

Book reviews

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors



coronary heart disease. In 1965, Congress passed a law requiring cigarette packaging to carry the warning, "Caution: Smoking Cigarettes May Be Hazardous to Your Health." By the end of the decade, 78 percent of Americans reported believing that smoking caused cancer, and Congress had banned cigarette advertising from television and radio. The prevalence of cigarette smoking among adults in America gradually declined from more than 40 percent in the 1960s to around 16 percent among men, and 12 percent among women, in 2017.

While the evidence was clear from the beginning, this dramatic change in human behavior required the concerted efforts of hundreds of anti-smoking activists, programs, and governmental measures. Dr. Alan Blum (AQA, Emory University, 1985) was, and is, one of the most prominent physician activists. While still a family practice resident in 1977, Blum founded Doctors Ought to Care, a national nonprofit health promotion organization directed at counteracting adolescent-onset tobacco use and other killer habits. Later, his research identified trends in tobacco industry marketing strategies, including the targeting of women and minorities and the circumvention of advertising restrictions through the sponsorship of sports and the arts.

Blum currently serves as Director of the Center for the Study of Tobacco and Society, established in 1998 at the University of Alabama, where he also holds the Gerald Leon Wallace M.D. Endowed Chair in Family Medicine. The Center comprises the world's largest collection of original documents, artifacts, images and frontline reports on the tobacco industry and the anti-smoking movement.

The Center's website (<https://csts.ua.edu/>) functions much like a hybrid of museum, investigative reporting, documentary film, and popular treatise recounting the rise and decline of cigarette smoking in America. It may not be a traditional book, but it certainly deserves the attention of anyone interested in the recent history of public health in America.

The website includes 19 curated exhibitions on various cigarette-related aspects of popular culture, politics, and history. The themes range from "The Surgeon General vs. the Marlboro Man: Who Really Won?" and "Confronting America's Smoking Epidemic," to "Cartoonists Take Up Smoking," and "Merry X-ray and a Happy New Lung." Each exhibition includes a mixture of written commentary, artwork, photographs, and recorded talks and interviews. The material is presented in an attractive, easily navigated format, so the viewer can either simply scan the surface for high points, or delve deeply into topics of particular interest.

On entering "Tobacco in World War I," the viewer is confronted by a colorful menu of six subtopics. One of



Review of the Center for the Study of Tobacco and Society: Multimedia Exhibitions

Online media exhibit, 1988 to present, <https://csts.ua.edu/exhibitions/>.

Center for the Study of Tobacco and Society, College of Community Health Sciences Center, University of Alabama.

Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)

In early 1964, Surgeon General Luther Terry published *Smoking and Health*, the famous report that implicated smoking as the principal cause of lung cancer, chronic bronchitis, and emphysema, and a major risk factor for

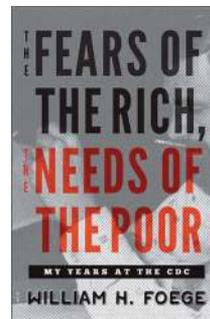
them, “We Want You...to Smoke,” contains magazine ads for Chesterfields, Lucky Strikes, and many other brands that present smoking as a marker of strength and manliness. Ariston, an English brand, assures readers that cigarette smoking “assists in readjusting matters to harmony...helps thought and brings an appreciation of the things that really matter.” The exhibition includes photos of free distribution of cigarettes to soldiers, including one of American Red Cross workers giving cigarettes to wounded soldiers in a hospital. One of the Ariston ads explicitly identifies hospitalization as a “situation” in which smoking is beneficial. Another subtopic, “Songs for Smokes,” presents sheet music and audio performances of two songs of the late 1910s that promote smoking almost as a sign of patriotism. One of these, “The Makin’s of the USA,” has the endearing refrain, “If you are not a slacker, get a sack of good tobacco.”

“The Targeting of African-Americans by the Tobacco Industry” shows ads in *Ebony* and *Jet*, that put a heavy emphasis on menthol cigarettes, because African-Americans were “known” to favor menthol brands. Interestingly, during the 1980s and 1990s. African-American leaders generally failed to speak out against smoking, thereby allying themselves with the American Civil Liberties Union, which disavowed anti-smoking measures as paternalistic. The same was true of minority publishers who “expressed gratitude for the financial contributions of tobacco advertisers that enabled the preservation of the minority press and other cultural institutions.” The tobacco industry also manipulated African-American perceptions by identifying itself with the struggle for civil rights. In 1988 Philip Morris published a full page ad in *Jet* featuring a photograph of Martin Luther King and an excerpt from one of his speeches urging all Americans to “break loose from the shackles of prejudice, half-truths, and downright ignorance,” thus creating a mental (but completely false) link between Dr. King and Philip Morris.

