

# Book Reviews

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***Prescribing by Numbers: Drugs and the Definition of Disease***, by Jeremy A. Greene, softcover, 318 pp, \$25, ISBN-13: 978-0801891007, Baltimore, Md., Johns Hopkins University Press, 2008.

The first paragraph of a review<sup>1</sup> of *Sapira's Art and Science of Bedside Diagnosis* remarks on changes in diagnostic practice in recent decades:

Largely because of a malignant proliferation of laboratory tests and imaging modalities, there has been an undeniable atrophy in new physicians' bedside diagnostic skills in the 21<sup>st</sup> century.

*Prescribing by Numbers* elucidates the historical context of this circumstance. Greene is a physician and also a medical historian. As a good historian, he strives rather successfully to be descriptive rather than judgmental; but he shrugs off that onus in the concluding chapter.

Numbers yielded by various tests—blood pressure, cholesterol level, prostate-specific antigen (PSA), blood sugar—have increasingly assumed a decisive role in diagnosis and treatment. But the measures are not yes-or-no markers of pathological conditions. What numbers represent the threshold between normal or healthy, and diseased or pathological? Decisions about that are made by researchers, who nowadays have ties to drug companies that support the research and the clinical trials on which applications for drug approval are based. Over the years, the thresholds between not-to-be-treated and to-be-treated have seen a steady progression toward including in the “pathological” category larger and larger proportions of the population. More and more drugs are being consumed routinely as preventive measures, not as treatment for any manifest illness. People without felt or physician-observed symptoms are absorbing many

substances designed to lower statistical risks, with little if any regard for the countervailing risks of “side” effects from long-term consumption of physiologically active chemicals foreign to the human body. Natural, chronic conditions of aging have become viewed as preventable diseases. In effect, we are being persuaded that, in aging, the human body becomes inherently diseased (p 217).

Nowadays people are urged, instead of going by how they feel, to “know your numbers.” Not unexpectedly, people recently diagnosed with too-high numbers are quite likely to develop psychosomatic symptoms. Greene cites a number of sources to document this assertion. In earlier times it was physicians who informed the lay public about everything to do with illness and treatment. Nowadays, although the public is urged incessantly to “ask your doctor,” physicians are being challenged, in effect, to regurgitate what direct-to-consumer advertising has asserted (pp 124 ff).

Much of the advertising concerns diseases that were, at least in part, *invented* to fit marketable drugs: “diseases” that are quite natural conditions, often natural accompaniments of aging like “erectile dysfunction.” The influence exerted by marketing is reflected in the fact that results of clinical trials are often featured in business sections of web and print media (p 124). Prescription drugs are the fastest-growing part of health costs; in 2003, Americans over age 65 consumed an average of 25 prescription medications each. Many of these highly medicated individuals are subjectively healthy, taking drugs only as preventives. There are “fundamental political, economic, ethical, and moral contradictions within American understandings of health that pharmaceuticals bring into sharp relief” (p 14).

All this could easily seem like accusations of deliberate malfeasance by greedy

pharmaceutical companies and others, but Greene points out that the present circumstances have come about by perfectly well-intentioned actions on the parts of a multitude of different interests. Present circumstances are “overdetermined by some combination” (p 17) of researchers, regulators, consumer advocacy groups, community activists, charitable foundations, drug companies, physicians and their professional associations, insurance companies, and—not least of all—contract research organizations, a new industry that caters to the need to organize hosts of clinical trials. All have contributed in some fashion to present American attitudes toward health, in particular the concept that it is beneficial to lower perceived risk levels (p 190).

There are two major flaws in this system. One is the misguided presumption that a risk factor, which is merely a correlation, is actually causative and represents an actual risk; thereby symptoms are treated rather than underlying conditions. The second flaw is the failure of clinical trials to make the crucial assessment, namely, the effect of any given treatment on all-cause mortality, or the *absolute* reduction in risk. The latter point is emphasized with specific examples in Joel Kauffman's *Malignant Medical Myths*.<sup>2</sup>

Although no single influence or agent brought about the present circumstances, a single action could change current practices quite significantly. My suggestion would be that the Food and Drug Administration require all clinical trials to be evaluated in terms of absolute risk reduction (effect on all-cause mortality), and that the statistical evaluation be carried out by Bayesian rather than frequentist approaches.<sup>3</sup> By this means, FDA could avoid approving drugs that have to be withdrawn again within months or a few years, an all-too-common occurrence in the last decade or two.

