

Book Reviews

The Colony: The Harrowing True Story of the Exiles of Molokai, by John Tayman, 432 pp, hardcover, \$27.50, ISBN-13:978-0-7432-3300-2, New York, N.Y., Scribner, 2006.

Large Pacific waves and high sea cliffs sealed off the leper colony on the Hawaiian island of Molokai. Perhaps similar barriers have too long walled off medicine from consideration of the context in which diseases arise, are defined, and treated. A rapt fascination with the scientific aspect of our profession has led us to neglect of the economic, political, and social features that now threaten to engulf us.

The Colony is a history of the large leper colony from its inception in 1866 up through the present. It is not a pretty story. Anyone entertaining the benefits of a politically managed medical enterprise will find no comfort here. These exiled unfortunates suffered from pillage, rape, neglect, malnutrition, violence, and exposure. Slapdash diagnosis by government-hired doctors resulted in perhaps a majority not even having the disease for which they were expelled from mainstream society.

When the waves were too high on the initially harborless shore, the captain of the transport boat would sometimes just throw his human cargo into the surf, lest he risk a rowboat. Some made it ashore, and some did not. Later, as understanding of the disease advanced a bit, human subjects were used in experimentation, Hansen disease then having no known host other than humans.

Some people in Hawaii made a living tracking down suspects in a kind of bounty system. Today, the hunted are more often the doctors than the patients, as billing errors are transformed into felonies. Patients are already hunted in the massive databases of insurance records to service marketing agendas. Once personal medical records are captured in a federal computer, those reluctant to quit smoking, lose weight, or have a dozen vaccines will be fair game.

The book sequentially reveals medical information on the disease as it developed through time, though this is not a medical text, and the author is not a physician. The period of the colony spans the rise of the germ theory, and it is this aspect that has most value for our day, in which scientific modeling rules, and perhaps rules too

rigidly. Between the lines—Tayman does not address it—one can discern both the strength of the model of germ theory and the trap that models lay for us. Though germ theory was of course basically correct, there was insufficient attention paid to the variance of actual observations from the general theory. The inattentiveness was lethal to thousands.

Our models open our eyes to some things, and blind us to others. In this story one can see the limitations of a clinical diagnosis in such a variable disorder, and how advances in histopathology, genetics, and microbiology progressively sharpened the management. Viewed from the illicit advantage of hindsight, it can be seen that the long incubation period, the two very different pathways of the disease, and the familial susceptibility slowed modification of the general germ theory to fit the observational facts of this disease. Further clouding advances were the usual array of alternative hypotheses—that leprosy was a sexually transmitted disease or a nutritional disease.

Those lepers who fared best were those who were able to exert some influence over their treatment through outside contacts or financial resources. Those who had neither, the majority, were at the often inadequate mercy of the government. The power of basic humane nursing care comes through clearly in the accounts of the sacrificial ministry of the Catholic priest Damien and Mother Marianne Cope of the Third Order of St. Francis, both of whom were later canonized for their services. The deaths of the lepers typically were from associated diseases and injuries that would respond to treatment, not from leprosy itself. Work by Paul Brand at the Carville, Louisiana, colony in the surgical reconstruction of destroyed joints is also briefly presented.

The image of Hawaii during this period seems even more like the Wild West than does the Hollywood version of the continental West. There are cameo appearances by Jack London, Robert Louis Stevenson, and Mark Twain, whose writing skills were feared and appropriated where possible by the commercial interests on the islands. Their concern that the island chain would be solely identified with the disease was not irrational.

Anyone wanting a fictionalized account of a very similar experience may read *The Island* by Victoria Hislop, sited in the very

real leper colony on an islet off the coast of Crete. Any medical model of disease that is limited to the flesh and fluid of the body is badly defective.

At our best, we physicians should not treat diseases, but people who have diseases. We need to have a care for the economic, political, educational, and social contexts in which we and our patients exist. We have become entirely too comfortable in our scientific niches.

The book contains copious end-notes, photographs, an index, and a bibliography. The author is a professional writer, and the work reads easily.

