotion
		3	72	San Francisco District Personnel
		11	77	James Goddard
		13	79	Al Barnard
		15	81	End of Interview

Porter: This is a recording of an interview with Dr. Ralph Weilerstein. The interview is taking place on October 12, 1978, at Dr. Weilerstein's home in Berkeley, California. I think the way to get our record started would be for you to give us just a little sketch of your career with Food and Drug, Doctor, and then I'd like to open it up to any subjects you'd like to talk about that you think might be interesting to a Food and Drug historian.

Weilerstein: Yes. I joined the Food and Drug Administration in 1938, at which time it was a very small organization and part of the Department of Agriculture I was hired by Dr. Theodore Clump, who was then the Medical Director. My interest I developed in connection with a passage of the then new Food and Drug law and I entered the Food and Drug Administration just a few months after the passage of the "new" Act. At the time Walter G. Campbell was Commissioner. Paul Dunbar was Associate Commissioner. Perhaps they were called different names at that time; perhaps Chief and Assistant Chief. I'll get back to that in a moment. But I was with the Food and Drug Administration I think longer than any other Medical Officer. I'm a physician by training. I had been working with the Public Health Service at the time that I joined the Food and Drug Administration and it is interesting

that I began my government career in the Civil Service, in the Public Health Service. And when I retired in 1970 after 32 years, I had been with the Food and Drug Administration through the Department of Agriculture, the Federal Security Agency, as a separate agency in the Department of Health, Education and Welfare and then as part of the Public Health Service at the time I retired from it. So I made a full circle.

Porter: Can we have just a pause here and I'll be sure we're getting a recording? Doing fine.

Weilerstein: All right. When I was initially employed, I indicated to Dr. Clump, I was interested in being on the West Coast, particularly in San Francisco. I am a native of this area and I wanted to do as much of my Food and Drug work as possible in this area. He indicated that there was a plan on foot to set up District Medical Officers. At that time Food and Drug Administration field offices were split into three districts. There was Western District, Eastern District, and Central District. Western headquartered in San Francisco, Central in Chicago, Eastern in New York. He indicated that after appropriate training, I would be reassigned to San Francisco. However, it took five years before this actually took place. And there was a great deal of discussion back and forth as to whether they would or would not have Medical

Officers assigned to the field districts. It was felt that in order for a Medical Officer to function in the field district, it was necessary for him to be thoroughly familiar not only with the drug aspects of the Food and Drug Administration, but also with the general operations of field activities and had a comprehensive knowledge of all the other activities of the Food and Drug Administration and the Food and Cosmetic areas, food standards, and otherwise, and in the field of sanitation. So that the Medical Officer's duties would be broadly consultative in all areas in which medical expertise was required. So I began in November of '38. I went to Washington and was assigned to the Drug Division under Dr. Clump. Dr. Clump was one of four Medical Officers. I'm sorry, there were only three, at the time I was one of three Medical Officers then assigned to the Food and Drug Administration.

Porter: Who were they?

Weilerstein: Dr. Clump was the Director. Dr. Robert Herwick was the Assistant to the Director, or the Assistant Chief of the Division. And George Dobbs was the other Medical Officer besides myself. So we had essentially two working Medical Officers handling the day to day operations; with a Chief and the Assistant Chief. This was the entire medical personnel of the Food and Drug Administration at that time, except in the new drug end

which was then handled separately. It was not part of the drug division. But was considered an Assistant to the Chief, Dr. J. J. Durrett, who subsequently became a Dean at the University of Alabama Medical School I believe. He was who had been Dr. Clump's predecessor as Chief of the Drug Division; was personally handling all the new drug applications. So we had one new drug Medical Officer. We had two Medical Officers handling essentially problems relating to drugs and we had the Chief and the Assistant Chief in the drug division. Pharmacology consisted of about, as I recall, there were two doctors then in Pharmacology, Dr. Calvary and Dr. Lightfoot. To get some idea of the magnitude of the work that was going on it was necessary to have hearings on the hazards of coal tar colors and coal tar colors had to be certified. Dr. Calvary had to come up with the answers on the toxicity of coal tar colors with very little time for preparation. And the testing involved some rabbit work that was done at Beltsville, at the Agriculture laboratories there. And the testing that was done was done very rapidly. There was considerable concern at the time as to whether or not the safety questions involving coal tar colors were being properly answered. But Dr. Calvary was quite sure of his results and he was a forceful individual. And Dr. Lightfoot went along with him. And the Drug Division, the doctors,

in the drug end had nothing to do with that particular aspect. I do recall that there were hearings held and there was a great deal of concern. At the time of the coal tar color hearings we added another Medical Officer to the Drug Division. Dr. Adolph Rostenberg, Jr., who subsequently became professor of dermatology in Chicago. Or was he at Northwestern or at...

Porter: Gee I don't remember.

Weilerstein: Well, it was one of the Chicago medical schools. I believe it was Northwestern. And Dr. Rostenberg was with the Food and Drug Administration for several years before he took the university position and he testified as to the dermatological effects of the coal tar colors at the coal tar color hearings. In any event the big things that, well perhaps I should discuss a little of the personalities that were in the Food and Drug Administration at that time.

Walter G. Campbell was Chief. And he was rather distant to the people who were working at my level at the time. The only time that we realy had any contact with Mr. Campbell was at what they call the Liar's Club. This was essentially a group of people who brought their own lunches to work and who would meet in one of the laboratories at lunch time. And would sit around, a pot of coffee would be brewed. And the, twenty or thirty people

people would come around, bring their lunches and the Chief or the Assistant Chief, Campbell or Dunbar or George Larrick who was then Assistant to the Chief, and Henry Lepper, Heine Lepper as he was called, who was representing the food laboratory, and Charlie Dahle, not Charlie Dahle, his name was Dahle, his name wasn't Charlie. (Dan)

Porter: I remember seeing his name...

Weilerstein: Well, he was the...he had a fund of stories that were interesting and unending and he would amuse us during the lunch hour with his stories. And he was a very sociable individual. A very nice fellow. And very concerned about cosmetics and their problems. And there would be interchange generally of not only of stories relating to non-work items, but occasionally there would be an opportunity for an interchange on problems, medical problems in the food field, or in the cosmetic field, which would be discussed.

In the drug end at the time the actual correspondence relating to drugs was handled by non-physicians; people who were either pharmacists or knowledgeable in the drug area. This was a group we considered to be primarily the letter writer group. These were the people who met with the people from the trade, the industry representatives, Alexander G. Murray was the Dean of the group. He was a man then with white hair, blind in one eye, thin,

austere, very fundamentalist in his background and in his approach a very...in current parlance he'd be considered an extremely straight person. He had a great deal of difficulty in handling problems with drugs that were offered for venereal disease or any problems in the sexual field would cause him great difficulty in handling them. He was however, extremely knowledgeable as to what was known about drugs at that time. That is as to their composition, as to the proper names for the drugs. He was very knowledgeable as to the whole area of drug manufacturing and drug labelling and essentially was my teacher as far as labelling was concerned as to what went onto drug labels and how they should be set up. And he had a set group of allowable claims which would be what he would use in his correspondence. He was assisted by Horatio Wales, who subsequently went to the Federal Trade Commission, but was with Food and Drug for a long time. And a man, I believe his name was Howard R. Watkins. Both Watkins...was also an older man at the time and he was...These people operated essentially by the book. They were going by what was deemed to be allowable. My job was to look over their letters or to prepare letters for their review initially, as part of my training to try to answer the correspondence that was coming in with respect to what a drug could or could not be sold for. At about...well I'm getting ahead of my story here.

Porter: I'd like you to say all you can about Campbell.

Weilerstein: I'd like to say what I can about...

Porter: Everybody said he was distant and they didn't know him. And that's, of all the people I've talked to I've gotten really nothing more than that about him.

Weilerstein: Well, Campbell was one of the original inspectors under Harvey Wiley. And he was one of the people that went around with the little baskets collecting samples early in the history of Food and Drug. And was probably the last of the original generation of Food and Drug inspectors to become a Chief. He was extremely good at handling congressional hearings. You may notice that when I started to talk, said I'll come back to that. If you'll read the transcripts of what he testified to with the various Congressional Hearings relating to the Food and Drug Act of 1938, Food and Drug Cosmetic Act of '38; you'll notice he did this repeatedly. Whenever he was asked a question which was going to distract or get him into an area he didn't want to talk about or where it would be adverse, he would always tell the Congressmen, "Yes, Senator, I'll come back to that." And he would go on with his, whatever it was he was trying to get across. And he never really did get back to it, near as I could tell. But as I way he was known for this was the story that was going around about him. It was more or less in

praise of his activity. He believed in keeping a distance. That was done consciously. And when he would come into the Liar's Club, which was relatively infrequently, he usually let Dunbar do this, he would be a very convivial person at that time. Because he would then be with a group of people that were essentially his top staff. And the Liar's Club was essentially where the subordinates had a chance to see the top staff relax a little bit. Well, Campbell was interested in trying to broaden the coverage of the Food and Drugs Act. You might recall that under the Food and Drugs Act of 1906, the concept of accompanying labelling, the concept of extending...there was no provision for warnings there was no provision for adequate directions, there was no provision against dangerous drugs. Of course the elixir of sulfanilamide thing is what precipitated the Act of 1938. Well, that's all a matter of record. In any event, one of the people that I was assigned to work with fairly early on in my activity, was Daniel P. Willis, who was the Assistant General Counsel at that time. Dan Willis used to frighten people who didn't know him well, he had a rather gruff approach. But he essentially was really very nice, probably still is, I think he's still alive...very nice person. And I worked very closely with him in connection with quite a bit of litigation. And between the two of us at that time, and

with the urging essentially from the Commissioner's office, from the Chief's office, we were trying to use our drug cases as they came along and choose cases and this was something that we discussed with Mr. Murray. Essentially it was a conscious effort on the part of the people in the Food and Drug Administration at that time, to try to broaden the protection that could be given to consumers through extending the concept of labelling so that a label and labelling would not be the same thing. And that accompanying labelling could be extended to include something that would not be perhaps newspaper advertising but what would go, not just what would go on the bottle, not only what would be within the package, but eventually to extend it as far as we could. And since we used the principle that bad facts do not make good law and we always tried to choose cases to bring what would be good from a factual standpoint so that a court would be inclined to go along with a broadened interpretation of the law. And this was carried on when I was working with Arthur Dickerman later on in my career, just to bring it on. But essentially that was one of the long-term goals that we started in 1938 and kept right on going until I left in 1970. I can't really tell you too much more about Campbell. He was a...he would meet annually with the District Chiefs. They would have their work plans set out

and so on. I'm getting ahead of myself here. To complete the picture of what went on in '38, the whole Food and Drug Administration was in perhaps two or three floors of the Agriculture Building at the corner of 12th and 'C' Streets Southwest, just in one corner of the building. And that was the whole Food and Drug Administration laboratories, offices, and everything else. You knew everybody in the administration; you knew the chemists, you knew the people you were working with. You had a very small family type almost organization. One of the reasons I didn't get to know Dr. Durrett very well was he and Clump aparently had had some clashes before I got in there and Clump had been his assistant and then took over the Division and he was pushed aside. Clump was a very ambitious man. He subsequently became head of the Winthrop Chemical Co. And has had that position for many years. He had a little boat of his own on the Potomac. At the time I came on, he would get the staff to come out and work on his boat on Sundays. And he would promise you a ride on the Potomac and then you'd wind up scrubbing down the deck. But he was a good promoter. I wouldn't say promoter. He was a good executive, let's put it that way. He tried...he followed the Elbert Hubbard view of when you're working for somebody you really work for him. And when he was with Food and Drug, he really tried very hard to do what

Food and Drug, what Campbell wanted, what Food and Drug wanted to do. And he left after a few years, and Herwick took his place.

