

Book Reviews

Complications: Abortion's Impact on Women, by Angela Lanfranchi, Ian Gentles, and Elizabeth Ring-Cassidy, softcover, 433 pp, \$29.95, ISBN-13: 978-0920453360, Toronto, Ontario, De Veber Institute for Bioethics and Social Research, 2013.

The adverse impact of legally induced abortion on society is apparent, with major demographic and social changes. Greatly increased numbers of legal abortions make this impact on women's health all the more consequential. This book meets a major need to make these effects known.

Demographers distinguish between a first and second demographic transition. The first manifests a reduction in the birth rate from greater use of all kinds of birth control. The second manifests in a decline in marriage, itself a radical change in society, and which also leads to further reduction in the birth rate, and a parallel further increase in induced abortions, which are much more common among unmarried women.

While the book's main focus is on post-abortion medical conditions in women, it also has some preliminary review of the social context. Topics in the first 89 pages include healing after abortion, maternal and infant mortality as a background concern, sex-selective abortions, the question of abortion leading to crime, and informed consent in abortion. The discussion of abortion in relation to marriage focuses on psychiatric issues and the rise in single parenting. Divorces and relationship breakdowns are also often linked to abortion.

The book is comprehensive. There are chapters on autoimmune diseases, maternal mortality from abortion, the safety of medical or drug-induced abortion, multi-fetal pregnancy reduction (MFPR), and pain during and after abortion.

Abortionists acknowledge some of the known health risks, and they claim to

make a proper declaration for their client women so that their consent to abortion is informed. These include premature or preterm births after abortion. The chapter on this subject has a valuable discussion of cerebral palsy, which is more prevalent among children born prematurely. But the chapters on mental health and on breast cancer are all the more valuable because abortionists have been reluctant to acknowledge these risks.

Most British abortions are approved for reasons of mental health, whether of the pregnant woman or her children. So it is understandable that our medical professional bodies and health authorities are particularly reluctant to acknowledge the adverse impact of abortion on the mental health of women, and there is a dearth of British research in this area.

Medical authorities' defensive stance on legally induced abortion seems also to be one reason why few cancer epidemiologists wish to acknowledge the increased risks of breast cancer among women who have had abortions, and they prefer to explain the increased modern incidence of female breast cancer only in vague terms. While the etiology of the modern breast cancer epidemic is not clearly resolved, breast cancer is overtaking lung cancer as the most common cancer, yet breast cancer prevention is much less of a priority for our public health authorities now than is prevention of lung and other cancers. Chapter 7, entitled "Biology and Epidemiology Confirm the Abortion-Breast Cancer Link," gives a good account of the modern debate on both fronts.

The book's final section, headed "Women's Voices," has two chapters. One is "Who Are the Experts? What 101 Women Told Us." The last chapter is "Women's Voices: Narratives of the Abortion Experience."

Though abortion sequelae have been neglected by researchers and overlooked by research funding institutions, data has been

accumulating. The book is especially useful as a reference for those engaged in debates or litigation because it provides 668 references to papers in medical journals or other scientific publications. These many scientific references have worldwide validity, and we can usefully cite them.

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The Virus and the Vaccine: Contaminated Vaccine, Deadly Cancers, and Government Neglect, by Debbie Bookchin and Jim Schumacher, paperback, 380 pp, \$16.95, ISBN 978-0-312-34272-2, New York, N.Y., St. Martin's Press, 2004.

--"There has been a catastrophic failure in the government's oversight of a vaccine program."

--"Forty years after it was declared harmless, SV40 is causing cancer in humans."

--"The vast majority of the baby boomers...have potentially been exposed to the virus."

In one of the biggest political blunders in medical history, nearly half the American population was given a polio vaccine over the years from 1955 to 1961 that had been contaminated by the cancer-causing SV40 monkey virus.

This was done with the knowledge and approval of officials at the National Institutes of Health (NIH). The authors believe it is the main cause for today's cancer epidemic.

Since the early 1960s the incidence of many cancers has been increasing. Today, 30,000 Americans develop acute or chronic leukemia, and 54,000 develop non-Hodgkin's lymphoma each year. Malignant mesothelioma, virtually unheard of before 1955, kills

about 2,500 each year. Brain tumors increased by 30 percent during the 20 years between the mid-1970s and mid-1990s.

During the first half of the 20th century, poliomyelitis ravaged much of the Western world. The devastating 1916 polio epidemic that hit New York City paralyzed thousands of children, and thousands of families fled the city. The epidemic rapidly spread throughout the northeast U.S.: 27,000 cases were diagnosed that year, and 7,000 died.