These are examples from some of the pro-cigarette campaigns highlighted in the social history of smoking, but the Center’s exhibitions also document many successful anti-smoking measures and programs during the last five decades. One exhibition features the aggressive anti-smoking initiatives of Mayor Michael Bloomberg and Health Commissioner Tom Frieden in New York City. Another section covers the Family Smoking Prevention and Tobacco Control Act, signed into law by President Barack Obama June 22, 2009, which gave the U.S. Food and Drug Administration authority to regulate the content, marketing, and sale of tobacco products.

The curated exhibitions offered by the Center for the Study of Tobacco and Society are an excellent example of how social history, in this case pertaining to one of our most significant public health problems, can be presented online in an enlightening, educational, and entertaining way.

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The Fears of the Rich, The Needs of the Poor: My Years at the CDC

William H. Foege, MD (AQA, University of Washington, 2014, Alumnus)
Johns Hopkins University Press, 2018, 264 pages

Reviewed by Richard F. Gillum, MD, MS (AQA, Northwestern University, 1969)

Physicians at any stage in their career or any subspecialty have had at least a passing acquaintance with the Centers for Disease Control and Prevention (CDC) as the agency that issues immunization guidelines and investigates infectious disease outbreaks. Many should enjoy gaining more familiarity with CDC via a new book by Former CDC director William H. Foege.

Now more than 80 years of age, the Emeritus Professor of International Health at Emory University has produced a delightful read that is part memoir taking the reader from Foege’s origins in small town Washington to his selection as CDC director at the age of 40. It is part public health history taking the reader from the days of William Farr, MD and John Snow, MD to the recent Ebola epidemic in West Africa. It is part epidemiology primer offering pearls gleaned from past epidemics. And, it offers insight into the development and workings of a federal government agency.

The title refers to the wise saying that indicates the resources for global health efforts must come from rich nations like the United States, which will only provide them because of fear of imported contagion in a globalized world. The truth of this is repeatedly confirmed by responses to epidemic diseases from smallpox to Ebola.

For students beginning a career as health professionals, the book offers an altruistic role model willing to take personal risks for the greater good. For retired physicians it offers the inside story of events they will recall from their youth such as the swine flu episode and the eradication of smallpox. For active health administrators, the experiences will be instructive. For all readers it offers entertaining story telling.

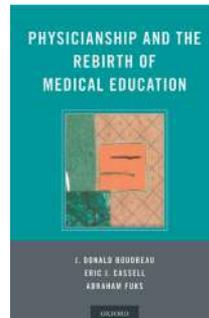
Foegen is not afraid to reveal and criticize destructive political interference in public health policy-making including prominent persons in Congress during his CDC tenure, a few of whom are there.

The subtitle, *My Years at CDC* may mislead some into expecting more detail on the organization than is provided. Despite being a former CDC epidemiologist, I welcomed the material that extends far beyond the CDC itself to include the United Nations, World Health Organization, and the Gates Foundation. It also extends beyond Foegen's lifetime to public health antecedents in 17th–19th century Europe. Foegen hails vaccination (immunization) as the single greatest contributor to global health, and presents convincing evidence for his case throughout the book. He predicts a future of greater protection through vaccination against both infectious (e.g., HIV) and chronic (e.g., some cancers) diseases, but greater need for public education to maintain acceptance of vaccines after the prevented diseases become rare or eliminated.

Foegen's chapter on AIDS is especially compelling coming nearly four decades after the initial report in CDC's *Mortality and Morbidity Weekly Report* (MMWR) of a series of cases of Kaposi's sarcoma. (See "A recruit enters the Epidemic Intelligence Service" in *The Pharos*, Winter 2016, p 36–43; "Quest for the AIDS virus" in *The Pharos*, Winter 2018, p 20–27; and "Caribbean Connections" in *The Pharos*, Winter 2019, p 29–36.) That perspective reveals a number of ironies such as the failure to develop an effective vaccine despite Department of Health and Human Services Secretary Margaret Heckler's 1984 promise of a vaccine within two years.

This is a book for health professionals to share with students, trainees and policy-makers for its compelling invitation to join and support the mission of public health—achieving health for all.