I was with the Washington offices until 1943. During that time we had some very interesting investigations and litigation. One of the most interesting investigations was the time that sulfapyridine came on the market. Now sulfanilamide had already been discovered and was on the market. But it had fairly limited activity as far as the organisms it was active against. And penicillin had not yet been discovered. Or not yet been recognized. It had been discovered but it had not been recognized; and was not then a drug. Sulfapyridine came along as the first in a whole string of drugs which were essentially broad spectrum antibiotic type drugs; although they weren't called that at the time. And sulfapyridine was the first drug that was really effective against pneumonia. And...or at least was so offered at the time. And one of the things that our little Division had to do even though this was a new drug problem, Dr. Durrett couldn't handle it by himself. And I think actually Durrett had already left. Herwick, then I think was running New Drugs, came into the Drug Division at that time. One of the things we had to do, was before publication because these drugs were then...

and of course there was no provision for investigational

use of drugs at that time. So the drugs were being furnished by the manufacturers to investigators under the 505(I) Section of the Food and Drug Act. And the only things they were required to do was to keep track of their inventory essentially. And report, I don't think there were any particular reporting requirements. But we had the name, were able to get the names from the manufacturers of the doctors in the country who treated the first 2,000 cases of anything with sulfapyridine. And it was a big problem as to toxicity. The question of agranulocytosis came up. There was a lot of problems because Dr. Bulowa's laboratory at Harlem Hospital was on the verge of coming out with a pneumonia vaccine at that time. Which is very similar to the pneumonia vaccine actually that's coming out now. He had typed specific vaccines that were working pretty well and this of course required a lot of lab for every case. He had to determine the type of organism. It was quite expensive to manufacture. He had a tremendous group of rabbits and so on from which he was doing his biological research. And he was pointing out that in his group of patients, and I went to Harlem Hospital, he was having all kinds of problems. The type three pneumonias were not getting better. The patients were developing agranulocytosis. It so happened that in about ten blocks in New York there were, oh more than ten

blocks I guess, Harlem Hospital's quite a little distance from Park Avenue. But in New York City, in Manhattan in the various hospitals, just to show you the different results that were happening. Bulowa and his hospital with a very strong bias against the drug to begin with, for some coincendential reason was finding all the toxicity practically and very poor results. While down the street, a few blocks, in another hospital, a doctor was getting complete 100% recoveries and no toxicity. And things were being offered for publication which were diametrically opposite. Drafts of the manuscripts were coming in to us. The AMA was interested that we make a proper investigation. So I covered New York and I think Herwick covered Philadelphia and Dobbs covered Boston. And we tabulated all the cases and as a result we determined that sulfapyridine was a toxic drug. That there were problems with it from the standpoint of affect on the blood and other things. But also it was a very good drug in terms of treating disease and probably on balance was a drug that ought to be marketed. And it was, with very severe restrictive warnings, ultimately. And that whole investigation only took about, I think less than six months and the drug was on the market. So it...

Porter: That whole business I've never heard before.

Weilerstein: Yeah. Well actually, I published on that with Ted Clump in the medical annals of the District of Columbia Medical Society in April of 1940. That was my first publication in Food and Drug. And I might be able to find a reprint. I don't know. But that was a very interesting thing. We got sulfapyridine on the market that way. And it was a very good drug, but subsequently, later generations of sulfa drugs came out that were just as good for most of the things it was good for; practically all with one or two exceptions. And the sulfa drugs that of course had their big popularity during the forties until the penicillin and the other antibiotics came in. And now they are becoming less...well and resistance has built up against them and so on. But the sulfas were very effective during the forties and during World War II. The next thing I was involved in or was involved in very early on in Food and Drug was the question of Bromo Seltzer, and B.C. and Stand Back. These were at that time combinations of acetanilide and bromide. And they were offered as... Bromo Seltzer then was very big for headaches. It was a big headache drug. It was sold in bars. It was for all kinds of headaches. B.C. and Stand Back were powders; essentially the same formulation. They were widely used in the cotton mills in the South and so on by workers who would develop headaches from their work and were actually

used as kind of recreational drug also at that time. Although probably not recognized as such. In any event one of the things that I had to do was to...first Clump gave me the assignment to review the literature on bromides and acetanilide which took me almost a year to do going through the medical library. There were over 2,000 articles which I had to read and review. Then, I had to go out and check, the AMA had a file in their confidential file which they turned over to us on a confidential basis. A couple of hundred people who had injuries that had reported to them by doctors around the country as having injuries from acetanilide or bromide. And I was able to put together and did put together a two-volume compendium outlining and tabulating all the case histories of the people who had been injured one way or the other by acetanilide had an effect on the blood, it had an effect of inducing headaches as well has helping them. It essentially became a drug which subsequently had been pretty well abandoned. But at one time was considered very important as an analgesic. Bromides also have more or less passed into limbo, although for almost 80 years...see bromides came out before the barbituates did. Essentially there's been a whole series of sedative drugs which have appeared on the medical landscape. I won't go back into the ancient history, but just back into the 1900's,

late 1800's, about 1860, Voisson discovered the sedative effects of bromides and their value in epilepsy was recognized. And they were very widely used proprietary medications of all kinds at the time the Food and Drug Act of 1906 was passed. And as a result of the...there was a case brought in court against Bromo Seltzer which was ultimately settled out of court, but the formula was changed. The amount of bromide was cut in half. Acetanilide was more or less eliminated from the formula. And B.C. and Stand Back were re-formulated and essentially the methemoglobinemia, the blueness from the acetanilide was eliminated. The strong neurological disturbances which bromides can cause were more or less eliminated by essentialy cutting down the activity of these preparations. So that was one of the health things that we did early on. One of the first cases I had in court which was a very disappointing case to me, but taught me a great deal, was a case I worked on with John Cain. You probably remember him.

Porter: Yes, I know John.

Weilerstein: Yes, well John was assigned to work with me on the Roux Lash and Brow Tint case. And this case went to trial twice. First time in New York. Essentially Roux Lash and Brow Tint was an ammoniated silver, ammoniacal silver nitrate which is to be applied with a cotton

tipped applicator to the eyelashes and then fixed with pyrogallol. And pyrogallol was a very strong caustic. And ammoniacal silver nitrate...I'll make this very brief. In the files of the Food and Drug Administration at the time our investigation began, we had over a hundred complaints of people who claimed they had been injured by this lash and brow tint. Some of the people had brought suits against the company. Some had written in to us. Some were reported by doctors. Some names had been obtained by a survey, a mail survey that had been made of asking dermatologists to report what they had or opthamologists to report what they had seen. There was a lot of concern about lash and brow tints because just prior to the time the Lash and Brow Tint was introduced there had been a big problem with Lash Lure, the paraphenylene diamine dyes which have caused not only blindness but severe injuries otherwise from eyelash dyes, eyebrow dyes. And even the law relating to coal tar colors had exceptions from their use around the eyes so that the...we thought we had a very strong case with a hundred injuries and all the opthamologists, Society for Prevention of Blindness the Chief of the Light House in New York City for the Blind, and so on. But we didn't count on the fact that the manufacturer could hire a very good, I guess you would call company compensation lawsuit type lawyer, who knew

how to sway a jury. And we were stuck with a very new and rather inept United States Attorney, Assistant United States Attorney at that time. I think he subsequently became a federal judge, so I probably shouldn't name him. But anyway, that was our feeling at the time. Now the problem we had was that during the first trial on almost every case that we brought in, we brought in the individual who testified they had used the cosmetic. The doctor who testified to the injury that had occurred. And an expert opthamologist who would testify that yes, this was due to the cosmetic. And we had a pharmacologist testifying as to the effects of the drug and the chemist who testified to the analysis of the solutions. So we thought we had the whole thing beautifully and logically put together. And we had. But we didn't count on the fact that the attorney for the defense was able to establish that after the injury occurred, the person had either rubbed their eyes with a towel or had used Witch Hazel or had somehow rubbed their eyes. Or if they couldn't show that, how did they know that the individual, the person who in the beauty parlor who testified that they had applied the dye, hadn't, because they knew this company had liability insurance. How do you know they didn't use Lash Lure and call it Roux Lash and Brow Tint. And just try to cast cloud after cloud after cloud on this thing. And succeeded in confusing the

poor jury so that eventually we got a hung jury the first time. And Mr. Cain decided he would go around and talk to one of the jurors. And this juror I remember particularly because he had a very long handlebar mustache. He was from Brooklyn. He was a man who at that time handlebar mustaches were worn generally by people who had only been in the country a relatively short time, or still had the habits of the old world. And when he asked why he was the man who responsible for the jury being hung, apparently was 11 to 1 against us, he said, "Well, he voted for the government because the government has been good to him, allowing him to come into the country". "He'd made good money since he'd gotten here". He really hadn't understood anything about the case anyway. So, that's how we got a hung jury the first time.

The second time around when the case was re-tried, the same essential scenario occurred. I still remember the name of the attorney for the defendant if I ever was in a product lawsuit and wanted to get somebody to defend my product, I think he could do an excellent job. His name was William K. Hayes. He was then a very...he would wave his hands around. He would declaim. He was a real old-fashioned attorney who did a really good job on us. And I guess Roux Lash and Brow Tint is still being sold. I guess hopefully, too many people haven't been hurt by it.