This complex story is told through three case studies: Diuril, the first successful diuretic for lowering blood pressure; Orinase and the concept and treatment of "prediabetes"; and the effort to lower cholesterol levels beginning with Mevacor. The present attitude toward decreasing risk factors is epitomized by the tale of the Polypill, a proposal that everyone over 55 should, without prescription or prior medical examination, take life-long a "Polypill" that would contain a statin, aspirin, folic acid, and three blood-pressure-lowering drugs.

This book is chock-a-block with more fascinating insights than any review could enumerate. Few readers will fail to be interested and come away with fresh understanding.

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- 1 Shamsudeen S, reviewer. *J Am Phys Surg* 2010;15:122-123. Review of Orient JM. *Sapira's Art and Science of Bedside Diagnosis*, 4th ed.
- 2 Kauffman JM. *Malignant Medical Myths*. West Conshohocken, Pa: Infinity Publishing; 2006.
- 3 Matthews RAJ. Facts versus factions: the use and abuse of subjectivity in scientific research. In: Morris J, ed. *Rethinking Risk and the Precautionary Principle*. Oxford (UK): Butterworth; 2000:247-282.

**Starving the Monkeys: Fight Back Smarter**, by Tom Baugh, soft cover, 420 pp, \$19.95, ISBN 978-0-9825431-0-8, Roberta, Georgia, Starve Monkey Press, 2009.

This book describes itself as "a work of political analysis, illuminated with fiction, and is written for entertainment purposes only." It begins with a warning that you might want to put the book down now, and intersperses similar warnings up until the very end. I, however, kept turning the pages, and I suspect that many readers of this journal will also.

There are things in the book to offend all kinds of people. The parts that I found most offensive concerned his views of Christianity, although I had to agree that organized religion has done tremendous harm by promoting collectivism. The author is not an atheist, and he offers a particularly interesting insight on the parable about the vineyard owner who paid all the workers the same wage,

including those who only worked one hour.

The book defines monkey as "a creature who chooses to collectively seize, by unearned means, the property, material or intellectual, temporal or spiritual, of its rightful owner. The means employed may be fiat, guilt, force, theft, fraud, subterfuge, or anything other than a willing and negotiated exchange of value."

Baugh graduated from the U.S. Naval Academy and served as a U.S. Marine. He is also a successful entrepreneur. Although the book is not specifically related to medicine, the insights concerning free-market economics, and of the destructive effects of the regulatory "suit-monkeys" apply equally well to medicine and to other areas of our economy. He understands his mathematics and physics, and one of the subtitles I like best is "What Green Means to Me: Or the Application of Systems of Practically Infinite Matrices of Non-Linear Differential Equations." A wealth of excellent references offer further study, from the Saxon math books, to the *Wealth of Nations* by Adam Smith, to the film *The Matrix*, and to analyses on military matters accessible on the Internet.

Fans of Ayn Rand will probably enjoy this book immensely. He acknowledges her as a "brilliant woman" but says "she was wrong about one key issue. There will never be a Galt's Gulch.... There is no place on earth where we can go to be safe from the monkeys. We have made them too many toys with which to enslave us. Should we be so naïve as to establish such a place as Galt's Gulch, they would simply defame us as they have defamed so many before. And then arrest, or burn, or bomb us with the weapons we have given them."

As Galt's Gulch is mythical, Baugh says that we have to create one for ourselves wherever we individually might be.

His strategy is an aggressive act of doing nothing. He states we must "take them down fast by starving them quickly, and they won't have a chance to consume everything else. Starve them fast, or they will starve you slow." He is not, however, like radical environmentalists who hope

that 4 billion people actually starve. He simply hopes that the monkeys think they might, and thereby wake up and become productive individuals.

A lot of people will really hate this book, including radical feminists, progressives, Democrats, a lot of Republicans, labor unions, social workers, most school-teachers, and of course monkeys of every description.

Baugh advises us to stop "arguing with idiots." He writes, "I have, which gave me time to be now reaching out to you." Those who understand his message will be energized with real hope, he states.

