

## BOOK REVIEWS

**Diseases of the Breast.** By C. D. Haagensen, M.D., Professor of Clinical Surgery, The College of Physicians and Surgeons, Columbia University, New York. Cloth. \$16. Pp. 751, with 429 illustrations. W. B. Saunders Company, 218 W. Washington Sq., Philadelphia 5; 7 Grape St., Shaftesbury Ave., London, W.C.2, England, 1956.

This well-written comprehensive book is the product of years of the author's experience and painstaking study on the wards, in the operating room, and in the pathological and experimental laboratory. It manifests an uncommon intellectual curiosity and devotion to detail on the part of the author, who has made an effort to separate fact from the clinical impression, theory, and fancy found in the literature and to correlate it with the carefully compiled data from the Presbyterian and Francis Delafield hospitals and from his private practice. The extensive bibliography is described as "selected." The author may give the impression of being dogmatic at times, but in most instances the background of fact and reasoning behind his conclusions is apparent. One need not agree with all the ideas presented to appreciate their importance. The classification of benign diseases is simple and clear. Some may consider it oversimplified, but it eliminates the confusion of eponyms, excess verbiage, and separate categories for variations of the same disease. The chapter on the cause of cancer of the breast is excellent. A careful distinction is drawn between established fact, reasonable conclusions, and theory. The discussion might have included more extensive treatment of the extrachromosomal factor in the incidence of experimental carcinoma in animals.

The techniques of biopsy, excision of benign tumors, duct exploration, and radical mastectomy are well described and well illustrated. The supraradical procedures are given some consideration. The step-by-step development of the author's criteria of operability is well recounted. The statistical superiority of the microscopic over the clinical basis of determining operability is clearly demonstrated. One may question certain aspects of the practical application of triple biopsy, but a strong and thought-provoking case is made for this procedure. The selection of therapy for different types and stages of carcinoma is discussed and the results carefully analyzed. The successes and failures are reviewed in an effort to improve end-results and leave the patient with minimal disability. The book is a splendid contribution and should be read by all who are interested in diseases of the breast, but it must be read carefully to obtain the maximum value. It is a valuable reference work and should be a part of the library of every medical institution and of every surgeon who deals with diseases of the breast.

These book reviews have been prepared by competent authorities but do not represent the opinions of any medical or other organization unless specifically so stated.

**The Rape of the Mind: The Psychology of Thought Control, Menticide, and Brainwashing.** By Joost A. M. Meerloo, M.D., Instructor in Psychiatry, Columbia University, New York. Cloth. \$5. Pp. 320. World Publishing Company, 2231 West 110th St., Cleveland 2, 1956.

This book is about thought control in general and about brainwashing or menticide in particular. Its somewhat alarming title attests to the author's journalistic talent but seems to reflect also his deep concern about the sinister subject of this work. During World War II, while he was still in Holland, the author saw some of the effects and learned about the methods of this new weapon of totalitarianism. A number of his countrymen who were members of the underground movement had been subjected to the methodical use of torture and mental coercion by the Nazis and came to him for psychiatric treatment. Finally, he too was exposed to the subtle brutality of this systematic "destruction of man's mind." His interest in menticide was deepened by the trial of Cardinal Mindszenty and by the reports on the indoctrination and collaboration of American and British prisoners of war during the Korean war, especially by the signed "confession" of Colonel Schwable (U. S. Marine Corps) that the United States was carrying on bacteriological warfare. The author was called to testify as an expert in the trial of Colonel Schwable, and he stated that in his opinion nearly anybody subjected to the tortures of such coercive thought control would confess to crimes he had not committed.

The author describes the techniques that may lead to such individual submission: the application to human beings of Pavlov's experimental conditioning of dogs, the repetition of doctrines, the isolation of the individual from any other influences on his mind, the breaking down of old patterns to make room for the new. This political pressure to conform is met to some degree by a great urge in human beings to be conditioned, to learn, to imitate, and to conform. Other more or less subtle methods have been used to "drag down man's mind into servile submissiveness": drugs, hypnosis, and narcoanalysis. They all help to penetrate into the inner recesses of a person's thoughts and memories, provoking anxieties, fears, and feelings of guilt that in the end will make a person utterly dependent on his jailer.