Actually, I feel that as he was able to show too, through his witnesses, if it were properly applied, and the little cotton-tipped applicators were properly wrung out, and it didn't run into the eye, and it was only applied at the tip of the eyelash; probably nobody would get hurt. Maybe they made some changes in their formulation too, I don't know.

Porter: By now you'd think it most likely, don't you think?

Weilerstein: Probably. In any event that was one of the few cases that were lost that I had anything to do with while I was at Food and Drug. Well, cases that really had some very interesting wrinkles to them, I probably should mention. One was the Merlek case. That was one of the first cases that we had. This was an outfit in California that was shipping into Arizona at the time. They were bottling Pacific Ocean water, which was obtained by small boats some thirty miles north and west of the Golden Gate. Apparently far enough away so that it wasn't polluted. It was brought in large flagons to Alameda. It was run through a filter and then sold as Merlek mineral water. And you were to take ten drops of this in a glass of city water as a source of minerals. And it was pointed out that the composition of ocean water is very similar to the composition of the body. And there was no attempt to hide the fact that it was ocean water, but it was played up in

such a way that it was ocean water which was obtained from this particular point because the water there was better than anywhere else in the ocean. It would provide all the minerals your body needed. Well, we went to trial in Phoenix and we were able after a week of trial and much medical testimony including the fact that Phoenix city water at that time actually had more minerals in it in a glass of Phoenix city water, than you were adding with the ten drops of the Pacific Ocean water. And we were able to win that case. Although people testified that they were able to throw away their cruthces after they had used this and that they had been able to walk again when they could no longer walk before. And it really established to me the tremendous impact of a psychological sell and how perhaps many people are kept invalid who shouldn't be. If a little suggestion will get them out of a wheelchair that fast.

In any event, the next case I worked on just before I came out West, one other case I worked on was the Nue-Ovo case. Nue-Ovo was a mixture of herbs, mostly herbs, that were native to Oregon because the product was made in Portland. And this case involved a lot of testimonials. And Stan Gilmore, who subsequently was in San Francisco, was one of the Inspectors who worked on this. Russ White was then Chief Inspector at Seattle. Russ was a real go

getter and he took this case like a duck takes to water. He really liked to go after fradulent cases and...

Porter: Was Monfore Chief of...

Weilerstein: Monfore was...no I think Bob Roe was Chief.

Porter: Bob Roe.

Weilerstein: Monfore came later. Bob Roe was Chief at that time. Roe went to Los Angeles later. Monfore took over. I think Monfore was in...

Porter: Reason I asked, somebody I interviewed talked some about the Nue-Ovo case and it seems like it was either Monfore or Gordon Wood, but I don't know.

Weilerstein: Gordon was involved in it.

Porter: Yeah, well maybe it was Gordon.

Weilerstein: But maybe Monfore was there at the time. I can't really recall when...I don't remember the sequence sufficiently as to whether it was...well, actually it could have been. I have difficulty in trying to place exactly the dates when these people move from one place to another some thirty years ago or forty years ago. In any event, a couple of the most interesting things and these are to some extent narrated in the judge's opinion in U.S. versus Research Laboratories. Of course there weren't any Research Laboratories, but that was the name they gave themselves. They maintained that this was a formula that they had brought over from Europe with them,

at the trial, and that this was a cure for arthritis. And this was the case...the reason this case is important is that this is one of the cases in which we were able to extend the definition of accompanying labeling. Because the label on the bottle didn't say anything at all about what the product was good for. It simply had Nue-Ovo on the label with directions as to how many tablespoons to take and a statement of composition. But no statement at all. Then they had a little leaflet called "What is Arthritis?", which they had wrapped around the bottle. And we were able to establish that this was labeling as far as the product was concerned. And then we were able also to show quite a bit of fraud in the operation. In the testimonials, they would have a quotation purported to be a letter signed by a lady saying how she had been cured of arthritis. Well, Gilmore was able to get an affidavit from her saying, indicating she had never signed such a letter. The salesman had called on her and had left the bottle with her. But she had taken it and it hadn't done her any good. She never signed the affidavit, never signed the letter. We were able to find and I spent two or three months scouring through the backwoods of Oregon talking to these people. We were able to go and see their chief testimonial writer was a man who was supposedly very crippled and they had pictures of him on crutches and then without

crutches. But it turned out when we went to see him, he was still on crutches. And apparently they had reversed the pictures or had maybe he'd had a little remission and had gone back into whatever it was. Course they had a very good system of selling Nue-Ovo which I'm surprised other people haven't taken care of. I thought if I ever wanted to go into quack promotion, this is something that would be... They had a salesman that would go around, find people with arthritis, and would give them a pitch. And the pitch would go like this. You watch for the reaction. You take this bottle, I'll sell you this bottle now. You watch for the reaction. Then they would come back in about two weeks after you had taken about three quarters of the bottle. Did you watch for the reaction? Yes. Well, what happened? Well, I didn't get any, I don't feel any better. Well, the reaction hasn't come yet, you haven't taken enough. You have to buy another bottle. I feel worse, might be the answer. In that case, that's the poison coming out of your system. That shows the medicine is working. You'd better buy another bottle and you'll get better. And of course, if you're feeling better, that's fine, you should continue taking it. So whatever way it was you had a sale. And that was the pitch on Nue-Ovo. And the Nue-Ovo people were rather ingenious. They also would run an ad in the paper, in a little one inch ad. And

they would say I had arthritis and I have discovered how to get over it essentially. Write to me, Mrs. so and so. And you'd write to Mrs. so and so in Vancouver, Washington and you would get back what appeared to be a hand-written reply, written by her, in which she would tell you how she had taken Nue-Ovo and so on. But it turned out that all the replies, letters that she got because she was a little old lady, she had stock in the firm would go over to the Portland office where the replies would be prepared, and they'd be taken back to the Vancouver post office and mailed from there with her signature on them. That was as far as her handling of the thing was concerned. So it obviously was part of the promotion. These all came up in court. Ultimately, there were actually I think two Nue-Ovo cases. There was this one that went to trial. We were lucky we had a very good Assistant United States Attorney, Harry Sager, in Tacoma. And Harry and I worked together on the case and it worked out very well. Subsequently, there was a second case brought when they tried to modify their labeling, but still offer it for arthritis. And this went up on appeal and subsequently established again another legal precedent regarding adequate directions for use. And so the Research Laboratory cases helped to establish a broadening of the labeling controls on, claims controls, on drugs under the Federal Food, Drug, and

Cosmetics Act.

Well, to get back to some of the personalities that I worked with; the three District Chiefs at the time I came in to the field offices were: Jack Harvey at San Francisco, J. O. Clarke at Chicago, and W.R.M. Wharton at New York. And each of the Districts operated differently. We used to have a saying that the Central District operated scientifically, the Eastern District operated artistically, and the Western District operated pragmatically. And that reflected the personalities of the individuals that were running the Districts. And believe me, they ran the District.

Porter: J. O. Clarke was a chemist. I've heard stories.

Weilerstein: J. O. Clarke was a chemist and of course the story about J. O. Clarke that I remember most was when he, I guess about the time he was retiring in Vienna, Virginia; Vienna then was not the site of Wolf Trap but was a little remote hamlet outside a surburban area of Washington. He was beginning...he had pretty severe hypertension and heart trouble. And he went to see his doctor. J. O. was an inveterate cigar smoker and cigarette smoker. And the doctor told him to stop smoking. So I said, "J. O. what did you do". He said, "I got another doctor". He kept on smoking until he died.

The thing about J. O. of course...well. One of the

problems we had in the operation of the Field District was to try to make the Districts conform to each other so we had a uniform policy nationwide. Well, the problem we had at that time, it probably still exists, was the fact that for example tomato canners in the midwest are generally, or at that time at least, were fairly small operators. And they had much more problem with sanitation. The California operators might have a million tomatoes going through a completely automated, spotless type operation. So some of the directives which would come out of Central District which would be perfectly applicable to their set of circumstances, wouldn't at all fit what was going on here. Similarly they would, there would be assignments come out from Washington on flour mills. Well, California doesn't have too many flour mills. And we would be consigned a tremendous inordinate number of hours to spend on flour mills. And there would be maybe one--that poor flour mill up in Eureka would really get inspected.

Porter: That still occurs of course.

Weilerstein: So what Jack Harvey did, and in a way I used to think it was, I used to think it was a little waste of time, but I sure learned a lot. What Mr. Harvey would do every morning from about the time he would get in until about noon would be spent going over all the correspondence that had come in the day before from Washington and from

the outside and there would be a staff conference at which Kimlel, whom you just interviewed, at that time Ray Powers, who subsequently died, was second in command, or third in command, Kimlel was Harvey's assistant, and then Powers was essentially the man, who handled a lot of the correspondence, handled the trade for the District Office, and then I was the medical consultant. The four of us would sit in Harvey's office and we would go over everything, no matter what the subject, as long as it was Food and Drug; personnel, it could be standards for chocolate, or it could be flour mills, it could be whatever. Whatever came up and a long discussion on policy and where we were going and what was coming out of Washington. So everyone on the staff was fully oriented as to what was happening. And then the afternoon we would handle our own correspondence and anything and of course everything would have to be prepared for Harvey's signature. Nothing was signed except by the Chief. And then the next morning we would review what we had done the previous afternoon and get all the mail out that way. And the thing about Jack Harvey was that you could never contradict him. Whatever happened, you had to get your views in before he made up his mind. So the trick was whenever a letter came up and you were presenting it to him, you had to give him all the reasons why it should be what it is. And if he didn't like it

then you had to rewrite it; go along with him or to fit the policy. And in a way F.D.A., I guess it still is, pretty much operated on a, it again tried to operate with as great degree of uniformity as possible. And in conformity with directions that came down from Washington. The big problem in the field function of the District Office was to try to make sense out of what came out of Washington. And try to make it fit the local situation. So you wouldn't think there was some faceless bureaucrat sending out a letter which had no basis in reality. So a great deal of time was spent on this. Jack Harvey was a very good man to work for. He really tried to help his staff. He tried to get done what Food and Drug could get done. And about once every so often the three District Chiefs would go to Washington and then there would be a real barter situation with respect to personnel. Generally it was an idea of trying to transfer to some other Districts somebody that was having difficulty in the place where they were, or to move up someone who was, who deserved to move further up in the organization. And I had the priviledge of attending some of these meetings; they would send me back for the annual conferences. There would be a lot of discussion as to just where we were and where we were going. One of the most interesting ones took place I guess about '48 when the question came up of tolerances for filth and tolerances