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Trick and Treat: How “Healthy Eating” is Making Us Ill, by Barry Groves, Ph.D., 498 pp, softcover, \$27, ISBN 978-1-905140-22-0, London, England, Hammersmith Press Ltd., 2008.

For the first time in a book review for this journal, I admit to bias, having edited an early version of the book’s text more than a year ago, which is acknowledged on p vii. My book, *Malignant Medical Myths*, is praised under “Resources” on p 489.

The phrase “healthy eating” originated in the UK, apparently with the British Dietetic Association, which has recommended very high-carbohydrate, low-animal-fat diets since 1984, despite the knowledge, which has been available in the literature for at least 120 years, that such a diet would cause or worsen obesity and diabetes.

Trick and Treat is a spoof on the American Halloween house-call chant, and means that in the UK the public is tricked into eating a poor diet, tricked into undergoing many screening tests claimed to “prevent” something, tricked by false data into taking many prescription drugs, and further treated by more of the same.

The U.S. receives equal time for its diet dogma. The American Diabetes Association provided the most blatant example by recommending starchy and sugary foods for diabetics, yet admitting that more medications and exercise would be needed (p 294). Groves goes on to show that both types of diabetes are treatable and reversible by low-carbohydrate diets with the “missing”

calories to be provided by fat, preferably animal fat.

Groves, whose doctorate is in nutrition, has produced a book with a combination of exposing both medical and diet frauds, supported by the most penetrating revelation of diet and related health information I have seen, based on 1,174 citations. The book also provides a reasonable number of tables and graphs, a glossary, an extensive index, and other resources. The writing is in very clear English, but becomes progressively more passionate after about p 200, while not losing accuracy. The book is ideal for physicians, dietitians, nutritionists, nurses, and laypersons who can understand and study evidence presented, and appreciate its value.

The major scientific theme is diet. A history of diet is given, which leads to the obvious conclusion that a very old diet of meat and fat with some berries and nuts could not have suddenly become toxic in the 20th century. Besides obesity and diabetes with its complications, high carbohydrate and/or bran intake is shown to cause or worsen heart disease, cancer, several digestive system conditions, polycystic ovary syndrome, osteoporosis, arthritis, and a multitude of mental problems including Alzheimer disease, autism, attention deficit/hyperactivity disorder, depression, suicide, violence, epilepsy, schizophrenia, amyotrophic lateral sclerosis, and Parkinson disease.

No bare claims are made; there is evidence from peer-reviewed literature on all topics, including aspirin, water fluoridation, polyunsaturated oils, soybean products, sunlight avoidance and vitamin D, salt, ulcers, cirrhosis, gallstones, kidney stones, celiac disease, Crohn disease, colitis, and exercise.

Polyunsaturated vegetable oils are shown to be atherogenic and carcinogenic (pp 99-102). The current propaganda on the desirability of bran and other fiber is debunked in several places. Desirability of high cholesterol levels, including LDL-C, is confirmed, in agreement with dozens of other authors (www.THINCS.org). Some evidence has appeared in this journal on the increased mortality in women taking aspirin.¹ Groves found the first study I have seen on increased mortality of aspirin in men (p 313). More on the benefits and safety of supplements would have been appreciated.

One example of medical self-deception is given on page 294 with citation of a 2005 study² done at Duke, North Carolina, Oregon, and Texas universities on 200 patients who had acute coronary syndrome and diabetes. Outcomes after 6 months of observation had no correlation with their

diabetes-related knowledge as determined by questionnaire. In the study the patients were blamed for noncompliance. Groves considers that it "...revealed the ineptitude of diabetic advisors and the inadequacy of current treatment for diabetes."

Groves writes that drugs are still dispensed to type-2 diabetics to lower blood sugar by forcing the pancreatic beta cells to produce more insulin to the point of beta cell failure, and thus the patient becomes a type-1 diabetic as well. "This is a much more serious and problematic disorder—and it's entirely his doctor's fault." Also, type-1 diabetics are told to inject as much insulin as necessary to compensate for their "...wholly unsuitable—but recommended diet, which is extremely high in foods that convert into sugar." As a result, they "ultimately acquire insulin resistance, and develop type-2 diabetes as well."

