The Saccharine Disease

Conditions caused by the Taking of Refined Carbohydrates, such as Sugar and White Flour

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With G. D. Campbell

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Preface

Foreword

I. The Law of Adaptation. Hereditary Defect. Personal Make-up

II. Conception of a Single, 'Saccharine Disease'

III. The Saccharine Disease and the Colon

IV. Varicose Veins, Deep Venous Thrombosis, Varicocele, and Haemorrhoids

V. Dental Caries: Periodontal Disease

VI. Obesity

VII. On the Causation of Diabetes

VIII. Coronary Disease

IX. Primary Escherichia coli Infections and Other Conditions

X. Peptic Ulcer

X. Peptic Ulcer -- Part 2

XI. A Different Type of Over-Consumption, that is Not Specifically Due to the Taking of Refined Carbohydrates

XII. Conclusion

Appendix

Diet Card: The Natural Diet for Health
Preface

THE term, 'refined carbohydrate foods', will be shortened in this work to 'refined carbohydrates'. The mass incrimination of these, especially sugar and white flour, over many of the ills of Westernized countries today, was first advanced by the author of the present work in a long paper in 1956; [1] and as far as he knows he was the first to advance this unitary conception, which he later promulgated under the term, 'the Saccharine Disease'. [2] The original paper included the chart now given in Chapter II, showing the enormous rise in sugar consumption over the last century and a half, and the conditions blamed on this consumption, and on that of white flour, included diabetes, coronary disease, and obesity; peptic ulcer; constipation, haemorrhoids, and varicose veins; *Escherichia coli* infections such as appendicitis, cholecystitis, pyelitis, and diverticulitis; together with renal calculus, many skin conditions, and of course dental caries. Later the author published monographs on coronary disease, varicose veins, and peptic ulcer and carried the conception further forward, especially in the last named work; and later still in a joint work. [3]

In the present volume, then, which is the author's final elaboration of his conception, and which draws on his previous publications, and also on his contributions to the joint work just mentioned, it will be contended that the causation of all the foregoing conditions has been obscured through an insufficient distinction being drawn between the consumption of unnatural, refined carbohydrates, like sugar and white flour, and that of natural, unrefined carbohydrates, like raw and dried fruit and wholemeal flour. Thus, while the consumption of all carbohydrates may not be rising appreciably with the rise in incidence of a condition, the consumption of refined carbohydrates may be rising very strongly indeed. Once the distinction between the two consumptions is sufficiently appreciated, it is contended that the causation of all these conditions can be exposed, the mechanism of disease production usually being quite a simple one. From this it is argued that all the conditions discussed are really the manifestations of a single master-disease, the understanding of which disease is held to be of decisive importance to the Westernized nations, so that a large amount of suffering and disablement can be prevented and in many cases alleviated.

The author considers that the most accurate name for the master-disease referred to is the 'Refined-carbohydrate Disease', but because the main refined carbohydrate involved is sugar, and because the starch from white flour is converted in the body into sugar, he has, as already stated, introduced the term 'Saccharine Disease', which is a much more convenient one. The word 'saccharine', meaning 'related to sugar', should, however, follow the *Oxford English Dictionary* and be pronounced like the river Rhine, so as to distinguish it sharply from the word for the chemical sweetener, which is pronounced 'saccharin' or 'sacchareen'.

A feature of the present conception is simplicity, and though the author himself considers this to be a most important indication of correctness, it by no means follows that such simplicity favours rapid acceptance by others. On the contrary, medical minds throughout the world these days seem so preoccupied with detail that perhaps sometimes they fail to exercise the practice of repeatedly standing back in order to view
things with greater perspective, which enables them to be explained more simply. As a consequence, obvious common-sense conclusions may be lost sight of in a mass of detail or missed altogether.

It was not always so. Nearly 2500 years ago the Greeks had already realized that one of the most important of empirical facts is that correct explanations are nearly always simple explanations. There is a fragment (176) in Aeschylus, from the last play, that says so ('for the words of truth are simple'), and the same thing is stated in Euripides, Phoenissae, circa 469: which became proverbial throughout Greece.

Whether the correctness of simple explanations stems from the scientific contention that the whole Universe is an expression, in endless combinations, of a single ultimate reality, variously termed the mass/energy unit, etc., does not call for discussion here, but the author is so persuaded of the empirical link between simplicity and correctness in explanations that he has a certain sympathy for some people, who practise the habit of mentally submitting to a great-grandmother their answers to difficult problems -- if these answers make sense to her, they derive confidence from it. This is also in line with the expressed belief of one of the great architects of modern nuclear physics, the late Lord Rutherford, that if a theory is any good, it should be understandable by an ordinary barmaid. In the author's opinion, provided always that one keeps strictly within the limits of naturalness -- that is, within the limits set by human evolution -- the danger of oversimplification is incomparably less than that of overcomplication. *We must seek the 'positional play' of Chess."