Over the ensuing four decades every summer, between May and September, polio left thousands of Americans, mostly children, dead or permanently crippled. The worst epidemic on record occurred in 1952, when 58,000 new cases were diagnosed.

The entire nation became fixated on polio, and defeating it became a national obsession. Jonas Salk at the University of Pittsburgh developed an injectable, killed-virus vaccine that was released in 1955, as Albert Sabin was developing an inactivated live virus oral vaccine. Both were grown on monkey kidney cell culture.

When the SV40 virus was discovered in 1960, studies soon showed it caused an array of cancers, and that it had contaminated almost all of both vaccines. But the nation's polio program was deemed too important to interrupt, and this information was hidden from the public. Federal health officials refused to recall the millions of doses of the contaminated vaccine that already had been released.

The authors say that approximately 98 million Americans thus were at high risk for exposure to the SV40 virus. This represented almost 90 percent of the nation's children and adolescents; 60 percent of those aged 20-39; and 19 percent of those aged 40-59.

Research on the virus was ended in 1963, and throughout the 1960s, 1970s, and 1980s its consequences for human health were ignored. No follow-up study of the tens of millions that were vaccinated was ever conducted.

Much later, in 1994, the SV40 virus was found in human malignant mesotheliomas. But it was absent in mesotheliomas from Finland and Turkey, neither of which had used the contaminated vaccine. Soon it was also

found in brain and bone cancers, and in leukemias and lymphomas.

It was not until 1997 that the first scientific conference devoted to the SV40 virus was held at NIH in Bethesda, Md. By 2000 more than 40 studies had linked SV40 to human tumors: today that number is nearly 100. In 2002 the Institute of Medicine (IOM) reviewed every published epidemiological study of SV40. All were found to be flawed and thus inconclusive. But the Institute recommended no additional studies.

Bookchin and Schumacher have documented a prime example of how government funding of scientific research can cause disastrous consequences, and of how bloated, hugely expensive government bureaucracies, such as the National Institutes of Health, the Institute of Medicine, the Centers for Disease Control and Prevention, and the Food and Drug Administration, repeatedly fail in their basic mission to protect the public health. It is a story that all Americans should ponder.

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The Monster Chase, by Marion A. Stahl, softcover, 353 pp, \$12.87, ISBN 978-0-9670643-4-5, Black Elephant Publishing, 2011.

The Monster Chase is not the usual malpractice yarn, but a medical-legal journey down a little-explored rabbit hole where doctors are guilty until proven innocent. This novel chronicles how a meritless complaint to the state medical board can take on a life of its own, and in turn destroy a physician's life.

Dr. Helene Quaile, an internist, sees husband and wife "walk-in" patients who have out-of-state insurance and a bad credit card. They claim to have multiple issues that need immediate attention, so Dr. Quaile sees them despite the financial issues. They never pay their bill, and as far as Dr. Quaile is concerned that is the end of the story. Due to illness, Dr. Quaile takes a temporary leave from her practice.

In the meantime, presumably to avoid paying their bill, the deadbeat patients file a complaint against Dr. Quaile with the medical board. The

board charges Dr. Quaile with fraud and schedules a hearing. Due to a deliberate and extraordinary failure of due process by the medical board attorney, Dr. Quaile is unable to defend herself. And the downward spiral begins.

Dr. Quaile received no support from medical societies despite being a longtime member. The medical board—disregarding that someone's life and livelihood are at stake—processes her case at a snail's pace. Dr. Quaile correctly notes that with fraud on her record, she could not get a job as a sales clerk. We are left with the somber thought that no good deed goes unpunished, and when the chips are down you are on your own.

This is an important story to tell, but its storytelling could be better. The characters are a bit too black-and-white. The physician who is the target of a medical board investigation is a veritable saint. The medical board attorney in his own narrative describes himself as a self-serving hack who is not the least bit interested in justice. The novel is set in a fictitious Northeastern state called "Sunny" (presumably New York) interspersed with real locations. This was distracting and weakened the credibility of the fictitious state's statistics and the author's extrapolation that 100,000 licenses across the U.S. were suspended over an unclear time period. (In New York, with some 64,000 practicing physicians and 8,000 complaints, there were 38 revocations and 204 "prejudicial" actions in 2009, according to the Federation of State Medical Boards in its 2009 Summary of Actions, available at www.fsmb.org.)