The final chapter concentrates on medical monopolies, exemplified by the UK's National Health Service, under which physicians are rewarded for prescribing statin drugs, among other things, and punished for not adhering to NHS guidelines. An example from Sweden on the suspension of a physician for curing her diabetic patients by means of a low-carbohydrate diet was also given. The complicity of Big Pharma in all this is highlighted.

There is a strong warning implied for the U.S. on the pitfalls of a national health service with its concomitant ending of any free choice in medical care. Groves maintains that the individual is still responsible for his own health. Groves even advises reconsideration of charitable donations to nongovernmental organizations, especially in the cancer field, on the grounds that few of their efforts have had any value (p 428).

I recommend this book highly.

Groves' 2007 book, *Natural Health and Weight Loss*, is shorter, less technical, and has tables of carbohydrate content, glycemic index (GI) and glycemic load (GL) of foods, recipes, and a list of essential amino acids. Emphasizing the same concepts, this earlier book seems more suitable for most patients.

Gary Taubes's 2007 book, *Good Calories, Bad Calories*, 601 pp, is larger than either, more historical, and has more detail about carbohydrates and polyunsaturated oils causing obesity, diabetes and cancer, but much less on the many other ailments described in *Trick and Treat*.

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¹ Kauffman JM. Long-term aspirin for women: what did the Women's Health Study really show? *J Am Phys Surg* 2005;10:90.

² Sánchez CD, Newby LK, McGuire DK, et al. Diabetes-related knowledge, atherosclerotic risk factor control, and outcomes in acute coronary syndromes. *Am J Cardiol* 2005;95:1290–1294.

Stealing from Each Other: How the Welfare State Robs Americans of Money and Spirit, by Edgar K. Browning, 226 pp, hardback, ISBN 978-0-313-34822-8, Westport, Conn., Praeger Publishers, 2008.

For authors of nonfiction books on sociology and economics, the key to getting rave reviews from the East Coast media is to be a professor at an Ivy League school and to fill the book with canards and human-interest anecdotes that mirror the conventional wisdom about poverty, the income gap, and the welfare state. Edgar K. Browning has not written such a book. That's a compliment.

From the perspective of the East Coast media, Browning has three strikes against him. First, he is a professor of economics at Texas A&M University, which is located about 100 miles from George W. Bush's ranch in Crawford, Texas. Second, he is a research fellow at the Independent Institute, which is dedicated to conducting nonpartisan, scholarly research on public policy issues. In the eyes of East Coast elites, that automatically makes it a right-wing organization. Third, the conclusions in his book are based on scholarly sources, verifiable statistics, and hard analysis, not on feel-good sophistry.

From my perspective, the major flaw of the book is the title, which implies that the work is nothing but a polemic. A better description of the contents would have been this: *A Handbook of Facts and Conclusions about Egalitarianism, Poverty, the Welfare State, and Redistribution*. Below is a sampling:

- The primary driver of the growth of government has been the egalitarian ideology.
- The welfare state lowers the income of the average American by about 25 percent.
- The most fundamental cause of poverty is that most of the poor either don't work at all or work only part-time. High-income Americans work 700 percent more than low-income Americans.
- A major disincentive to moving from welfare to work is effective marginal tax rates, which can be greater than 100 percent for a single parent who works full-time at the minimum wage.
- More than half of all poor persons in families with children are in female-headed households.

- The real poverty rate is in the range of 1 percent to 3 percent, not the 12.6 percent reported by the government.
- Higher-income households pay for almost everything the federal government does outside of Social Security, and a majority of taxpayers contribute almost nothing.
- A proportional tax with a rate of 10 percent would yield the same revenue as the present progressive income tax. It also would increase GDP by nearly 10 percent and ultimately raise the before-tax income of average Americans by 10 percent.