If he hasn't already done so, Baugh should read Albert Jay Nock's timeless essay *Isaiah's Job* ([www.aapsonline.org/brochures/isaiah.htm](http://www.aapsonline.org/brochures/isaiah.htm)). And so should all AAPS members. Baugh, Nock, and many AAPS physicians are taking care of the Remnant.

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**Dismantling America**, by Thomas Sowell, hardback, 341 pp., \$27.95, ISBN 978-0-465-02251-9, New York, N.Y., Basic Books, 2010.

Professor Thomas Sowell has compiled a large number of his short essays into a single volume. While the majority of his positions are quite laudable, this reviewer is forced to disagree with a few of his views.

It would be preferable to avoid labels such as "the left" or "the right," as these lines of demarcation are frequently blurred. This reader finds it annoying to see considerable emphasis on sports figures, and the fruitless attempts to draw conclusions from their actions.

Professor Sowell's seeming support of the U.S. military's involvement in affairs of distant corners of the globe is surprising, in view of the fact that he is an economics professor. He must certainly realize that this country can no longer afford such adventures without resorting to either borrowing or "quantitative easing."

This book is full of facts, but offers little, if any, documentation. Wouldn't it be helpful to know where the professor found the facts upon which he based his conclusions?

Sowell urges against "voting for candidates that have no chance of being elected." He is extremely critical of Supreme Court Justices appointed by both Republican and Democratic presidents.

Sowell's defense of the practice of torturing terrorists is troubling. He said, "My own preference would be for an automatic death sentence for members of international terrorist organizations." Who, then, gets to define a terrorist organization? And does any "member" of such an organization deserve automatic execution? In such a scenario, there would be no need to even commit a crime! Would there even be a need for a trial?

Sowell states, "Equal treatment of individuals does not mean equal treatment of behavior. That is why a polygamist is on the FBI's 'most wanted' list." One can only wonder why the professor defends the FBI's persecution of polygamists. Does the U.S. Constitution grant any authority to the central government to regulate marriages? Is obtaining marriage licenses not a function of the state? Is it somehow acceptable for the FBI to incarcerate polygamists, but ignore men who support their mistresses?

There are, to be sure, many thoughtful remarks in *Dismantling America*. The book is critical of the many presidentially appointed "czars" who then go about controlling corporate executives' compensation, restricting talk radio, etc.

Sowell points to the statement of Rahm Emanuel, former White House Chief of Staff, that "a crisis is a terrible thing to waste."

As an economist, Sowell sees the dangers in "the United States moving in the direction of the kind of economy that China had been forced to move away from. China once had complete governmental control of medical care, but eventually gave it up as the disaster that it was."

The professor spends considerable time on the economics of medical care, explaining that letting old people die would be cheaper than keeping them alive. He says there is no free lunch, and asks why people do not understand that the recent healthcare legislation will indeed have strings attached. He also wonders why young people will choose a medical education in view of the high cost and dollars and time, only to be rewarded with the "aggravations of dealing with government bureaucrats."

Sowell realizes that the cost of medical care can be lowered by decreasing the quantity and/or the quality, but asks why an affluent society would choose either one. He is even more disturbed by the "clever people" who talk about a "duty to die." He does not see any decrease in medical costs from eliminating "waste, fraud, and abuse." "Why hasn't this been done already?" he wonders. He is equally critical of price controls, which he realizes will lead to shortages and a black market. He references the Roman Empire's Diocletian, leaders in the French Revolution, and others, who repeatedly witnessed the failures of price controls.

The professor does not understand a Congress that rushes through legislation before senators and representatives have a chance to read it, and is critical of countries that deny their own citizens the right to spend their money for their own medical needs.

Sowell is troubled by President Obama's exercise of powers that the "Constitution never gave him."

Sowell claims the Congressional Budget Office does honest work, but can only use the numbers Congress gives it. Since, as he has asserted, Congress does dishonest work, the result is garbage in and garbage out. His solution is to have an Off-Budget Office.

The professor is quite critical of redistribution schemes, racial quotas, and the fraudulent science of "climate change."

In a chapter devoted to autism, Sowell notes that parents have an incentive to "allow"

their children to be diagnosed with autism, since this allows them to receive government money. There is an increasing tendency, he observes, to diagnose children as being on "the autistic spectrum."