That said, there are some nuggets of interest. Stahl, who has years of experience as a nonfiction medical writer, paints a clear picture of the business workings of a typical internist's office. She provides a realistic description of a solid patient-doctor relationship as well as of the pitfalls of physicians' naïveté regarding unscrupulous financial behavior of patients. Additionally, the author gives examples of how physicians can unwittingly be accused of fraud. Stahl also investigates the medical board charges common to license revocation cases.

While the description of the board hearing was a bit tedious, it presented an opportunity to expose some attorney prosecutorial tricks.

Unfortunately, Stahl conflates the

medical board's unclear motives with those of the Department of Health and Human Services and the Department of Justice jointly looking for easy targets for financial penalties. They know that doctors generally are not sophisticated businesspersons with in-house attorneys. According to an HHS attorney who pops up in the book to make a passing comment, physicians never win, so don't waste the \$200,000 needed to fight the charges.

Stahl hopes the book "would bring a better understanding and perhaps enlightenment as to why we have a shortage of physicians and why we have lost so many good doctors." But license suspensions alone are not causing the doctor shortage. They are but one facet of the broader practice of physician scapegoating that hovers as a dark cloud over current physicians and those contemplating entering the profession. As Dr. Quaille lamented, "I had gone into medicine to help people, not to be accused of the woes of our healthcare system."

The Monster Chase is a good layman's introduction to a lesser-known corner of the medical world. Although the novel focuses on a physician, it would be a painful read for anyone who has gone through a witch-hunt.

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Tales from the Surgeons' Lounge and Collected Works, by Lee Deakins Hieb, M.D., softcover, 162 pp, \$10.76, ISBN-13: 978-0988909403, Lee D. Hieb, 2013.

Did you ever read a book with a character who lived through much of the spirit of your experiences? Did you somehow find yourself wishing you were the person who had written it? That was my feeling from reading this marvelous treasure of Dr. Hieb's book!

She walks us through the pure innocence of her childhood as a little four-year-old "doctor" "helping" her daddy on late-night runs to farmhouses, sharing with us the odors and other impressions. The sacred fire must have then been kindled deep within her. This cherished shared time, as her father began to impart his medical profession

to her, including the sanctity of the patient-doctor relationship, was rare, precious, and honorable.

From her medical education, Dr. Hieb brings to life many common experiences of medical students and residents. Not having time to fully chart on patients, falling asleep uncontrollably, vulgar mnemonics, and generally living an animal-like existence are some memories she resurrects. Thankfully, it is in an ever-so-slightly screened view.

Dr. Hieb lets the uninitiated feel the highest love and respect physicians have for their mentors in medicine. This undying gratitude is not easy to describe to those outside the practice. It is the sentiment of the portion of the Hippocratic Oath proclaiming:

I will reverence my master who taught me the art. Equally with my parents, will I allow him things necessary for his support, and will consider his sons as brothers. I will teach them my art without reward or agreement; and I will impart all my acquirement, instructions, and whatever I know, to my master's children, as to my own; and likewise to all my pupils, who shall bind and tie themselves by a professional oath, but to none else.

Reading the book was a highly emotional experience for me. The account of her dying patient, a neurology professor, brought back especially poignant memories.

Beginning in the idealistic heartland, Dr. Hieb's odyssey in medicine leaves us at the dead-end of today's profit-dominated medicine. It exposes the absurdities of current government-run medicine.

We learn that recovery of "waste, fraud and abuse" monies is not about fault or justice. Candidly, she tells physicians, it is simply about physician assets.

Dr. Hieb leaves us wondering about the "why" of forced employee flu shots in light of the reality of the influenza vaccine's safety and efficacy. She exposes FDA collusion with virtually uninspected manufacturing Chinese plants, and CDC fraud involving vaccine safety.

This book is quite useful for patients. They get a brief primer on

the "medical ropes." It helps them understand their physician more fully, free of the stereotypes of physicians that would otherwise block a closer relationship. It could make them more empowered patients and citizens, likely demanding to function more independently, in a saner system, with less outside interference in their patient-doctor relationships.

Perhaps this book will inspire both patients and physicians to strive to be closer to Dr. Hieb's early roots in medicine, at a time when doctors' foremost concern was the good of the patient. Is this not what medicine is supposed to be about?

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Making Gay Okay: How Rationalizing Homosexual Behavior Is Changing Everything, by Robert R. Reilly, hardcover, 234 pp, \$22.95, ISBN 978-1-58617-833-8, San Francisco, Calif., Ignatius Press, 2014..