The above examples are not meant to suggest that the book stays away from conjecturing, moralizing, and philosophizing. Browning engages in all three, but to his credit, he admits when he is doing so and first tries to build a statistical case. For example, it is not until the penultimate chapter that he equates redistribution with theft.

Policy wonks of the libertarian or conservative persuasion will already be familiar with many of Browning's sources and statistics. Still, even for them, the book contains valuable new information and will surely be used as a frequent reference to debunk the conventional wisdom.

Unfortunately, the book will not be read in large numbers by those who would get the most value from it: the typical journalist and the average American—that is, people who have been immersed all of their lives in fallacies, canards, and propaganda about egalitarianism, poverty, and capitalism. The dry prose and the frequent reference to statistics and economic theory do not help matters, especially in this age of sound bites, political correctness, and shortened attention spans.

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Critical: What We Can Do About the Health-Care Crisis, by Tom Daschle with Scott S. Greenberger and Jeanne M. Lambrew, 226 pp, hardback, \$23.95, ISBN-13: 978-0-312-38301-5, New York, N.Y., Thomas Dunne Books, St. Martin's Press, 2008.

Former Senate majority leader and Obama's first choice for Secretary of Health and Human Services Tom Daschle presents in this book the culmination of his two decades of work on health policy. His ambitions are not merely to insure everyone, but "to provide every American with health care of high value."

U.S. Representative Tom Price, M.D., (R-GA), an AAPS member, summarized the goal succinctly in the *Wall Street*

Journal of Jan 7, 2009: "This strategy seeks to eliminate private providers completely," and install "a permanent Washington bureaucracy prescribing patient care."

Daschle of course doesn't explain it quite that way. He says that his Federal Health Board, modeled loosely on the Federal Reserve System, would "create a public framework for a largely private health-care system." It would start by coming up with a single set of standards for the federal programs that now care for roughly 100 million people (including Medi-care, Medicaid, and the Veterans Health Administration), which would then "exert tremendous influence" on everything else.

The book presents the usual high-school debate case for socialized medicine. People fall through cracks; costs skyrocket; disparities exist; doctors make mistakes. Polls say people want radical change, and would be willing to "pay as much as \$500 a year" to ensure that everybody got "covered."

Daschle's history of health reform begins around 1914, when its defeat, through the efforts of doctors and insurers, foreshadowed later debates. Truman's 1945 proposal was defeated by concerns about "creeping communism." Doctors put the AMA pamphlet "The Voluntary Way Is the American Way" in their waiting rooms. The U.S. Chamber of Commerce produced a pamphlet entitled "You and Socialized Medicine," stating that federal officials wanted to take "another step toward further state socialism and the totalitarian welfare state prevailing in foreign lands."

Daschle's account of the passage of Medicare differs substantially from history explained by former AMA president Ed Annis, who writes that Kennedy was receptive to doctors' views and was *not* pressing for passage of King-Anderson, the precursor to Medicare.¹ Daschle asserts that Johnson, rather than ramming his own agenda through Congress, "believed he had a duty to complete the fallen president's domestic agenda." Daschle makes note of the immediate effect of Medicare on costs, apparently without learning anything from it:

Before Medicare, doctors typically charged what they thought a patient could afford; now, many of them were charging the government as much as they possibly could. "I am very glad to do charity work for my patients, but I certainly do not regard the federal government as the object of charity," one doctor remarked.

Those who viewed Medicare and Medicaid as a prelude to universal coverage were disappointed when these programs, instead, reduced the pressures to enact a

universal program. The issue finally seemed ripe again when the Clintons came to power. Daschle manages to overlook the AAPS lawsuit against the Clinton Task Force on Health Care Reform, remarking that the task force was too large and unwieldy, and that the secrecy edict backfired. Nevertheless the Health Security Act got written, and members of Congress were studying at the "Health-Care University" organized on Capitol Hill, in an "electric" atmosphere. Clinton gave an "impassioned" speech, and Hillary Clinton provided "virtuoso" testimony. Passage seemed assured. "Then disaster struck"—in Somalia.