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Physicianship and the Rebirth of Medical Education

J. Donald Boudreau (AOA, Dalhousie University Faculty of Medicine, 1979), Eric J. Cassell (AOA, New York University, 1954), and Abraham Fuks (Oxford University Press, 2018), 328 pages.

Reviewed by Jack Coulehan, MD (AOA, University of Pittsburgh, 1969)

The good physician knows his patients through and through, and his knowledge is bought dearly. Time, sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

Readers of *The Pharos* are familiar with the final clause of this excerpt from Francis Peabody's 1927 paper, *The Care of the Patient*, perhaps the most familiar aphorism in medical education. However, only the few who have actually read Peabody's essay will recognize the full quotation, which brings the abstract notion of care down to earth.

Caring, according to Peabody, requires knowing one's patients "through and through," developing a "personal bond," and "interest in humanity." In other words, caring is not just rhetoric. In fact, the good physician's "greatest satisfaction" arises from his/her understanding that medicine is fundamentally about individuals.

Nonetheless, today's medical education is fundamentally about disease. Individuals enter the curriculum in so far as they develop illness and become patients. The source of illness is disease, medicine's true bailiwick. Scientific, technological, and institutional developments over the past 60 years have ensured the overwhelming predominance of this disease-oriented model.

For decades thoughtful medical educators have endeavored to embody Peabody's concept of "physicianship." Today virtually every medical school in North America claims to offer a patient-centered or person-oriented curriculum. These generally feature some combination of early clinical experience, explicit focus on professional identity development, and attention to what might be called the

anthropology of healing, e.g., narrative medicine, reflective practice, and medical humanities. For example, the University of Rochester's "double helix," which presents biomedical science and patient-centered issues as two separate, but equal and intertwined, goals.

Inspired by the work of Richard and Sylvia Creuss on professionalism, a group of clinicians and educators at McGill University decided to approach curriculum reform in a different way. In the late 1990s they reexamined the basic concepts of illness, disease, healing, and the aims of medicine. They worked to develop a comprehensive vision of the physician's state of being and function, which they called physicianship, a term that encompasses "the skills, personal attributes, norms, and values of the physician as a professional and as a healer."^{p xxxiv} Using physicianship as a starting point, the group went on to develop, and partially implement, a Physicianship Curriculum that embraces the entirety of undergraduate medical education.

Physicianship and the Rebirth of Medical Education, coauthored by three inspirational leaders of the McGill University project, presents the philosophical and historical background to the curriculum, a detailed summary of its development, and a sketch of its implementation. Donald Boudreau and Abraham Fuks, are, respectively, a former Associate Dean for Medical Education, and Dean of the Medical School. Most of the implementation occurred during Dr. Fuks' deanship. Eric Cassell, is today's preeminent philosopher of clinical medicine.

The book's early chapters consider the meanings of health, illness, disease, healing, therapeutic relationships, and characteristics of the good doctor—a range of concepts supposedly familiar to every physician, but rarely analyzed with such insight and coherence. The second section focuses on aspects of medical teaching and learning, in particular the relatively new (at least to medicine) concept of competency-based education.

These theoretical and historical chapters are delightful, not only because of their elegant prose, but also because they present a coherent basis for the practical developments to follow.

The centerpiece of this physicianship curriculum is the Physician Apprenticeship (PA), first implemented in 2005, in which a group of four or six first-year students and a faculty member (called an Osler Fellow) initiate a relationship that lasts throughout medical school. The PA provides a safe and consistent small group setting for reflection and discussion of issues that arise from the students' educational experience. In addition to group meetings five or six times a year, which take place in an informal

setting, each student also engages in several structured exercises with patients, followed by written reflections on their experiences. The structured assignments advance in complexity each year, but regular meetings with Osler Fellows continue along the same lines.

Additional components of the physicianship curriculum include extended sequences on:

- a. clinical methods;
- b. interprofessional teams (first year);
- c. mindful medical practice;
- d. clinical ethics;
- e. primary care in action (second year); and
- f. formation of the professional and healer (third year).

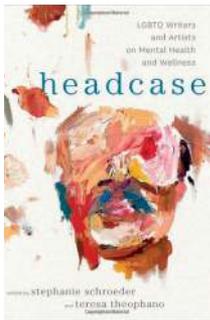
Physicianship and the Rebirth of Medical Education also presents the authors' vision for the future. The success of the physicianship curriculum "inspired the three authors to imagine its continued development, enhancement."^{p xxxii} This led to the four phase "entire educational blueprint" that forms the final section of the book.