It does not follow, alas! that trying to reach the truth through thinking simply is easy. On the contrary, the author submits that thinking things out in terms of simplicity is far harder than thinking them out in terms of complexity. Indeed the latter procedure tends to be only too easy. Nor does it follow, if true explanations are nearly always simple, that simple explanations are nearly always true. Incomplete, or incorrect, possession of the facts may render the latter contention very far from being the case, and is the usual cause of 'oversimplification'.

This book, then deliberately aims at simplicity. It must also be emphasized that the present conception has to be presented here in stark outline, with the minimum quantity of references, for the number of disease conditions involved precludes a convincing presentation in any other manner.

In the earlier joint work the author's conception of a single saccharine disease was accompanied by Dr. G. D. Campbell's excellent racial studies in diabetes and coronary thrombosis, which strongly supported these parts of the conception. In the present much-extended presentation of the conception these studies can only be referred to, but they invite pursuit in the earlier work and in the original references. Dr. Campbell has also edited a recently published work *Clinical Medicine in Africans in Southern Africa* (Livingstone).

The author is deeply indebted to his friend, Dr. Kenneth Vickery, for many years of sustained help, as the last chapter will clearly show; to the late Mr. Arthur Elliot-Smith and to Dr. Walter Yellowlees for their graphs on appendicitis, together with much other friendly assistance; to Sir Richard Doll and to Mr. Denis Burkitt for the invaluable support they have given to this conception, and without which it would scarcely have
survived its birth; to Mr. Laurence Knights for his shrewd observations based on a surgical experience that embraces both England and Africa; and last, but far from least, to his wife for her unfailing judgement and good advice.

Finally, if this book has a future, he hopes that Dr. Kenneth Heaton, of the next generation to the author's, will have a say in it, for he has supported the conception from an early date and given the author the benefit of some fruitful conversations, as referred to in Chapter XI.

References


Naturam expellas furca, tamen usque recurret, et mala perrumpet furtim fastidia victrix.
You may drive out Nature with a pitchfork, but she will ever hurry back, to triumph in stealth over your foolish contempt.
-- Horace, 'Epistles', Book I, X, 24

Foreword

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THIS is the elaboration of Surgeon-Captain Cleave's earlier publications, including his contributions to the earlier joint work, that has already made its mark. He sets out his concept that many of the major diseases characteristic of modern Western civilization are the effects of consuming refined carbohydrate foods. He believes that the fundamental problem lies in the fact that Western man has experienced a profound change in his diet in a very short space of time which has not permitted evolutionary adaptation.

Although previous workers have included sugar excess or fibre lack in the pathogenesis of individual diseases, Surgeon-Captain Cleave was apparently the first to point out the common factor behind over-consumption of concentrated energy (as sugar and starch), on the one hand, and depletion of fibre intake (namely, refined carbohydrate foods), on the other. Incriminating these two changes in varying proportions to explain the occurrence of different diseases, he has developed a concept of enormous potential significance.

The tenacity with which he has pursued his epidemiological studies and the simple but profound way in which he has made deduction from the evidence he has accumulated, unshackled by conventional concepts, has been rewarded by the recent upsurge of interest in dietary fibre.

His emphasis on the importance of simple clinical observation and on the results of putting his convictions into practice is refreshing in an age when so much stress is placed on the results of laboratory experiments.

A great deal of medical research merely modifies and expands existing fundamental propositions, but from time to time really fundamental advances are made in medical knowledge, as for example the discovery of the bacterial cause of disease, of X-rays, and of sulphonamides and antibiotics. Cleave's concept would appear to belong to the latter category. The mechanisms which he postulates to explain how dietary changes might cause various diseases may require modification in the light of advancing knowledge, but this is of secondary importance since his main purpose is to identify cause-and-effect relationships between diseases and environmental factors. Evasive action can be taken before mechanisms are fully understood. Smoking and lung cancer
This book and its predecessors describe the formulation of a new medical concept that might be compared to the initial outlining of a map of a newly discovered country. The first maps drawn by the discoverers of any new country have invariably required many modifications as more detailed exploration has subsequently been made. The hinterland still has to be studied and mapped by a variety of expeditions over long periods of time. So it is likely to be in the case of Cleave's hypothesis. Already a number of expeditions have set off.

Sir Richard Doll, in his foreword to the earlier joint work, when referring to predictions made by the authors and the likelihood of their proving to be correct, wrote 'if only a small part of them do, the authors will have made a bigger contribution to medicine than most university departments or medical research units make in the course of a generation.

More recent evidence has gone a long way towards substantiating at least some of these predictions. I for one have been greatly stimulated by Surgeon-Captain Cleave's work and would still endorse Sir Richard's words.