A succession of foreign crises damaged Clinton's popularity, and gave opponents of reform time to organize. Then there was the length and complexity of the bill, which allowed many groups to find something they didn't like. While Republicans were united in opposing the bill, the Democrats were divided. The left flank wanted single payer, and the right flank, managed competition. Within a year, "the great health-care debate of the early 1990s expired with barely a whimper." When it came down to details, Daschle writes, "few groups were willing to tolerate provisions that might harm them, to swallow new regulations, or to sacrifice some profits for the greater good."

Daschle's answer is to bypass the messy details by delegating them to the philosopher kings of his Federal Health Board, while setting the basic principles in stone: top-down central planning, and forced participation by all, with privatized progressive taxation in the form of sliding-scale "premiums" based on income.

"Doctors, hospitals, and health-care providers will have to adjust to a value-oriented system," he asserts. "They will have to learn to operate less like solo practitioners and more like team members."

The use of force is hardly unprecedented. He notes, approvingly, that "[p]arents must make sure their children are vaccinated to enroll them in school, and every driver has to buy auto insurance." Even Newt Gingrich, Daschle points out, agrees on the need for a mandate!

Daschle likes the UK's rationing body, the National Institute for Clinical Excellence (NICE), as a model for restricting innovation to cost-effective, "evidence-based" treatments. He also likes the idea of paying "providers" based on "health outcomes" (such as diabetics getting their blood sugar and cholesterol below defined levels), rather than on services rendered. He hopes that all private

and public entities would follow the Health Fed's "recommendations" about what investments to make.

Daschle apparently understands nothing about economics: he thinks that Medicare's solvency is threatened by "overpayments to private insurers built into the [Medicare drug benefit]," never alluding to its inherent nature as a Ponzi scheme. He knows even less about medicine. Unfortunately, despite his propensity to rewrite history, he probably learned all too well, from the Clinton debacle, how to roll over political opposition.

This book may be useful in awakening doctors to the stunning arrogance of our rulers. There is also much to learn about the effectiveness of a solid, principled opposition.

Although Daschle withdrew himself from consideration as HHS Secretary—because of tax noncompliance, not because of his serious conflicts of interest involving the insurance industry, the basic infrastructure needed to implement his vision of government-directed medicine for all was incorporated, without scrutiny or debate, into the massive "stimulus" package rammed through Congress in February 2009.

Let us remember George Patton's remark as he saw Rommel's tanks rolling up from the valley in North Africa: "I read your damn book." We need to follow Patton's example.

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¹ Annis E, Orient JM (ed.). Medicare and the destruction of medicine: recollections of Dr. Edward Annis. *J Am Phys Surg* 2008;13: 117-119.

Liberal Fascism: The Secret History of the American Left from Mussolini to the Politics of Meaning, by Jonah Goldberg, 487 pages, hardback, \$27.95, ISBN-13: 978-0385511841, New York, N.Y., Doubleday, 2007.

Fascism is a religion of the state. Americans believe they are immune to fascism. —Jonah Goldberg

According to author Jonah Goldberg, today we live in an "unconscious civilization" of fascism—a friendly sort that is more benign than that of Hitler's Germany, Mussolini's Italy, or FDR's America. It is nice or "smiley-face" fascism, and it has been here for nearly a century.

Goldberg identifies it with modern liberalism and labels it "liberal fascism." He shows that it always was, and still is, fundamentally left-wing, and that American conservatism is not an offshoot of fascism.

Fascism is a form of collectivism, or socialism, Goldberg notes. It is the result of a philosophical war against the West. The

three major philosophers who have generated this disease and transmitted it to the dictators are Plato, Kant, and Hegel. Though its proponents deny it, under this system the inequalities of income and standard of living are greater than anything possible under capitalism, and the citizen's position is determined by political pull, not by his productivity or achievement.