The most fascinating part of this blueprint is Phase III, which corresponds to the traditional third-year clerkships. The year is still arranged according to specialty blocks, but within each block clinical experience takes place entirely in outpatient settings.

This makes educational sense for two reasons. First, the majority of today's medical practice is conducted in offices, clinics, same day surgeries, and day hospitals; and not in the tertiary care inpatient setting of contemporary university hospitals. Second, it is reasonable that beginners learn skills of doctoring more effectively by interacting first with less critically ill patients, and then, after a firm grounding, proceed to working with more complex, hospitalized patients. Thus, the authors' Phase IV is devoted to inpatient clerkships, as well as elective time.

Physicianship and the Rebirth of Medical Education is one of the most exciting books about medical education that I've ever read. It might be the best export McGill University has sent us since William Osler departed for Philadelphia.

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Headcase: LGBTQ Writers and Artists on Mental Health and Wellness

Stephanie Schroeder and Teresa Theophano, editors. Oxford University Press, February 5, 2019, 328 pages.

Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)

During the 1960s, according to the American Psychiatric Association (APA), homosexuality was considered a paraphilia or sexual deviation. Various treatments were available, all of which were designed to convert the person's sexual orientation from "abnormal" to "normal."

Within the ranks, however, all was not well. Many psychiatrists realized that being gay (at the time, an unprofessional slang word) was a biological fact, a normal human variation, rather than a mental disorder, and their attempts to suppress its sexual expression just added more suffering to persons already suffering from social and cultural disapproval. Then, in 1973, Dr. Anonymous, a gay psychiatrist wearing a mask to conceal his identity, stood up at an APA meeting and challenged the orthodoxy. His speech was the pebble that kicked off an avalanche. When the 3rd edition of the *Diagnostic and Statistical Manual* (DSM 3) was released a year later, homosexuality had largely disappeared from its pages.

Many decades later, members of the LGBTQ community still experience complex and difficult relationships with the mental health system. *Headcase*, edited by Stephanie Schroeder and Teresa Theophano, explores these experiences through a wide-ranging array of artistic expression—essays, poems, drama, drawings, graphic art, and photographs.

Schroeder and Theophano divide their anthology into five topical sections: conversations about health and illness; stories of survival; encounters of a mad kind; pushing boundaries; and the poetics of mental health and wellness. While many of the selections could easily be classified under two or more of these categories, the framework serves as a useful guide through this exceptional collection.

In the first section, Arlene Istar Lev's essay, *Queer Affirmative Therapy*,^{p12} introduces a concept that serves as a touchstone throughout the book. Queer affirmative therapy is based on the sensible belief that only mental health professionals who accept the normality of their patients' gay, lesbian, transgender, or queer identities can serve as

effective therapists when they present with depression and other mental disorders. Some of the essayists recall the dark days when gay negative, rather than affirmative, therapy was the rule.

Among the sad stories in section two, Chana Williams tells the tale of her mother, who was ultimately lobotomized as a treatment for her depression and incorrigible lesbian relationships. (*Not Our Fault*^{p71}) Lobotomy also rears its ugly knife in *Fix Me Please, I'm Gay*^{p169}, where psychologist Guy Albert discusses the era of conversion therapy.

Some of the most interesting work in *Headcase* belongs to the visual arts. *Sisyphus or: Rocks Fall and Everyone Dies*^{p88} by J. R. Sullivan is a graphic short story that retells the myth of Sisyphus in terms of his own struggle to be accepted in society as a trans-man. The final frame shows a man overlooking a series of hills, each of which features a person struggling to push a boulder up a hill. After surviving his own tale of desperation, he concludes that he would now focus on "how I might help someone else's Sisyphian task."

Problem Glyphs^{p195} is another original piece in which Elisa Gauger presents a selection of six sigils from the large collection she has created in response to problems sent in by readers of her website. A sigil is an inscribed or painted symbol considered to have magical power. Gauger tries to get "to the crux of their issues" by drawing these archaic-looking sigils as supportive interventions.

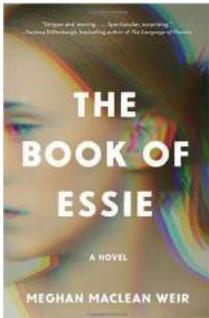
In the final section, Guy Glass presents an excerpt from his play, *Doctor Anonymous*, about a young psychiatrist who is struggling with his sexual identity. In the excerpt, he is being interviewed by a senior psychoanalyst for a training position in an institute but is turned down because he is gay. However, the analyst assures him, homosexuality can be cured: "It will be as simple as...getting a vaccine." Later in the play, the young psychiatrist attends the 1972 APA meeting at which Doctor Anonymous appears. Glass goes on to note that for contemporary viewers, the most shocking revelation in his play is the fact that at the time homosexuality was actually considered a mental disorder and conversion therapy was standard practice.

