

pact of the incontrovertible epidemics of smoking's "signature" diseases, eg, lung cancer, inevitably motivated tobacco control. In a number of countries, as shown by the case studies, a few individuals were able to use this powerful evidence to force the implementation of tobacco control measures. In France, for example, oncologist Maurice Tubiana was able to convince health minister Simone Veil of the seriousness of the growing tobacco problem in that country and catalyzed initial tobacco control efforts. More recent French efforts to control tobacco can be credited in large part to five physicians who relentlessly used the evidence and social and professional connections to motivate tobacco control reform.

The title *Unfiltered* was intended to signal the book's objectivity, and the editors and authors generally have academic backgrounds and have not been directly active in tobacco control. Perhaps this intent led to a surprisingly neutral evaluation of the tobacco industry's role in causing widespread cigarette smoking and the consequent epidemic of disease and death. Some of the countries covered have had national monopolies and others are home to aggressive multinational corporations—Philip Morris USA and Philip Morris International, British American Tobacco, and Japan Tobacco, Inc, for example. The case studies describe these companies and their influence but not their tactics, particularly as told through the industry's own documents. The "lessons learned" might have included a primer on industry tactics, including infiltration of legislative bodies and influence on their actions, efforts to undermine scientific evidence on adverse health effects of smoking and of exposure to secondhand smoke, and organized opposition to achieving smoke-free indoor environments. Some consideration of the industry's efforts to undermine scientific evidence on secondhand smoke might have been offered, as secondhand smoke and clean indoor air restrictions were a common theme in the case studies. In places, *Unfiltered* uncritically echoes claims that the

evidence for adverse effects of secondhand smoke is weak and controversial.

The tobacco control challenge for this century lies in the countries of the developing world, which have the majority of the world's current and future smokers. There is great uncertainty as to whether the lessons learned from the case-study countries can be extended to these countries. Moreover, it is not clear whether the cases inform a future landscape of tobacco control that will be dominated by multinational tobacco companies with the opposing force of the Framework Convention for Tobacco Control, if implemented. *Unfiltered* does not cover these countries nor does it speak directly to this future. In fact, its message of specificity in the evolution of tobacco control at the national level implies that the developed countries of the case studies may not provide appropriate models for the many developing countries now facing rising cigarette smoking.

Unfiltered may provide useful background as other public health epidemics associated with multinational corporations are addressed. This new book and other sources document the product features and industry actions that led to an epidemic and the need for multiple control strategies that are framed appropriately for the national context. Those concerned with limiting obesity, diabetes, and cardiovascular disease arising from unhealthy food consumption driven by multinational corporations will likely find many parallels in tobacco.

Jonathan M. Samet, MD, MS
Heather L. Wipfli, MA
Institute for Global Tobacco Control
Johns Hopkins Bloomberg
School of Public Health
jsamet@jhsph.edu

Psychiatry

Szasz Under Fire: The Psychiatric Abolitionist Faces His Critics, edited by Jeffrey A. Schaler (*Under Fire Series*), 450 pp, paper, \$36.95, ISBN 0-8126-9568-2, Chicago, Ill, Open Court, 2004.

THOMAS SZASZ IS A PSYCHIATRIST AND psychoanalyst well known for his condemnation of what he sees as the co-

ercive nature of psychiatry and state control. He has achieved both notoriety and admiration for his testimonies against the insanity defense, his support of freedom to commit suicide, and his fiercely libertarian views on such issues as illegal drugs and the provision of medical service—a nutshell synopsis that does not do justice to the vehemence with which Szasz opposes "psychiatric misdeeds" (p 50) and government control over our bodies. He has long condemned the "fraudulent character of psychiatric nosology" (pp 294-295) and disputes conventional understanding of mental illness. For example, he views "hallucinations as disowned self-conversations and delusions as stubborn errors or lies. Both are created by 'patients' and could be stopped by them" (p 324).

This challenging collection of essays and ripostes is the first volume in the *Under Fire* series, in which a selection of critics submit their analysis of a writer, and the writer responds to each one in turn. The advantage of such a format is immediate engagement in a lively debate. Thus, after a brief introduction by the editor and an almost impressionistic autobiographical sketch, we are launched into R. E. Kendell's warm and thoughtful discussion of modern psychiatry and Szasz's "heretical views" (p 29), followed by an equally warm and thoughtful rebuttal by Szasz.

The disadvantage of the *Under Fire* format is that there is often insufficient room to elaborate on very complicated ideas, many of which have developed over lifetimes of scholarship. Furthermore, we are sometimes left with references to arguments from decades past, the warring of old enemies who have not found a common ground in 40 years of publication and are not about to do so now. After the initial exchange, many of the papers and responses become cold, even acrimonious. Szasz begins his reply to a cheerful and provocative essay by Ronald Pies by saying that "Pies writes as if he were a philosopher-king, looking down from his Olympian perch on his quarreling child-subjects" (p 354). Indeed.