Fascism has a long history, Goldberg writes. The first fascist movement was the French Revolution. Inspired by Rousseau, it was the mother of modern totalitarianism and the spiritual model for the Italian Fascist, German Nazi, and Russian Communist revolutions. It produced the first modern dictators, Robespierre and Napoleon. Robespierre famously stated, "There are only two parties in France: the people and its enemies...[W]e must exterminate all our enemies." Some 50,000 people ultimately died.

According to Goldberg, the first fascist dictator of the 20th century was President Woodrow Wilson. His planners set prices on almost every commodity, fixed wages, commandeered the private railroads, policed thought crimes, and even tried to dictate the menu of every family meal. Under Wilson we had the world's first modern propaganda ministry. Newspapers and magazines were shut down for criticizing the government. Under the Espionage Act of June 1917 and the Sedition Act of May 1918, criticizing the government—even in your own home—could lead to a prison sentence. (The latter law was upheld by Justice Oliver Wendell Holmes years after the war.) Political prisoners by the thousands were harassed, beaten, spied upon, and thrown in jail for expressing private opinions. The Department of Justice arrested tens of thousands without just cause. Nearly 100,000 government propaganda agents were sent out among the people to whip up support for the war; college professors imposed loyalty oaths on their colleagues; and nearly a quarter-million goons were given legal authority to intimidate and beat "slackers" and dissenters.

Much later, Franklin Delano Roosevelt campaigned on a pledge to recreate the "war socialism" of the Wilson years. According to Goldberg, when Roosevelt was elected president in 1932, three events were viewed as admirable experiments: the Bolshevik Revolution, the Fascist takeover in Italy, and the American "experiment" in war socialism under Wilson. Many politicians and pundits, including Walter Lippmann, called on President Roosevelt to become a "dictator" and to fight the Depression the same way Wilson and the progressives had fought World War I.

The most glaring common feature of these three events was their glorification of war. No program better represented the new

martial outlook than FDR's popular Civilian Conservation Corps (CCC), which mobilized around 2.5 million young men.

Before World War II, fascism was widely viewed as a progressive social movement both in Europe and in the U.S. But after the Holocaust, American progressives redefined fascism as "right wing" and switched to the Red team of communism. Around this time, Stalin labeled all inconvenient ideas and movements as fascist. Socialists disloyal or opposed to Moscow were called fascists. In the U.S., Wisconsin's Sen. Joseph McCarthy accurately drew attention to the fact that much of the liberal establishment had been infested with communists. For that crime, he was dubbed a fascist.

The elements of fascism include the creation of crises, nationalistic appeals to unity, the celebration of martial values, the blurring of lines between public and private sectors, use of mass media to glamorize the state, and a cult of personality for the national leader. Terror is used to maintain a permanent sense of crisis. Crisis is used because it short-circuits debate and democratic deliberation. Neither business nor labor gains under fascism; only the ruling clique does. All become victims of an egalitarian destruction.

Liberal fascism is an ideology of good intentions, Goldberg believes. Its faith is in the perfectibility of man, in the authority of experts, and in the need for an all-powerful state to coordinate society at the national level. According to author Susan Sontag, it is a romantic ideal: "The ideal of life as art, the cult of beauty, the fetishism of courage, the dissolution of alienation in ecstatic feelings of community, the repudiation of the intellect, [and] the family of man (under the parenthood of leaders)."

Liberal fascism is alive and well today. Just last year, House Speaker Nancy Pelosi said that three words prove the Democrats aren't out of ideas: "Franklin Delano Roosevelt."

As Goldberg sees it, the real threat of liberal fascism is that the promise of American life will be frittered away for a bag of magic beans called security. He believes that "good dogma" is the most powerful influence against bad ideas and the most powerful motive for good deeds, and that "reason alone will not move men." But change requires laying the philosophical and ideological groundwork. As economist Ludwig von Mises admonishes, ideas are real. They control the past, present, and future. Good ideas build civilization, while bad ones destroy it. *Liberal Fascism* exposes the unknown history behind the bad ones.

Read it, and buy copies for your friends.

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