Disturbing statements by many Supreme Court justices include Justice Stephen Breyer's claim that it is up to judges to "weigh and balance the pros and cons of gun control laws." If the decision is based on whether judges like the end results, Sowell reasons, we no longer need a Constitution.

Justice John Paul Stevens claimed that the government authority's assessment of a proper "public purpose" was entitled to "great respect" by the courts. Sowell is sharply critical of Justice Stevens's defense of government's authority in transferring private property to others without proper compensation.

Supreme Court nominee Sonia Sotomayor once contended, "I would hope that a wise Latina woman with the richness of her experience would more often than not reach a better conclusion than a white male who hasn't lived that life." Sowell labels her a dangerous woman.

Thank you, Professor Sowell, for defending the U.S. Constitution in some of your remarks. The areas in which your views differ from the Constitution are perhaps a reflection of how far all of us have strayed.

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**60@60** by John M. Corboy, M.D., paperback, 169pp, ISBN:0-9619806-7-2, Denver, Colo., A Simpler Life Press, 2008.

Just as during the Second World War, when physicians were very scarce and *The Family Home Medical Guide* was published, more patients are seeing a need for a home manual on medicine. No longer can most of them just call up their family doctor, who has come to know them. Dr. John Corboy has produced such a book, which some physicians have bought to give to their patients. It focuses

on common problems of aging, and emphasizes advising people on when they need immediate medical care, and what to say in order to get it.

Dr. Corboy quotes the standard medical advice. He tells people of the importance of immediate medical evaluation in the case of stroke. This gives people a chance at thrombolytic therapy, which sometimes can save a big portion of the brain. Less than 5 percent of stroke patients who arrive at an emergency room are eligible for such treatment, and these numbers could be increased by more rapid recognition of symptoms.

Not everyone will necessarily agree with all the advice. For example, while it might be a good idea to take an aspirin if you think you're having a heart attack or stroke, it's not good if you might be having an intracerebral bleed or subarachnoid hemorrhage. Among the stroke warning signs quoted from the American Heart Association is "sudden, severe headache with no known cause."

Among practical pieces of advice are instructions on how to buy reading glasses at the drugstore.

Worth the price of the book is the advice to call the doctor immediately and say "new floaters and flashes of light" to get an immediate consultation. Too many people have preventable visual loss from a retinal detachment because even their doctor, or HMO call screener, does not know the warning signs.

The book accepts the cholesterol-heart hypothesis and advises people to "know their numbers." It emphasizes the importance of diet and exercise, and gives some excellent practical advice such as unlocking your front door, if possible, if you think you might be having a heart problem.

I was glad to see a section on sleep apnea, although I believe that the condition is much more common and serious than the book suggests.

The book has a lot of simple diagrams and descriptions of basic physiology. Although

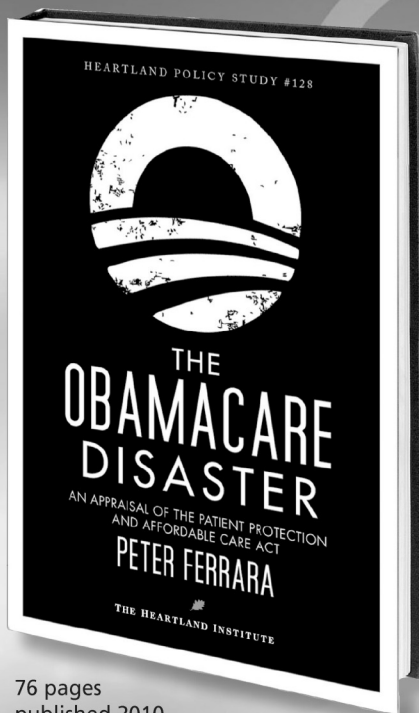
you might have learned all of this in junior high school science, many of your patients may find it new and very helpful.

The book discusses lactose intolerance but not gluten sensitivity.

The book gives the standard melanoma warning signs (ABCDE). Dermatologists, however, point out that if you wait for the D, a diameter larger than the width of a pencil eraser, you may be missing the best chance for a cure.

I expect we will see a proliferation of books like this because of increased consumer awareness and less access to trusted physicians. It is a real challenge to write one. Physicians might want to make themselves aware of what is available to their patients. This one has many worthwhile features, and volume discounts are available to physicians' offices from the author's website [www.60at60.com](http://www.60at60.com).

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76 pages  
published 2010

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