generally as far as Food and Drug enforcement was concerned. Up until that time we operated not on a...well I guess this came ahead of good manufacturing practices. And we used something that wasn't the formal good manufacturing tolerance, but the attitude prior to that time was we'll try to get the industry to do the best they can, but we won't in any way modify our tolerances. But we will have an unofficial approach for example, we don't want to put all the bakeries out of business. But we might classify bakeries as A, B, C, and D; the D being the worst and the A being the best. We might decide that this year we're going to try to make seizures on all the D bakeries, and bring them up to C level. Because we could only collect--the laboratory could only handle so many samples, the problem was a logistic one. We would only handle so many samples. We would only handle so many cases in court. We could only handle so many citations and so on, given what we have available. Now, but there wasn't any attempt to say that we're going to set the tolerance at the C level because next year we're going to go to get the C's up to the B's, then we're going to try to get the B's up to the A's. And the reason I was laughing a little about J. O. Clarke, was that he had to decide how many freight cars containing how much fecal material he would try to seize during the year, in the flour situation. Or how much butter his lab could handle. And

he'd set a limit he'd say, "This year we're going to make...". He'd send out letters to us and he'd say, "We're going to make twenty-five butter seizures this month". "How many you going to make"? And we would laugh because we didn't have the butter problems that he had at that time. Essentially our plants were newer and we didn't have the filth problem in butter or whatever it was or flour or whatever. But essentially at Central District they apparently had so much problem with the agriculture field. Of course in the agriculture field the big thing that occurred, a lot of this occurred, just about the time I came out here a little before was the lead arsenate on fruits problem. Food and Drug Inspectors were actually shot at by farmers who didn't want to have their apples sampled because they knew they'd find the lead arsenate on them and then their crop would be seized or they wouldn't be permitted to ship. And at that time that was the only insecticide that was effective. So there used to be a lot of tall stories about the ingenious methods they would take for sneaking in the fields in the dark of night, climbing over barbed wire fences or whatever to get the samples. Jack Harvey used to tell some pretty good stories. Let me take a minute out here. (Alright). Paul Dunbar was Commissioner or Chief of the Food and Drug after Walter Campbell. Dunbar was a small man in stature. He was however, quite

a strong personality. He was, but he was personally when you looked at him you didn't...well he didn't appear as a strong individual when you looked at him. He wore a hearing aid in his later years. And he loved to come out into the field and he visited San Francisco while he was Commissioner. And as he went through the laboratory, he went and talked to one of the Chemists and he said, he was a Chemist himself by training, and he was very interested in what this Chemist was working on. He asked him some questions; "How are you doing this procedure"?, and "What are you trying to show"?, and "How do you like your job here"?, "Are you getting good results"? and so on and he said, "By the way my name is Dunbar". "Oh", he said, "And who do you work for"? That's the story that's told about Dunbar. And actually I think I was there when it happened. I think I can say that actually did happen.

Porter: You know I have a little story about Dunbar. When I was an Inspector in Salt Lake, I had sampled some peanut butter in Idaho. It was seized, this was during the war, and just for being short fat. And somehow the directive that went out to the U.S. Attorney's in those days that everything was to be salvaged had not taken effect in Idaho. And the marshall had gone out and destroyed this shipment of peanut butter.

Weilerstein: I think I remember that.

Porter: It was nothing but short weight. And to make it worse, an additional shipment had been moved in after I had sampled the lot and the marshall seized the whole business and destroyed it. The Idaho Falls newspaper picked it up that here housewives were saving their fat, you know and taking it to the meat market and getting a penny a pound and F.D.A. was destroying all this. And Dunbar had just been made Commissioner. This got on the wires around the country and they caught Dunbar on a train between Washington and New York; a United Press reporter. And showed him this dispatch from Idaho and there was an article then in all the papers that Dunbar had said that it appeared that his agent had goofed. Well of course, I was the only one of his agents that was involved in the matter at all and I had had nothing to do with actually what happened; except I'd sampled it initially. When Dunbar came out, and it might have been this trip you're talking about, he stopped in Salt Lake where I was resident. He got off the train. I met him at the train. And the first thing he said was, "Porter, before we say anything else, I want to tell you that I was misquoted by the United Press, that I did not say, that I did not infer, that one of my men had made a mistake". He said, "I realize that you might have taken that personally". That was the first thing he said to me.

Weilerstein: That's Dunbar for you.

Well, one of the things I did want to mention. You asked me to say something about Crawford. Crawford was Commissioner after Dunbar. Charlie Crawford had been most instrumental in getting the food, Federal Food, Drug, and Cosmetic Act in '38 passed. He had had, he'd worked on the regulations. He was responsible for putting together essentially the legal framework, with the help of the General Counsel's Office, but essentially he was the Food and Drug person who was most directly concerned with the drafting of the legislation and with the promulgation of the first regulations, general regulations relating to Food and Drug. And was very knowledgeable in this whole area. He had had a problem with his personal health. He had emphysema and he had been away for awhile. But he got to be Commissioner. And he was Commissioner only a relatively short time. This was during the Truman Administration. And then Eisenhower came in. And during the Eisenhower Administration, he really had a very serious problem. Oveta Culp Hobby was then Director of the Federal Security Agency, a very difficult person apparently for him to get along with. And also, I think right about that time, we had the problem with a Congressman who had...that was known to us as Meataxe Tabor because he was supposed to cut appropriations with a meat axe. And he was from

upstate New York. It happened to be in an area where, I believe the product involved was beets. And it so happened that a canner in that area was making little beets out of big beets. He was taking large, woody beets and having them carved up into little balls of beets, and having the picture on the label of baby beets; although perhaps not calling them exactly such. But the impression the consumer got was that he was getting baby beets, when as a matter of fact he was getting cut up tough, old large beets. And the Food and Drug had the misfortune of making a seizure or taking some action against this particular manufacturer, who then protested to his Congressman. And the Congressman decided that if Food and Drug didn't have anything better to do than to harass his constituent for trying to mislead people regarding the size of the beets they were getting, the texture of the beets, that Food and Drug was getting too much money and cut our appropriation in half or less. Well this resulted in the first R.I.F., the first reduction in force the Food and Drug had. This was in the '50's. And this was especially bad because this was still at a time when there were a lot of people who were working for Food and Drug who had been appointed during the war who didn't have permanent civil service status yet.

Porter: I was one of them.

Weilerstein: You were one of them. Were you rifed at that

time, then came back or what happened?

Porter: No, I had taken the examination and gotten mine changed to a permanent appointment before that.

Weilerstein: So you had your permanent appointment?

Porter: By that time.

Weilerstein: Yeah, well what happened there was that Food and Drug took a really severe beating, lost some people. There's some good stories I can tell you about that time. One was how...well I don't want to get off on collaterial measures matters, as Campbell would say, "I'll come back to that". But in any event, Crawford retired shortly thereafter. He simply could not handle the problem of the cuts, the adverse reactions he was getting from the Department; essentially getting no support at the Departmental level. And Crawford subsequently retired and he came out here and I remember, as I mentioned to you earlier, he came out here and visited me. And I got to be good friends with him and his family. I had the sad task of telling him that he had leukemia at the time that he finally...I referred him to the doctor who made the diagnosis. And I saw him through his last days at Stanford Hospital, here in San Francisco, where he subsequently died.

Porter: It really wasn't very long? He wasn't...

Weilerstein: He had just about gotten his house completed in Mill Valley. And there again I often wonder, there's a

very powerful radar station right up at the top of the mountain where he lives, but I can't say that had anything to do with his leukemia. I often wonder whether it might have. Anyway, Food and Drug had a turn of fortune thereafter in that George Larrick became Commissioner. And I think George Larrick probably is one man that did more to build up Food and Drug than any other person; perhaps than Harvey Wiley, or Campbell. And he did it in a very inobtrusive way. And in a way for which he might have been criticized. But George Larrick felt that the first thing he had to do was to try to save the organization and do what he could do to build it up. So he saw to it that a citizen's committee was appointed. And he...I remember working with Jack Harvey and making nominations for that citizen's committee. And that citizen's committee really was composed of people who were very influential politically. People who were of national stature, who were very interested in Food and Drug; in trying to see that the consumer protection took place. But also people who had good industry connections, people who had good university connections. And this committee looked over Food and Drug, saw wherein Food and Drug was not making it's contribution it should to consumer protection. And around 1955 came up, I believe with a report which recommended a major expansion. And I remember sitting in the room with Jack Harvey and thinking

now we've got to think big, Ralph. We can't think small anymore. Now we've got to think big. And we've got to see where we can do because Food and Drug is going to go places. And ever since then Food and Drug has gone places. And it's been a continual expansion since. My work, I tried very much at that time to try to expand the activities of Food and Drug in the drug field and in the device field. I was very interested in medical devices and tried to get more activity in the litigation area. And I think subsequently, we do have our device law. Which we fought for, for I guess about fifteen years and eventually got something that wasn't what we wanted originally, but we got something which I hope is workable. Although frankly I don't know.

Porter: I think they're having problems.

Weilerstein: Well, I would think they would have. I read that law and I really had trouble with it. I had difficulty in trying to see how it would be anything but a lawyer's friend. But, presumably the lawyers will work it out and eventually something will happen. As I say I'm used to working with the Food and Drug Act of 1938 and it's amendments up until 970, and I have not kept up on the current amendments.

Anyway, to get back to what happened about the time of that RIF in 19, I guess it was in...what was that '53 or...

Porter: About '53.

Weilerstein: About '53. I remember at the time, Stan Gilmore was in San Francisco. And Stan had a fairly good sized family; several children, teenagers. And Stan was one of the war time appointments.

Porter: He and I were in the same group when we came in.

Weilerstein: Well, San Francisco had to...lost most of it's war time appointments at that time. And Stan not having veteran status and so on, stood to lose his job. At that time George Smith, who was the Assistant Chief, and was about in his '60's, agreed to step down and retire. Take a voluntary retirement a little bit early so that Stan wouldn't lose his job because they had to meet a quota of personnel for the District. So, and I don't think George ever regretted making that sacrifice. He did well and used to come around the Food and Drug office for years. Seems to be as far as I know in good health. But I thought that was a very humane and kind thing for him to do.

Porter: He was my first Chief Inspector when I was hired here.

Weilerstein: George was a good Chief Inspector. He was very knowledgeable. And he also was a good investor. He did very well in his investments, he did alright.