Headcase tells a story that begins with alienation and suffering in the past, but gradually reveals a more enlightened present, and quite possibly a brighter future. However, as these stories indicate, there is still plenty of turbulence along the way. The anthology's historical axis moves from the pre-1972 era of pathology to the contemporary era of affirmation. The book's personal axis includes struggles of writers and artists to achieve or preserve their mental wellness in a health care system that is still not completely

accepting. The artistic axis ranges from straightforward historical reporting to intensely personal revelations.

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Editor's note: The article "Medical leadership and the strange case of Dr. Anonymous," ran in *The Pharos*, Winter 2019 issue, pages 40–44.



The Book of Essie: A novel

Meghan MacLean Weir
Knopf; 1st Edition edition (June 12, 2018), 336 pages.

Reviewed by Richard Bronson, MD
(ΑΩΑ, New York University, 1965)

I was happy to review this novel as Meghan Weir (ΑΩΑ, Renaissance School of Medicine at Stony Brook University, 2006) was one of our former medical students.

I enjoyed this novel immensely and found it quite remarkable that a practicing pediatrician had the organizational skill, creativity, and stamina to bring it to fruition. *The Book of Essie* draws you in, the plot is intense, the writing fast paced, and there are few moments of lethargy. The story is timely, a mirror of our intense times. Its dramatic quality becomes its strength, and a potential weakness. The emotional intensity of the protagonists and the problem Essie's family faces, which one learns about on the first page, entice the reader to read more. Dialogue dominates and each chapter draws one in, provoking the readers to proceed to the next episode.

Ester (Essie) Hicks, the protagonist, speaks for herself throughout the novel, as do Roarke Richards, a gay male high school classmate of hers whose parents' business is failing, and Liberty Bell, a reporter-media consultant, who as a child lived in a Christian commune that had a violent confrontation with the police after occupying a visitor center in a national forest. These characters speak for themselves in separate chapters as their stories intertwine throughout the novel.

Essie has grown up under the view of a very large television audience, in a reality TV program based on her father's role as a charismatic evangelist. Celia Hicks, Essie's mother manages the reality TV show, and is the dominant force in the family. We only encounter Essie's

parents through her eyes, as is also the case with Calib Hicks, Essie's brother, who is running for a seat in the Congressional House of Representatives.

By the end of the first page, one knows that Essie is pregnant, the seminal event which will drive the plot forward and envelop each of the characters. Celia decides that Essie must marry to protect the family reputation and their evangelical television franchise, and plans for Roarke Richards to be the groom. What happens when Essie decides to take charge of her life is the story that follows.

Late in the course of the book we learn how Essie conceived. We find her alone with her father, on the night before her wedding:

I hear a noise...it is just the whisper of air as it is forced out of a cushion...It's father sitting there. I try to remember the last time we were alone. 'Daddy?' I say softly. 'What are you doing down here? Does mother know you are up?' He continues to look out the window without answering and I bend over slightly so that I can see what he sees, the streetlight and the clouds parting to reveal the moon. 'Your mother is asleep,' he manages finally...He turns away from the window and I feel his gaze slide over my face as if memorizing it and then his eyes reluctantly break away... Daddy absently twists his wedding ring around his finger... Then looks out the window again. 'Your mother, once she gets her heart set on something, well...she wanted you married, so you're getting married...' He looks truly at a loss and I feel the anger all over again. Even if mother has not told him directly, how could he fail to guess? 'I'm pregnant.' I say in a moment of pique. Daddy absorbs this as if the revelation is an actual physical blow. 'Jesus' he breathes...He looks at me again, his eyebrows drawn together. I do nothing to interrupt the silence...'I did my best,' he says finally.^{p283}

Pastor Hicks will be officiating Essie's wedding. Is he a believer in what he espouses? Why has he relinquished his protective role as a father? What are his feelings toward his wife? Does he harbor a bitterness, a sense of compromise, even hate? Perhaps *The Book of Essie* is more a medieval morality play. I will not be a spoiler by telling you how this novel ends, but I will note that I sense a sequel in the making.

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