credibility of the scientific community. I refute that attempt. As a matter of fact, the scientific community neither asked for nor sought this type of investigation. Probably, if they had wished to carry it out they would not have been able to do so because the funds of the Medical Research Council have been so badly depleted.

Senator McDonald, in my opinion, gave a most able presentation. He left no question of how he felt or what he meant. I can differ with him only in the regard that the problem, as I stated before, has been blown out of all proportion and does not need to be referred to a committee at the present time.

Perhaps you read this headline in the Globe and Mail this morning: "No Longer a Cancer Worry, Cyclamates may return to the Shelves." They banned them eight years ago, but now they will be putting them back on the shelves very shortly, as they are in Washington.

Senator McDonald, I am much more interested in the disease of hundreds of thousands of pancreases than I am with the problem of obesity, which is a manifestation of one of two causes: either a glandular dysplasia cause or overeating. The latter can be overcome by discipline.

One experimental group using rats has "proved" that saccharin is dangerous to humans. But years of use by humans has indicated no one documented instance of harmful effects on humans.

I have had a great deal to do with experimental research. I am a little surprised that Dr. Morrison and his co-workers did not give adequate credit to the two men at McMaster University with whom they consulted in this particular regard. But I am not surprised that they did not consult the man who is probably the foremost authority on the result of additives and their effects on the human body and on the development of cancer, Dr. Bruce of the Princess Margaret Institute. Dr. Bruce states:

An additive such as saccharin has never been proved to be mutagenic which is an indication of being of or a carcinogenic change.

I also bring to the honourable senators' attention a paper by Irving I. Kessler, Director of the Research Group of Johns Hopkins University, on his investigation of the effect of saccharin. I have received a reprint from him personally, a courtesy which has been expended to me by many others. His paper is entitled: "Non-Nutritive sweeteners and Human Bladder Cancer: Preliminary findings." I will read only the abstract.

The non-nutritive sweeteners, saccharin and cyclamate, were not associated with the risk of human bladder cancer in a controlled investigation. The prior intake of such sweeteners in any and all forms was not greater or more prolonged among 209 recently diagnosed bladder cancer patients than among 209 otherwise similar patients without bladder disease. These findings were unaffected by case-control differences in diabetic histories—

In a personal note to me he further states:

The data in this paper refer to preliminary findings on the first 418 patients in our study. The total number of subjects (1,038) included 519 bladder cancer cases and 519 demographically similar controls.

The as yet unpublished findings in the 1,038 subjects appear to be about as negative with respect to the effect of artificial sweeteners as in the preliminary report. We have not yet completed our examination of the separate effects of cyclamate and saccharin. However, if either were positively associated with bladder cancer, the present findings should have revealed this. In fact, they have not.

That was Johns Hopkins University speaking. In his findings, Dr. Kessler made specific reference to the work of Dr. B. Armstrong and Dr. R. Doll in England, and pointed out that they "found no evidence of a break in the continuity of the time trends in bladder cancer mortality among Britons corresponding to the introduction or use of saccharin through 1972."

Personally, I am very much more interested in and concerned about the dire consequences of the hundreds of thousands of diseased pancreases of people with diabetes than I am with the questionable development of a carcinogenic change in the bladder of rats. Senator McDonald, you have your diabetes and I have my bladder condition, but I have a greater concern for your pancreas than for this so-called dogmatic statement of the production of a questionable lesion in the bladder of rats.

According to the April 1977 issue of the Science journal—and I hope that some of our departmental officials are here—the American Cancer Society, at its meeting in Sarasota, joined the fracas over saccharin and cast its lot with those who want the artificial sweetener to stay.

Part of the report reads as follows:

"As a major voluntary health agency whose primary responsibility is cancer, the American Cancer Society is vitally concerned with the general health and well-being of the public. Saccharin is of great value in dietetic food, used to help control diabetes and obesity, which afflict tens of millions of Americans and pose more immediate danger than the possible carcinogenicity of saccharin. Banning saccharin may cause great harm to many citizens while protecting a theoretical few," society president R. Lee Clark declared at the American Cancer Society annual writers' seminar here. Acknowledging that the Food and Drug Administration acted "properly" under the law in proposing to ban saccharin, Clark, who is head of the M.D. Anderson Hospital and Tumor Institute in Houston and a member of the President's Cancer Panel, went on to say: "The Delaney Amendment has served the public well but, as more sophisticated and quantitative technology becomes available, issues of dosage, cost-benefit, risk-benefit, and the predictability of animal data to potential impact in people must be further and better evaluated." Clark emphasized that "there is no evidence that saccharin causes cancer in humans.'