George Daughters is another man that made quite an

impact in the San Francisco District. George was a Chief Inspector in San Francisco. He built up a lot of the Inspectors and was very liked by most of the people who worked for him.

Andy Brown was Chief of San Francisco District (Station) at the time that Harvey was District Chief. And I remember Andy was quite a jovial individual. But he usually had...sometimes would have a hard time with Jack Harvey. I often wondered why this happened until he told me one day, "You have to really be nice to everybody, Ralph, because when Jack was an Inspector, I was his Chief Inspector. And I was rough on him. And now I'm getting the other side". So sometimes you get a turn-about situation.

I haven't mentioned McKay McKinnon. I worked with McKinnon until his retirement. And actually I began working with McKinnon quite early in my Food and Drug career. We worked on the Roux case together. I went down to North Carolina. I'll never forget. He took me to Rocky Mountain, North Carolina. They were having a pit barbeque there and I never had a pit barbeque before. I didn't know what it was. And I was used to eating coleslaw as a nice innocuous, quiet vegetable. Apparently at a pit barbeque they put tabasco sauce on the coleslaw. So I took a big mouthful of that stuff. And I always remember McKinnon since then. Anyway, Mack was a good practical joker. He loved to play

jokes on people and he was always a thespian in that he believed kind of all the world was a stage. And he would take whatever attitude seemed appropriate to the situation and play that part. So when he was acting as District Director, he could be bombastic or he could be smooth and quiet and friendly depending on the occasion. I never was quite...you could never be quite sure with him when he was talking to you whether he was pulling your leg or whether he was giving you something straight. And I think he kind of enjoyed keeping people off balance. But it worked well in his function as Director. He maintained good relations with the people he had to do business with. And he was able to keep them off balance enough so they decided they'd better behave under the Food and Drug law. He was a good speech...he loved to make speeches. He had one called, "Adulteration Through the Years" that he loved to give. And he was always having a problem with trying, again when the three District system was abolished, we had the multiple District thing. And the Districts were handling directly with Washington. It was always a little problem. Probably the man we had to deal with mostly from Washington when I was in San Francisco for many years was Allen Rayfield. I don't know if you've gotten enough comments on Rayfield.

Porter: I haven't gotten any. I'd like to get some. I

have...I'll record my own thoughts on him too sometime.

Weilerstein: Well, Allen Rayfield again was an individual who was a rather dour individual. I don't think I ever saw Allen smile; a very tall, thin man who had an eye muscle imbalance. You never could be quite sure whether he was looking at you or away from you. And he seemed to be very involved in the minutest detail of operation. I remember he came out and spent a week in San Francisco trying to figure out where in the reorganization of the offices the men's toilet should be. And he seemed a great deal concerned about the architecture and planning of the District Field Offices. And I think he's probably responsible for the design of the Field Offices that now exist. He was essentially a well...I think the difficulty that the District Office had with him as near as I could tell, was that he didn't seem to be able to yield on detail or to see how you had to modify a national policy to fit local situation. And as a result there was always a question of just exactly what he was going to do and everything kind of had to clear through his office and made it more difficult for the local operation. One of the things we tried very hard to get while we were in the, when I was in the Field, was to get more local autonomy in the Food and Drug operation of the Field Offices because there was still at the time I retired, a great deal of top control

where there simply didn't seem to us to be enough facts available to the person who had to make the decisions, to make those decisions in a way that would provide for the most efficient operation.

Porter: I think from what I've heard that the Western District people had a greater struggle with Allen probably because there was a greater attitude of independence out here that had grown up over the years.

Weilerstein: Well, not only that, but Rayfield was from Central District. Rayfield was used to problems...or Eastern, he was from New York. Allen was very knowledgeable of what went on in the, we considered to be the eastern part of the country, but wasn't familiar with the problems that seemed to exist in our part of the country. And as a result, sometimes it was difficult to get the kind of decisions that were appropriate to the situation. But McKinnon was pretty good with him and he was able to get what he wanted. Actually, considering...while there was always a running contest going on, as far as the operation of the offices went, they seemed to operate fairly effectively. I suppose another person that I ought to mention is...some of the people who we worked with. I suppose one of the reasons we were as concerned about the filth problem out here as anything else was Doris Tilden and her work in the filth field. I don't know if you knew Doris

or not. Doris was a very outspoken woman who was a very competent, microscopist. And she was very dead set against any filth in food. And was always pushing to try to get the filth eliminated. And did quite well at it.

Russ White had his problems in San Francisco in that he didn't have the knack of really developing really good interpersonal relationships with his people.

Porter: He followed George Daughters too. Just the reverse.

Weilerstein: George was just the reverse. And for awhile I was practically in the middle of that situation because I was working with Gilmore and Packscher, who were doing primarily drug work. And the problem in drug investigations, as you probably know, is that they are very time consuming. They take a lot of time to get very little that you can show in the way of results. And Stan was a rather slow going individual anyway as far as easy going as far as his...and he wouldn't mind spending eight hours on an interview with someone if it was necessary to get the kind of information he needed. And he would usually get what you sent him after. And I was always trying to protect Stan from Russ who was trying to get him to produce more. But that was the...incidentally Packscher, who was a very imaginative and capable individual who did some very excellent drug investigations here in this part of the country. He has now retired and in Monterrey and has

become an author of poetry.

Porter: Is that right?

Weilerstein: He published several books of poetry now. Very nice guy. He's down in Pacific Grove. I saw him last spring.

Well, I suppose I should get to some of the questions that we were discussing earlier. I want to note some of the cases.

The Drown case was a very interesting one. I guess it's been pretty well documented. The problem began with a chiropractor named Ruth Drown, who believed that she had a machine which would essentially operate on the principal of the dowser. And therefore all that she would need to have from you was some part of your body on a piece of filter paper, preferrably a drop of blood. And from that she could diagnose, by means of this electronic machine, whatever it was that ailed you. Actually her machine was a derivative of the old Abram's machines. And I don't know, have you gotten any discussion at all about the Abram's machines or their operation?

Porter: Not in an interview.

Weilerstein: Well, perhaps I should go over this very quickly. This goes back to 1912 and Albert Abrams who was a professor of pathology at what is now Stanford, then Cooper Medical School, but was now Stanford University.

A well respected pathologist and he came up with a theory at that time that the spinal nerves were involved in various diseases which was not then recognized and still isn't as far as the particular diseases he was concerned with are. And actually his initial ideas are very close to the chiropractic ideas. Subsequently, he believed that...and there's some question as to whether at this time he wasn't suffering from general paresis or complications of syphilis. But whether he was or not is controversial. In any event, he was responsible for the founding of three or four colleges of electronic medicine which spread up around the country. The concept there was that every organ in the body had it's own radio frequency. And this was in the very early days of radio. If you could just reverse these frequencies and feed the frequenices back into the body, then you would be able to correct whatever the disease was. And this could not only apply to diseases, could also apply to emotions and so forth. And he never did sell his machines. He only leased them. And he left an estate of several million dollars by the time he died. And his schools were flourishing in San Francisco. And I believe there was one in the midwest and one in the east and so on. And his machines, there were some 1,500 or 2,000, of them around at the time he died; all out on lease. To make a diagnosis for his machine you had to have something called

a dynamizer that would...and you would run a wand across the abdomen of the individual. It would go through a reagent that was a person that was connected to the machine. It was a complicated scheme of things. In any event, we had a case against...we were a great deal...I mentioned Gilmore and Packscher...they spent a great deal of the time when I was in San Francisco in the early '50's trying to put together a case. What we would need for our case against the College of Electronic Medicine here in San Francisco, with respect to a fraudulent device. And subsequently we were able to get an injunction against them. The Drown machine was an offshoot of this. Drown was knowledgeable in the Abram's theory and she devised her own machine except that instead of having the reagent and the wand and so on, she simply had a little piece of sandpaper on the machine that you'd poke with your finger, and this fed into the circuits. Of course there was no external electricity applied. This was all going through a full series of rheostats. But essentially nothing was involved except that she had two dissimilar metals which would go on different parts of your body and there would be enough current generated by these, completing that circuit to make a little ammeter, microammeter go on the machine so you could be sure you were hooked up. And this was being offered among other things as a treatment

for cancer. And how are you doing on your...

Porter: Fine. We probably got ten minutes now.

Weilerstein: Alright. Well as is stated in the opinion in the Kleinfeld and Dunn books, an electrical engineer named Rice, who should have known better, but after all I remember that Dr. Johns in Chicago was a member of the American Medical Association at the time. He had a regular medical office in a regular office building in Chicago, and he was recommending the use of this machine in his office. So as far as Mr. Rice was concerned, this was a reputable physician practicing in Chicago. And Rice was working in Los Angeles on air pollution control. And he came out and of course he visited Dr. Drown's office and he discovered he could buy one of these machines and not have to pay the doctor regular visits, fees for visits. And his wife didn't want to have surgery anyway. So why shouldn't she use this for her breast cancer? And after all it was going to cure it. So ultimately of course Mrs. Rice died of her cancer. And then Mr. Rice felt that maybe this thing wasn't quite what it ought to be and he agreed to cooperate with F.D.A. And this all got in the Chicago Tribune. It was written up in the newspapers. Then we got into the act and brought a prosecution action against Dr. Drown. We were lucky again. We had Arthur Dickerman working on the case with us. And we had Toby

Clinger, who was then United States Attorney; a very smart attorney working with us. We were able to show that this machine did nothing and it was a fraud. I still remember that in that trial, one of the members of the School Board of Los Angeles, who was I believe the mother of Tyrone Power, the new movie actor. When she was asked by the District Attorney, Mr. Clinger, "You mean if I had a auto accident in Moscow behind the Iron Curtain, and I was bleeding to death from a fractured leg, that if you had a drop of my blood in your machine here in Los Angeles, Dr. Drown could stop the hemorrhage and correct the fracture"? She said, "Mr. District Attorney, you make it sound like black magic". "But it's really science". And that's in the transcript. Well, ultimately, we got a maximum fine of a thousand dollars, which was all that the Act then or does provide for. Dr. Drown still continued in her business afterward. And subsequently, the state brought a case against her. And was able to get her out of business under the California State Law. And actually she went out of business. Her daughter, Cynthia somebody, took over the business and...but the State eventually put them out of business. But the combined Federal and State action did effect a correction there.