Although Szasz has clearly been marginalized, philosophically as well as professionally, from the mainstream psychiatric and scientific discourse, he is not as alone as he thinks he is. The dissident canon is rich with fiction and memoir concerned with the nexus of psychiatry and state control, from such prominent novels as Ken Kesey's *One Flew Over the Cuckoo's Nest* to reminiscences like Louis Althusser's disturbing work *The Future Lasts Forever*. Likewise, many academic disciplines, perhaps most influenced in recent years by Foucault (whom Szasz appears to despise), have critically examined medicine and psychiatry. Unfortunately, there is little contextualization of Szasz's thinking by Szasz himself or his critics within the vigorous contemporary theories and movements that developed from this dissident canon. Fascinating discussions of Kant, Wittgenstein, and R. M. Hare enliven this book, and these figures should have much to contribute to our thinking about medicine and psychiatry but do little to make this text seem less anachronistic.

Whereas Foucault could prize apart the fronds of political and social exigency in a purportedly objective scientific transaction, Szasz comes at it with a sledgehammer. But then Szasz asserts that he is fighting against "psychiatric slavery," and he correctly points out that "abusive situations, many would argue, require an absolutist rather than relativist ethic" (p 84). Szasz acknowledges the impasse between himself and many of his critics, quoting Ethan E. Gorenstein that their positions are "fundamentally irreconcilable" (p 363). To employ one of Szasz's much-used analogies, would an abolitionist take much comfort in knowing that his or her antislavery texts are used by slaveholders to improve the conditions of their slaves?

Thus, always provocative and stimulating, sometimes belligerent and bullying, Szasz refuses to budge. At times he displays an intransigence coupled with spite that smacks of bigotry; some of the other papers likewise have a cursory disregard for neuropsychiatry that appears to be more prejudiced than well

argued. Into this strange collection, where the well-reasoned and the dogmatic collide, often in the same paragraph and sometimes in the same sentence, we see some quite real bigotry slip through. In a letter written by Sir Karl Popper to Szasz, Popper commends Szasz: "I am entirely on your side in your fight against the psychiatrists and their intolerable power; and I am glad that you have written against Freud and against Jewish nationalism and racialism as you did . . ." (p 137). One wonders how often such anti-Semitism informs antipsychiatry sentiment in general; it should be noted, however, that Szasz and his family had to leave Hungary in the face of impending Nazi persecution.

Several perspectives that might have deepened the text are missing. An experienced neuropsychiatrist able to respond to—if not entirely resolve—Szasz's harsh dichotomy between the physical lesion and "mental illness" would have countered some of the more simplistic reductionism. (The editor apparently tried to recruit a representative but was met with some resistance.) Similarly, the book lacks a human rights perspective to bring some shadow to Szasz's fierce absolutism. (George Annas provides a blurb for the cover, but someone of his caliber might have added much to this collection.) Many argue that Szasz's insistence on a physical lesion as the essence of medical nosology is too narrow in its exclusion of psychiatry; it is also too narrow a definition for medicine per se. A narrative medicine perspective that returns the story and the patient's experience to the healing process as a fundamental aspect of both psychiatry and medicine might have been more challenging and current than several otherwise edifying debates about Virchow.

The imperfections of this book—from careless editing and inconsistent spelling (jumping between British and American spellings, sometimes in the same paper) to the wildly uneven quality in the papers and Szasz's responses—give it a dynamism and an anger. One cannot help but be drawn into it. Reading the book was like watching two

people have a political argument on the train during rush hour: one wants to shout out one's own opinions (occasionally prefacing them with a livid, "You're both wrong! . . .").

Szasz does not seek compromise, he seeks abolition: of psychiatry in general, of power relations in medicine, of state control over what we do to our bodies. His rebellious views will sometimes be refreshing and sometimes infuriating to physicians, forcing them to assess and reconsider their principles and their ethics on such subjects as the "reality" of illness in general and mental illness in particular, physician-assisted suicide, and addiction.

Although Szasz will be remembered as a psychiatrist who fervently argued that mental illness is a myth and that psychiatrists are not proper physicians, the last word here might well belong to a group of psychiatry residents. In a letter included in this volume, protesting Szasz's firing from Syracuse Psychiatric Hospital in 1963, they say (p 397): "Without freedom of expression, psychiatry can lay no claim to science. We are not so much afraid for Dr. Szasz, we are afraid for psychiatry."

Schuyler W. Henderson, MD
Columbia University
New York, NY
HendersS@childpsych.columbia.edu

RECEIVED

Biology

On Human Nature, by Edward O. Wilson, 25th anniversary edition with a new preface, 260 pp, paper, \$18.95, ISBN 0-674-01638-6, Cambridge, Mass, Harvard University Press, 1978, 2004.

Emergency Medicine

Color Atlas of Emergency Department Procedures, by Catherine B. Custalow, 205 pp, with illus, \$129, ISBN 0-7216-0447-1, Philadelphia, Pa, Elsevier Saunders, 2005.

Emergency Medicine on Call for PDA, by Samuel M. Keim (*McGraw-Hill Mobile Consult*), one CD-ROM, PC, Win 95/98/NT/ME/2000/XP or Macintosh OS 7, 20 MB free space, Palm OS 4.0, PocketPC/Win CE: PocketPC 2002 or 2003 OS, Palm 2.6 MB, Win CE/Pocket PC 3.7 MB, Internet connection, memory cards supported, \$44.95, ISBN 0-07-143878-5, New York, NY, McGraw-Hill, 2004.