Although the title is informal, this is a very serious book. It begins with a discussion of a natural law, based in Greek philosophy assimilated into Christianity in the works of Thomas Aquinas.

Reilly comments on the irony in homosexuality's proponents' pointing to ancient Greece as their paradigm "because of its high state of culture and its partial acceptance of homosexuality, or more accurately, pederasty." He states that the association that was publicly accepted, at least in the upper reaches of society, was between an adult male and a male adolescent. It was largely pedagogical, temporary, and often chaste, he writes. Moreover, even relationships that were not chaste rarely involved sodomy, which was widely considered a "shameful outrage."

In *Laws*, Plato calls Eros, if released from the bonds of family, a cause of "endless and insatiate evils." For Aristotle, the irreducible core of a polity is the family. "The state does not make marriage possible; marriage makes the state possible," states Reilly. A homosexual marriage would have struck Aristotle as an absurdity since a polity cannot be founded on its

necessarily sterile relations. That is why the state has a legitimate interest in marriage—without it, the state has no future.

In the modern culture wars, Rousseau is displacing Aristotle, and “turning Aristotle’s notion of Nature on its head.” To Rousseau, Reilly explains, there is nothing that man “ought” to become. There is no moral imperative, and existence is bereft of any rational principle. To the followers of Rousseau, mankind has no inherent nature. Moral relativism, not truth, sets him free.

Reilly severely criticizes “same-sex families” with children, saying that they are not just made to be broken, but “broken to be made, *by design*.” Children are deliberately denied the possibility of being with both parents and have “an intentionally truncated genealogy.” Reilly traces the course of legislation and court decisions concerning laws against sodomy. He calls it “legislating immorality from the bench of the Supreme Court.”

In the process of marching through the institutions, the capture of psychiatry was critical, Reilly states. Before 1973, homosexuality was defined as a mental illness in the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association. In the DSM-I, in 1953, homosexuality was listed as a “sociopathic personality disturbance.” In 1968, the DSM-II dropped the sociopathic designation but still listed homosexuality as a “sexual deviation.”

In 1970, militant activists began to disrupt American Psychiatric Association meetings. If the tactics sound like stormtrooper tactics, Reilly

points out, there is a reason. In 1991, Eric Pollard, former member and cofounder of the militant homosexual organization ACT-UP/DC, admitted that: “I have helped to create a truly fascist organization. We conspired to bring into existence an activist group that...could effectively exploit the media for its own ends, and that would work covertly and break the law with impunity.... [We] subscribed to consciously subversive modes, drawn largely from the voluminous *Mein Kampf*, which some of us studied as a working model.”

The activists won. In 1973, the DSM removed homosexuality as a treatable aberrant condition. At one time, the DSM-III had an entry on “ego-dystonic homosexuality,” but these words were removed by 1987. On its website, the American Psychological Association now says that “being gay is just as healthy as being straight.”

The march continues through the educational establishment and the Boy Scouts of America, the military, and U.S. foreign policy. Reilly concludes that the purpose of homosexual activism is not simply to establish “marriage equality,” but to destroy the family as the foundation of society.

Why has its triumph been seemingly so easy? Reilly believes that before homosexuality came contraception and the embrace of no-fault divorce. Once sex was detached from procreation, he states “the rest became more or less inevitable.”

The progression is: “If serial polygamy is okay, and contraceptive sex is okay, and abortion is okay, what could be wrong with a little sodomy?”

He reminds us that contraception used to be proscribed, then it was prescribed, and now it has become almost obligatory.

Reilly states that the key to a free society is not free choice. “As we know from the Weimar Republic, people can freely choose anything, even Hitler. The key, as our Founding Fathers knew, is virtue.”

Reilly cites Bastiat: “When misguided public opinion honors what is despicable and despises what is honorable, punishes virtue and rewards vice, encourages what is harmful and discourages what is useful, applauds falsehood and smothers truth under indifference or insult, a nation turns its back on progress and can be restored only by the terrible lessons of catastrophe.” Reilly thinks that catastrophe is at hand, and our civilization is at stake.

The book is extensively footnoted and indexed. There is a very interesting appendix on disease and mortality, which will no doubt be considered quite controversial.

Reilly clearly has a Catholic bias, but it is worth noting how what used to be a generally accepted concept of virtue is now considered to be a peculiarity of Roman Catholicism, and one that is widely disregarded by its adherents. Many Americans, even if they have not followed this logic, may sense that they cannot criticize homosexual behavior without hypocrisy unless they critically examine their own.

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