You asked me to say something about laetrile. Well, I suppose you've seen from the papers that the Food and Drug

Administration is...now has to make a decision as to whether it's going to permit the National Cancer Institute to conduct a clinical study on laetrile. Which the Director of the National Cancer Institute on the recommendation of twenty-nine doctors who are on a panel and who had reviewed some hundred and some odd cases thought they found six cases which showed some benefit. So laetrile is still controversial as far as F.D.A. is concerned. As far as Dr. Kennedy is concerned. He has to make that decision I suppose. However, laetrile was a lot simpler earlier on that it is now. I'd like to make a few comments on laetrile. First of all, I'm not at all sure that what is being sold as laetrile now is what was being sold as laetrile twenty years ago. As a matter of fact, I'm quite sure it isn't. And I can tell you my reasons for it. The second thing is; there's even a big question as to what amigdaline is from the standpoint of it's chemical composition. There's good evidence in the State and Federal Food and Drug files that, I believe this was correct, that there are actually four different compounds identifiable on the basis of optical rotation in what is being sold as amigdaline. There's evidence in the State files that what was being sold as amigdaline had, essentially some of it had, no activity whatsoever and didn't even contain amigdaline. Whereas other material that was being sold contained varying

quantities. So the whole question as far as I'm concerned of the identity of whatever it is that's being sold as amigdaline really hasn't been properly answered. And what I'm saying here is based on material that's in F.D.A., should be in F.D.A. files or in files of the State Food and Drug laboratory. But let me go back as to what's involved with laetrile. Dr. Ernst Krebbs Sr., and I emphasize Sr. because the younger Krebbs is not a doctor, but he uses the doctor's license and uses, calls himself Doctor Krebbs. At least there's evidence to that effect in the State files, or was. Well, Krebbs Sr., was essentially taking apricot pits, making certain extractions from them, and then selling this extract as leatrile and using it, injecting it as laetrile. His brother, Dr. Byron Krebbs, who was an osteopath, but subsequently got to be an M.D., and who died recently or in the last few years, was actively injecting this material up until the time he died, in San Francisco patients. The material that was being injected in the '50's was less than 20% amigdaline. It contained other materials, other materials that were extracted from the apricot pit. Now the apricot pit is a peculiar thing. The apricot pit will contain amigdaline or amigdaline-like compounds, depending on several things. One is the species of apricot. One is the age of the tree. One is the ripeness of the fruit. One is the size of the

fruit. So, any particular apricot pit may or may not contain amigdaline and may or may not contain a certain quantity of it. So if you take a certain number of apricot pits, and you make an extract from it, you may or may not have amigdaline and you may have any quantity of amigdaline.

Porter: I see.

Weilerstein: That's again based on published material and available in agriculture journals and so on, on the analysis of apricot pits. Well, also whether or not an apricot pit will, or amigdaline will release cyanide, will depend on the presence of certain enzymes, which are enzymes which are present in the raw fruit, but which are destroyed on heating. And whether or not an individual who takes the material orally will or will not get cyanide liberated or a breakdown of amigdaline in his body may depend on whether he's eating cashew nuts or almonds or beans or any other raw vegetable that might contain, or a member of that family that might contain the enzymes that would break it down. Another factor that will affect the destruction, this breakdown of material in the body will be the bacteria that are on the small intestine or in the colon because these bacteria release materials which breakdown, which cause a breakdown of this material in their presence, but not otherwise which explains the fact as demonstrated in dog experiments that you can, that the

oral form is roughly forty times as toxic as the injectable form. And that's because of what happens about breaking down the material in the gut. Now the other thing about laetrile is that there is a very strong financial incentive to the promoters to try to present the best case possible for it. And the people who are currently involved in the, who've written books, like Dr. Richardson here in Albany, have made literally millions of dollars out of the promotion, sales, smuggling, and other handling of laetrile. And there's kind of a fanaticism about them that makes it very difficult to look objectively at their material. For example, one of the cases that I investigated involved a man down here just recently. And I was working on this when I was working with the State as well as when I was with the Federal Government. One of the men who claimed to have a cure from laetrile definitely had a cancer of the larynx and we were able to verify that by examining the original biopsy slide. This man has a son who was a physician. He also has been involved in the promotion of the product. When he had had his laetrile and came back for a recheck, he was found to still have his cancer, but it's a very slow growing cancer and it was still present. Subsequently he claims to have been completely cured. Now all that it would take to establish a cure, to cure this would be x-ray treatment. And there'd be no way on

earth that you could tell whether or not this man who has a strong financial interest in the product did or did not have an x-ray treatment somewhere. He would probably say he didn't. And how would you ever find out that he did? Now I don't know. In other words, I don't know that I could, I could not accept this as an evidence standing by itself of a cure. Although the man so testified and I probably couldn't disprove it. Prove or disprove it. Now the other thing is that the evidence as to the lack of efficacy of laetrile until 1970 at least, was based on the work that had been on the investigations that had been made of some two hundred people that were investigated either Federal or State and where the cases had been fairly carefully studied. And no evidence of any basis for the claimed cure could be established. And even Dr. Contraris who claims to have used some three to some five thousand cases claims he gets just about as good results as doctors who treat terminal cancer otherwise, about a fifteen percent salvage factor or something of this kind. The evidence that we were able to pick up in the files of Krebbs Jr. and this is material which as I mentioned to you earlier, I don't believe is any longer available. I don't know what happened to it. There were a lot of papers destroyed because the State Food and Drug was moved to Sacramento to a much smaller space physically than they had in

Berkeley and any papers that were not involved with directly current litigation were probably destroyed at that time. But from what I saw in those papers at that time, there were a lot of complaints. People would go to Contraris. Would die on the way home and so on. There was a lot of, there were certainly a lot of people who had cancer who were treated with laetrile by the methods advocated by the promoters, by their chief proponents who did not get good results. What I tried as a member of the State Food and Drug to get permission to see any of their patients. This was always denied, they never would permit it. Now this is all water over the dam because they have now submitted things to NCI and NCI's going to be going ahead with the tests and so on. Krebbs Jr. is a man who, rather stout individual or was at the time I saw him last, last saw him. He is, was in the Hahnemann Medical College. I believe he had to repeat his first year. That he went half-way through his second year and then dropped out for one reason or another. He still keeps his doctor's, his father's license hanging in his office in San Francisco, or did the last I heard. There has, he has a royalty agreement with an outfit called Biozymes International. If you get into the financial thing you see that what has happened has been...again this I think is based on material in State files, I think it still extant. But in any event,

material that I saw indicated that franchises had been given essentially for worldwide distribution, assigned. That some twenty million dollars worth of stock was offered. That Krebbs still holds, I think some forty-seven percent of the stock. That the, I'm not sure that this is still true because I think there were some sales of material that he had. It's a complicated series of corporate stock transactions. There's evidence that Dean Burke got a papal knighthood through intercession by McNaughton, who was essentially the Chief--the prime mover in the whole thing as far as I could see was a man named A.R.M. McNaughton, son of the famous World War II general in the Canadian Army. McNaughton has been involved in a series of at least alleged stock swindles involving millions of dollars in Canada. He's been reputedly involved in gun smuggling. You'll find articles in Medical World News back in the '60's and late '60's. In the Life magazine article, I think it was either April 9th or August 9th 1968, that goes into quite a bit of extent the connection apparently that involves a Mr. Bennano, who has been with the Mafia in New Jersey. The doctor who wrote ten case histories favorable to laetrile was the doctor for this Mafia group Dr. Maroni in New Jersey attended the family of this particular individual. Well, I suppose the thing that I feel about the laetrile question is that I think there is always

going to be a doubt unless the material is properly categorized and identified. So that you know that you're dealing with a uniform product. Really, looking over the story of laetrile over the years, it's evident that there have been both differences in the theoretical basis that...the product has been offered upon. There have been at least a half a dozen different bases offered by Ernst Krebbs Sr. and Jr. as the alleged method by which it works. There have been admitted changes in composition of the material over the years. And I don't believe that the material that is patented under the latest patents, which I believe were issued in '72 or '73, is the same material which was used in the Sloan-Kettering studies. And I'm not at all sure that the discrepancies in the studies which have been so controversial may not have some basis in the fact that the same products were not involved. Although I realize this greatly complicates any litigation that might take place. But, I think this is one area that has really not been sufficiently looked into. If you were to read the study in the files from that standpoint, I think it would be different. I think also you have a very strong group of people who are utterly convinced on the basis of what they have seen that the article is worthless. You have another group that is equally well convinced that it has value. And you have the fact that a large

scale smuggling operation has been and still is in progress. Although maybe it isn't necessary to smuggle anymore in view of the latest Bohannon decisions. Maybe this importation is now legitimized. I really haven't kept track of legal aspects of it. But certainly at one time there was a large scale smuggling operation. And there's evidence again in the State files, in the Federal files, that the same people that were involved in this smuggling were involved in heroin and marijuana smuggling at the same time. And the same messenger was found with all three on his person at Niagara Falls at one time. And in New York City at another time, with a different person. Indicating a pretty strong connection with essentially the organized crime drug trade. And the individuals that had been involved had been people who had been involved in New Jersey things. And as I mentioned earlier, I've had my own life threatened under these circumstances. I don't want to get involved in any further discussion which would be derogatory to the product. I think that whatever happens will happen. And hopefully, I just hope that the people who are going to be the investigators are either not associated with organized crime figures or are not threatened by them during their investigation. Or that the people who are the subjects are not in any way tampered with. I think that's about all I want to say about laetrile.

Now as far as probably the Relaxicisor case was the last large case that I was involved in while I was with Food and Drug. This case took almost five years to put together and to result in the taking of that product off the market. Again there were some hundred and forty injuries that were finally investigated. I talked to many of the people that were involved in the injuries. We were able to bring in all the expert data that was necessary to convince a court and jury of the hazards of uncontrolled, improper electrical stimulation. I'm a little saddened to see that some of these articles, products are again being offered on the market by other people. I do hope that F.D.A. is able to maintain their control under their new Federal Law. I'm quite concerned about the fact that State laws are preempted under this new Federal legislation because California was beginning to build up, under my suggestion, a fairly effective control in the device field. The device field is one which has been crying for regulation by reason of the hazards that are involved and still is. After all if you can't trust your electrocardiograph machine to work properly. If you can't trust your diagnostic machines to be safe and to give properly interpretable results, this threatens the whole basis of medical diagnosis. Well, I guess you don't want any speeches. The thing that I guess, to get back into the reminiscent area

again...

I think one thing that F.D.A. should be proud of is that from 1947 to 1970 in the cases that came up in the thirteen western states involving drugs and devices, I believe we had almost a perfect record of successful termination and protection of the public and the broadening of the protection by reason of the decisions some of which were lost in the lower court, but which were subsequently upheld in Appellate or Supreme Court decisions.