In the second part of the book the techniques of mass submission are investigated. Simple advertising and propaganda are some aspects of nonpolitical as well as political strategy to influence and change the feelings, thoughts, and desires of the masses. The "big lie" and the monotonous repetition of nonsense have more emotional appeal in a cold war than logic and reason. This part contains many observations on the streamlining of man's thoughts even in our country. There are some undue generalizations but also forthright statements and reasoned advice. A third part deals with factors that seem to make a person or a country more vulnerable to thought control and menti-

cide, such as the creeping intrusions into our minds by technology and bureaucracy, special forms of prejudice and mass delusions, and the influences that prevailing thoughts and ideologies may have on a person's concept of loyalty. A person may be led to treason by man's talents for self-betrayal. Small initial compromises with a person's own principles and beliefs will ease the way for more and more compromises: "The turncoat is in each of us." In the final part of the book the author searches for ways to counteract—individually and collectively—the dangers of thought control and menticide. In his experience those men resisted brainwashing longer whose inner conflicts could not easily be aroused or who had inwardly overcome them and who never felt alone. "Mental courage and moral backbone go deeper than the intellect." It is up to our education to plant moral courage into the hearts of the young; the courage to accept fate and duty and responsibility and to stand for moral principles, for the freedom and dignity of the individual human being, and for one's own conscience and independent thinking. This book is not a scientific treatise: it was written for all who can read, and it is worthy of being read.

**Organized Home Medical Care in New York City: A Study of Nineteen Programs.** By Hospital Council of Greater New York. Cloth. \$8. Pp. 538, with 11 illustrations. Published for Commonwealth Fund by Harvard University Press, Cambridge 38, Mass.; Oxford University Press, Amen House, Warwick Sq., London, E.C.4, England, 1956.

This book describes an ambitious attempt by the Hospital Council of Greater New York to evaluate organized plans for medical care in New York City, including 16 programs operated by municipal hospitals and one each by the Montefiore Hospital, the New York Hospital-Cornell Medical Center, and the department of welfare. The need of care for those with chronic illness is becoming acute as our population continues to age, and the management of those disabled because of chronic illness and even by old age itself becomes more and more of a problem. Some effective means should be devised to provide care for many chronically sick elderly persons in their homes. As this study shows, most of these persons strongly desire to remain at home, and their families, despite the difficulties and sacrifices often entailed, prefer to retain their parents in the home.

In considering the programs for organized home medical care in New York City, it should be kept in mind that under these programs only the indigent and the medically indigent are provided for; this is in contradistinction to the various other types of home-care programs that require premium payments for insurance and that do not provide the nursing, social services, and other ancillary services that must be provided in comprehensive home-care programs. The major objective of this study does not concern itself with hospital beds or hospital costs but with the character of service rendered to the patients.

In addition to attempting to evaluate existing programs for organized home care, an attempt was made by direct interviews with patients and their families to determine the reaction of both to the programs in operation and to study the means that might be used

to improve the standards of these programs and that might better integrate them with legitimate hospital care. The method of interviewing, which was based on consultation with a medical statistician, carries the risk of leading to false conclusions.

The book includes detailed studies, presented without bias, of the problems of personnel, administration, integration of home care with hospital care, and the costs involved. It freely criticizes the shortcomings and disadvantages that are encountered in municipal hospitals particularly. A recurring theme is that sick people want to be shown individual attention and to feel that they have a physician who is interested in them and will continue taking care of them as long as they are ill. This study reveals the tragically increasing lack of interest on the part of many physicians in their patients as human beings. Physicians too often fail to appreciate that patients are beset not only by the woes of illness but also by various social, domestic, economic, and emotional problems, many of which are of vastly more concern to them than their illness.

The success of any home-care program depends primarily on the type and number of physicians assigned to the program. The discussion of the various systems that may be used in selecting physicians for home-care programs is enlightening. The roles of residents on part-time assignment from inpatient service, part-time physicians in private practice, full-time physicians (not residents), and licensed practitioners in the community who desire to participate in the program are all discussed. The system of employing home-care physicians on a full-time basis is represented as likely to attract physicians of low caliber. This observation was made as a result of interviews with patients who complained of infrequency of physician calls, the brevity of calls, and the fact that the physician might not even take off his hat during his visit or might "examine my heart with his hat in his hand." Another evidence of the lack of interest by some physicians working under such a system is that at times they would not let the patient know that their place would be taken by another physician. This lack of continuity of physicians was of great concern to most of the patients. In the matter of transition to new physicians, it was amazing that in the municipal hospitals the patient was unaware of and unprepared for a change of physicians in 67.5% of cases, whereas in the voluntary hospital programs only 14.3% were unprepared. All in all, it was found that the use of physicians of reasonably high clinical ability was found to be necessary for the success of a home-care program. The higher the quality of the physician selected for home care, the better the care was certain to be; also, such care would be appreciably improved if the Joint Commission on Accreditation of Hospitals would evaluate the home-care programs operated by the hospitals that are subject to their evaluation.

The adjustment of a patient and his family to the home-care situation was found to be more satisfactory in those homes in which attitudes and relationships were good prior to the patient's illness. In 12 of the municipal programs there was no provision for coverage of patients by physicians on nights and week