One investigation which I was involved in which was rather amusing. There were actually two which fit into this pattern. One of them involved a product called Regimen. It was offered as a weight control drug. This product was being tested by a doctor here at St. Mary's Hospital in San Francisco. And the manufacturer reported on the basis of her studies on others that the product was a hundred percent effective in causing reduction in weight. There were no failures. There was just one failure in the study, one person. And that person hadn't... they had made a mistake in reporting it. It should have been reported as a success, and not a failure. They wanted to correct their record. The people in Washington were a little dubious that results this good could be obtained and asked me to investigate it. So the first thing I did was to go to the doctor's office and the doctor was out,

unfortunately she was in the East giving a paper describing the results of her study and it's success. So I asked the nurse behind the counter would you mind if I took an inventory of the drugs. After all these were provided under F.D.A....part of an F.D.A. study. And, "Oh sure". So, well she wanted to check with the doctor first. So she called the doctor, where ever she was, Detroit, whatever. And, "Yes, the doctor, that's fine you can look". Well I went and I counted and low and behold all the drugs were still there in their original containers unopened. So the drugs had never been given out at all. So I reported this and that was that story.

The other story which still worries me and which actually happened...I was at this time, I guess this was in the '60's, we were quite concerned at that time with LSD and other abuse drugs that were being illegitimately marketed. The drug abuse had not been set apart from Food and Drug. And I was talking with a psychiatrist, Dr. Sidney Cohen, of U.C.L.A., who was helping us...who was himself an investigator and who was anxious to see that these drugs were properly used. And I asked Sid if he had heard of any other problems involving drugs. Yes, one of the other professors had told him about a problem they were having with a particular drug combination which was an investigational new drug. And which was subsequently

marketed. And I asked for the doctor's name and I went to interview the doctor. And the doctor is a very eminent professor. Beautiful office. Very busy guy. He took a few minutes out to see me. And I said I understand you've had liver problems with this particular combination; jaundice, hepatic failure etc. when this drug was used with alcohol or so on. He said, "Yes". I said would you mind giving me the details on this so I can have it for my report? "Oh", he said, "I can't do that". He said, "These are confidential records, I can't let you have these". I said, "Well, did you report them to the drug company that gave you the material? "Oh no", he said, "I couldn't do that". "They wouldn't give me another contract". So I reported this to F.D.A. And they took it up with the drug company. Again speaking of what I consider to be some of the stupidity in Washington, they came back and said please get an affidavit from the doctor verifying what you just told me in your report. I wrote back and I said I'm sorry, the doctor will not give any further information. Well, the drug company will not modify their NDA unless they get a report from the doctor. I said well, that's your problem. You want to let the drug get marketed, you have the information, now check it out. And that's where that stood. But I'm afraid this is the problem with of course...

Porter: With investigators.

Weilerstein: With investigators who depend primarily or a good...expect to get a good part of their income from drug company contracts. Of course there have been other instances more flagrant than this of people as I say who... A big problem is...just not giving out the drug at all.

I had another...I remember I was...I think about the only time I ever was in St. Louis. I don't know why they asked me to go back to St. Louis on this one because I was not assigned to Central District or to the St. Louis District. But I guess this product was...I can't remember the background of it. But it was a very similar thing. This was a drug that was being offered as a treatment for allergies. And again there was a clinical study supposedly in progress. And the clinical study was being conducted in St. Louis. I remember Roy Pruitt was Chief of the District at the time. And I went out to the hospital and again I guess learning from my Regimen experience, the first thing I asked for is let's see what's been dispensed out of this. Let's see what you have and let me check your inventory. And again everything was all there. Nothing had been used. And the study had been reported. Surprised they didn't even bother to destroy the evidence. They just left it in the cupboard.

Porter: Seems incredible.

Weilerstein: Yeah, but that's what happens. The other thing that...it was an amusing case involving a product called Alergaton. Again, this was put out...the first thing we knew about this drug at all was that we got a complaint from a doctor that he had injected this drug and a patient had developed a glutial abcess. And he thought there was something wrong with the product. So we went and picked up the sample. An Inspector picked up the drug from the doctor. And this was labeled "Alergaton, manufactured by Alergaton Manufacturing Company, 431 Moss Avenue, Oakland, California, the muscle of choice is the gluteus maximus". That's all it said on the label. It was in a rubber-capped vial, 30 ml vial. And the doctor that had made the complaint was in the Seattle area. And so we conducted an investigation. Again this is one that was carried out by Inspectors in Seattle District. And the story turned out that the doctor had been approached by what appeared to be a detail man; a rather stout individual who came, told him he had a medicine that was excellent for arthritis and he would like to leave him a sample or sell him some. And he usually managed to sell a dozen bottles to the doctor. The doctor had never heard of the company. Never seen the product before. Didn't know the man that was selling it

to him. But apparently paid $20 for a dozen 30 ml vials and the guy told him you give a 2 ml injection every week or so, and it was a yellowish colored liquid. And this had happened to a...we subsequently got about a dozen or more complaints; all the same kind. Eventually, through some good detective work, which was done out of...I don't know how they did it. I guess Doug Hansen...

Porter: Doug Hansen did it. I talked to him about it.

Weilerstein: You've got this story?

Porter: I've got his side of the story, yes.

Weilerstein: Well, I don't know if my memory is as good as his.

Porter: I've forgotten the details exactly...

Weilerstein: Well, in any event, the upshot of it was that this man was making up the material out of a pitcher of water, and some flowers of sulphur. In his hotel room each night, he was buying the empty bottles and the caps in the local drug stores, capping it up, putting on the labels, and then going out and peddling it the next day. And subsequently he was jailed.

Porter: He readily admitted all this to Doug.

Weilerstein: Apparently Doug located him and he readily admitted... And there never was a 431 Moss Avenue in Oakland since the MacArthur Freeway went in after World War II. So this is Doug Hansen's story I guess. And I

was quite impressed with that. I thought that was a darn good piece of investigative work.

Porter: I saw Doug two weeks ago.

Weilerstein: Did you? How is he?

Porter: Fine.

Weilerstein: Good, he's a real nice guy. Well, that's that story. I could probably go on and on, on this. Let's see what...is there anything else that you would like to have me...?

Porter: Not that I can think of, no. Unless there's something you feel would be interesting that you could add.

Weilerstein: Well, there were a lot of other cases I was involved in.

One of them, the Woodard Laboratories case, involved a preparation which allegedly contained thyroid hormone. The thyroid hormone was not present. The thyroid extract was a water extract that had nothing in it essentially. The Marmola case was a case that I spent a great deal of time on early in my career, this was in the '40's. Marmola was offered as a over-the-counter weight reduction drug. It contained one and a half grains of thyroid per tablet. And my job was to go around the country and collect reports of injury; which I did. I visited about a hundred and forty doctors in about fifty days in a swing around the country. And one thing a medical officer was able to do

at least in those days was to get in to see the doctor more easily than a non-physician could. And I was able to get access to records. We were able to demonstrate ultimately in a court that this was dangerous to health. And I wasn't... Herwick actually was there at the trial. I wasn't at the trial on that one. I participated in the investigation. Course we had a lot of activity in cancer quackery. Dr. DeNosaquo was primarily the doctor that was involved in the Hoxey cases. And that took a tremendous amount of time and effort. Going after a cancer quack is a real large job. I think it took a couple hundred Inspectors eventually to wind up...check out some five hundred cases that they had on one big swing around. And then, well of course, the case that I worked on a great deal of time involved the Fremont Christian Clinic here in...was involved with Hoxey. It was in the Los Angeles area. And there were cases both State and Federal against Fremont Christian and their doctors. Essentially one thing--I don't know whether F.D.A. still has the expertise to do this, I hope it does---was to be able to recognize in the cancer area what the natural history of the cancers are. How long people live after the initial diagnosis. And then determine from that whether or not these cases are actually cures. For example, a person with breast cancer and perhaps even a slight metastasis, may live

ten years, thirty percent of them may live ten years. If you don't know that, the person says I took this quack drug and I lived eight years and I'm still alive. You'd say my, this is a cure. But if you just look at what the natural history would be at thirty percent of people untreated or receiving the kind of treatment this individual did otherwise lived this long. Then you shouldn't necessarily attribute it until then. In other words, until they get beyond the bell-shaped curve, you have to be able to use the statistical approach.

I worked on the Hethesin case here in San Francisco. This involved a liver extract called...actually it was arginase that was being used as a treatment for cancer. And I remember going back to Washington and spending about two weeks going over all the material that had been submitted. And eventually being able to check each cancer case against these life expectancy charts and showing that everything that happened with that drug actually happened within the expected frequency range and therefore didn't constitute a cure.

In addition to working for F.D.A., I've been with the Cancer Advisory Council. The job I took with the State after I retired was as Executive Secretary to the Cancer Advisory Council of the State of California which enforces the cancer law or is advisory on the cancer law. This

cancer law is one in which the state has brought it's action against the promoters of laetrile. They've received some legal setbacks lately about the same time F.D.A. did. And the atmosphere now is not very good in the regulatory field; as you probably know. So I don't know just where that stands. They're having a meeting on the first of November in Los Angeles and I may go down for that.

Porter: You have a meeting this morning too.

Weilerstein: I have a meeting at noon. So I still have a half an hour. I'm alright as far as time is concerned. And I want to give you whatever I can. Other people that I knew...Harold Geritz was the Chief Chemist here in San Francisco most of the time when I was here, he was a very competent man. Course the man that got me into F.D.A. originally was Morris Yakowitz, whom I had known personally before when he was a Junior Chemist and he and Maryvee were...got married while I knew them. And...

Porter: I'm going to try to see him this winter. He lives in Tucson.

Weilerstein: He's in Tucson. Yeah, he's very nice. I had a letter from him yesterday. And I worked with him when he was in Washington doing the letter writing end of things; worked in the Commissioner's Office. And he's still doing well. He's always been very interested in consumer protection. He went with the Pan American Health

Organization after he retired. And now he's retired from that. Got a little house in Tucson. I saw him last...I guess it's been last or the winter before last. It's about time I see him again pretty soon. I haven't been down to San Diego; Monfore is there and Davilla's down there.

Wendell Vincent you asked about and the stories they tell on Wendell... When he was in San Francisco, apparently he would go confidentially to each individual in the office and say, "You know, it's a week until payday and I'm broke and I wonder if you could let me have $50 or $100"? Of course being the boss of the office he would get it; without any note or anything else. And it wasn't until about a year until the people in the office started talking to each other...have you talked to Arnold Morton?

Porter: Yes, he's one of my best friends.

Weilerstein: Have you talked to him about Brandenfelds?

Porter: No.

Weilerstein: Well, are you on the record?

Porter: Yes, we're on the record.

Weilerstein: All right. Well, this appeared in his factory inspection report so I guess it's legitimate. Brandenfeld's Hair and Scalp Lotion, was promoted in a very unusual way in the...I guess it was in the '50's. Mr. Brandenfelds took a one percent solution of sulfanilamide, and put it in a bottle of water, and with a little perfume, and he sold this

for $18 to $20 a bottle. He began his campaign with a full-page ad in the American Weekly, which was the Sunday supplement of all the Sunday papers around...Hearst papers around the country; full-page with testimonials, before and after pictures, essentially claiming it makes your hair grow. And of course there are a lot of men who want to have their hair grow and are willing to send...it was offered on a money back guarantee, and send $20. I don't know if it was a money back guarantee or not actually...it was a send $20 for your first bottle. And Brandenfelds after about...course the minute we saw this...even though it was advertising, Federal Trade should be looking at it. But we'd better go see what's going on there. But it took I guess about six months before we were able to get an Inspector down to Portland to...and Arnold was the Inspector that was assigned to go to the plant. And he went out there and he made his inspection. And by the time he got through, Brandenfelds offered him I think a very substantial amount of money if he would take a job with him. Arnold turned it down. I guess he did alright anyway later. But anyway, he didn't take the job. Brandenfelds finally built one of the largest and most beautiful...at least most electronically equipped houses around Portland. It cost him a half a million or more; electronically opening everything and ups and downs and all kinds of

mechanical equipment. Ultimately, Federal Trade brought an action against him and I think he agreed not to make those kind of ads anymore or something of that kind. But he'd made his fortune by that time. One of those things. I think actually F.D.A. tried to bring some action and he claimed it was FTC jurisdiction. And I think Larrick ultimately was called on the carpet by one of the Senators from Oregon or something for interferring with a constitutent. One of those things. Post Office tried to take action. By that time Brandenfelds had too much money and too much influence. He was able to pretty well shut off any...

As I say I could go on with more of this. As I say I had a great deal of respect for McKinnon. I worked with him a great many years in San Francisco; probably longer than with anyone else there. I really feel that a medical officer ought to be in each District office to provide the...if to do nothing else to help handle the interpersonal relation problems that...a doctor should have some psychiatric training though. Or at least training in counselling. Because there were a lot of problems in every office that I was in. There were just a lot of problems where I was able to be of some help, in helping the people... And McKinnon was pretty good at this too. I mean he would try to help work out the problems people would have, family problems, they'd have

problems on the job, problems with other people, problems with people they would work out in the trade. I noticed when I was with the State that there was much more emphasis given to training people in managerial or in interpersonal relation type activities than went on in F.D.A. And I think in F.D.A. there was kind of a reluctance to get involved in this. I remember an early Station Chief say, "What do I need this course for"? "I've got too much work to do here, why should I spend three days listening to some psychologist talk to me"?

Porter: I think they are doing a little more of it now maybe.

Weilerstein: I had some of that training when I was with the State. I was able to get in on some of it. I felt it was valuable. I think the thing is a person in a managerial...I often felt in F.D.A. they would take a darn good Inspector and make a poor administrator out of him. And sometimes they were lucky. They got a good administrator. But I think it was truly a matter of luck. I often felt that people who did a good job as Inspectors were rewarded by moving up into supervisorial positions when they might not have had the supervisorial ability.

Porter: I've experienced that quite a bit. I think that's exactly true. Their record was just excellent up to the point where they started to supervise other people and they

just couldn't do it.

Weilerstein: Yeah. Well it takes different skills. And I think if you're going to give a person that kind of a job you ought to give them a little training in it. The training should be more than just on-the-job training under someone else. But should be an opportunity to acquire some of the skills, if they lack them.

Well, what else can I say? Other people I worked with... I enjoyed working with Bill Hill, the little time he was in San Francisco after McKinnon retired. Bill's a man who has a good ability to get along with people. He's also a good executive.

Ron Fisher who is now Compliance Officer in San Francisco; a very competent, capable guy, I enjoyed working with him.

As far as... I think alcoholism is a problem in any establishment. Ray Powers committed suicide. He was an alcoholic at the time he committed suicide. There have been other people in the organization some of them may still be there, so I'd better not mention any names. And there are problems people have in their families. I mean there were problems when as I say someone develops schizophrenia in the family or something of that kind. These can cause a lot of strain on interpersonal relations in the office; the severe medical problems taking place.

I felt that I was able to contribute quite a bit to F.D.A.; both from the standpoint of furthering the goals by assisting them in preparing and winning litigation, by trying to help them in their day to day handling of problems relating to medical matters that came up to be questioned. And if I didn't know the answer I had enough sense to ask Washington, if there was something that was a matter of policy. And as far as the activities in the office itself, the problems that people had, I think I was able to be of some help there. I know I was able to save several people's jobs by helping them get over particular medical problems. There was one man still working who had a bad problem with cluster headaches and he just couldn't function when he was having the headaches. I was able to get him to the proper treatment. See that he was taken care of. Another man had a bad problem with a mental problem in his family and I was able to help him work that out. I think also the many crossovers out of the straight drug area...I spent a lot of time working with Paul Elliot when he was bacteriologist at San Francisco. In the bacteriological field there were many questions about e coli and the various kinds and the medical effects of these bacteria, and the infectious disease field. A lot of crossover between the sanitation activities in Food and Drug and the disease area, and the cosmetic area, and

devices. I actually got to learn quite a bit in the engineering field when I had to work on Relaxicisor. I learned an awful lot of electrical stuff that turned out to be helpful in later work.

Porter: One thing you haven't mentioned that a lot of people want to say at least something about, is that the changes that occurred when Larrick retired and Goddard came in.

Weilerstein: Yes. Well, I wasn't particularly affected by that as much as other people were. Goddard just upset the apple cart completely by discharging almost all the old line executives in F.D.A. It was very traumatic to the people in Washington; extremely traumatic. The problem was really as far as I could see, more of a personnel problem than...like Goddard decided he would get rid of the deadwood. And he considered deadwood anybody who felt he'd been around longer than he was or very much longer. At least that's the impression I got. Because I thought he moved around a lot of people who were doing good work. And who were...I think he wanted to make a splash. I really don't know what he was trying to do. Except he was kind of a...I got very busy working on my District affairs and didn't go back to Washington very much after Goddard got there.

Porter: I expect Goddard went in with, under orders to

do something like he did. Maybe the way he did it was his way. But...

Weilerstein: There have been a number of hatchet men in the...did you know Winton Rankin?

Porter: Yeah.

Weilerstein: Is Winton still in F.D.A.?

Porter: No. Winton didn't get along with Goddard and they moved him into the department until he was old enough to retire. And he just disappeared into the woodwork.

Weilerstein: But when Winton was acting for the Commissioner, he was essentially considered to be a hatchet man. And he was the one who had to... Well, I suppose that it fits into what you would consider the Inspector General's function in the army. Somebody that goes around and tries to check and see that everything is working properly. And having to put the finger on people.

I thought Goddard...what Goddard did, at least as I heard it, I remember he did this to, I think poor E.M. Nelson. He would take somebody out on a trip with him to go some place where he was giving a speech. The next day the guy would be fired. And I mean that was about the way it went on. Al Barnard I think suffered under him. Did you know Al?

Porter: Yeah. I worked for Al for awhile.

Weilerstein: Well, Al I think was a rather difficult man to work for. He was a very blunt, boisterous kind of an

individual; very smart.

Porter: He's still around. He's a consultant...

Weilerstein: Yes, I get a Christmas card from him each year. Of course I really owe Al Barnard a good deal in two different ways. Al was, as you know, a professional stock market trader before he became a Food and Drug Inspector. During the depression days he...where he bought and sold stock and spent his time on the equivalent of Wall Street. And when he was in F.D.A. he had his office next to mine. And I would hear him call the broker and he'd order this and he'd order that. Usually five or ten minutes in the morning he'd execute ten or twenty thousand dollars worth of purchases; sales. He was a trader. He was buying and selling every morning. He was dealing in options long before stock options were recognized or traded the way they are now. And we'd have lunch together. He would tell me what he was doing. I got curious, "Al, how about helping me make some money"? "Ok, sure, just call up the broker and tell him what you want to buy, and I'll tell you about this, that, and the other". I said, "Now, what do I do"? "That's up to you to make your decision". He says, "I'll tell you what I'm doing, if you want to". I said, "All right you tell me what you're doing". So I just did whatever he did for about six months. And I made about twenty thousand dollars in

about six months just trading along with him. And I thought I knew what was going on in option field. I thought I was really... That was a time when the market was going up. It really was very hard to make a mistake at that point. So I was very happy. I was making money and Al was a wonderful guy. Then a bear market came along and Al was transferred. And I lost that twenty thousand and about another twenty and about another six thousand. And I decided Al didn't do me any favors.

Porter: Well, you could...even in our small way we made a little money there for a few years. But I think we came out about even when the story was finally told.

Weilerstein: Well I came out with a big loss. I got out of the market about that time. See when you're dealing in options, you have to deliver the stock whether it goes up or down...well, it's one kind of option you deliver when it goes up, the other you deliver when it goes down. And I was playing in both sides. And it was fine when the market was going up and you had the stock. But if the market went down and you had the stock you were stuck double. Stuck probably with loss of what you had, but also you had to buy back the stock at a higher price than you could sell it. So anyway it took me about fifteen years to catch that back up again...savings. Now I only buy the most conservative stock. Of course we were never

into any Food or Drug or Cosmetic related stuff. That was prohibited. Well, anyway Al...you either liked Al or you didn't. And Al had a...

Porter: I got along very well with Al. I was working in an area...I was working in the data system on management information and we got transferred into his Bureau and it was not a subject he cared anything about really. And so he pretty well just let me, left me alone. And he supported me.

Weilerstein: That's what he would do. He was very supportive of his people. And he would try to encourage them. And he would flatten down hard if they did anything wrong. And he was a football player and he would tackle and he would kick and he would rant when necessary.

Weilerstein: Well, I guess that about winds it up as far as I can see.

Porter: Well, it's been very interesting Dr. and thank you very much.

Weilerstein: You're quite welcome and give Fred Lofsvold my regards when you see him. Will you please? I like Fred very much.