

Disadvantage

Within Our Reach: Breaking the Cycle of Disadvantage, by Lisbeth B. Schorr, with Daniel Schorr, 398 pp, \$19.95, New York, NY, Anchor Press, 1988.

Most of us were brought up to believe that, in contrast to most of the rest of the world, we Americans are an egalitarian society of opportunity where all have a chance to succeed. Given the rapidly growing disparity between the rich and poor in our country, that belief is as credible today as the tooth fairy.

The past two decades have seen a marked reversal in the relative status of children and elderly. A higher proportion of elderly have achieved financial security, while, owing mostly to many more single mothers, a higher proportion of children live in poverty. This trend is driven, according to Preston,¹ by the distribution of political and economic power. The elderly are relatively powerful because they continue to be more of them, they vote, their children don't want to support them, and the rest of us want to be secure when we become old. The interests of children, on the other hand, are mainly furthered by their parents and workers in the children's field, neither group in possession of much political or economic power.

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It is the rare community that can escape the consequences of this change in our social fabric. The litany of horrors such as the deterioration of our urban public schools, homeless children, teenage pregnancy, welfare dependency, and juvenile crime is recounted with chilling monotony in newspapers and television. Like the floods in Bangladesh and the famines in Sudan, however, the sheer immensity of the problems seems to produce a sense of futility. Is it all so hopeless? Emphatically not, says Lisbeth Schorr. Breaking the cycle of disadvantage, she claims, is "within our reach."

Schorr has been at the forefront of national efforts to improve the lot of poor children since her days as a foot soldier in Lyndon Johnson's War on Poverty. With the help of her husband, the distinguished broadcast journalist

Daniel Schorr, she has written a useful sourcebook for those who, like her, are not ready to give up. She calls for a new national commitment to bring interventions proven to be successful to all American children growing up amid poverty, despair, and family disintegration. She describes a variety of health, family support, and education programs aimed at high-risk children that have achieved their objectives. For example, reductions in teenage pregnancy are claimed as a result of clinics in St Paul's (Minn) high schools; fewer low-birth-weight infants resulted from California's OB-Access program; less child abuse occurred as a result of Homebuilders in Tacoma, Wash, and intensive public health nurse intervention in Elmira, NY; and dropout rates were reduced as a result of innovative public school programs in New Haven, Conn, and Prince George's County, Maryland.

Some claims of success do not stand up to rigorous scrutiny. For instance the assertion that "the steady drop in infant mortality between 1965 and 1980 is the most notable example of Medicaid's contribution to improved child health" is an example of fuzzy thinking.

The most valuable part of the book is its emphasis on the themes common to the successful programs that Schorr identifies. Some examples: (a) Programs directed to high-risk children must be broad based and flexible. "Successful programs recognize that they cannot respond to those 'untidy baskets' of needs without regularly crossing traditional professional and bureaucratic boundaries." (b) "In the next decade's efforts to break the cycle of disadvantage and dependence, first priority must go to making intensive high quality services available early in the life cycle to the populations at highest risk." In other words, it is true that the children of parents who work on Wall Street need child care, but not as badly as those who live in the South Bronx. (c) Because of their flexibility, successful programs are sabotaged by entrenched bureaucracies. Cited as an example is the fate of the Elmira child abuse prevention project, one that does withstand scientific scrutiny.² "What is perhaps most striking about programs that work for the children and families in the shadows is that all of them find ways to adapt or circumvent traditional professional and bureaucratic limitations when necessary to meet the needs of those they serve." How true!

Despite the useful insights, *Within Our Reach* is basically an exhortation to take up arms without a battle plan. Schorr says, "As more information about the effectiveness of timely intensive intervention comes to public attention more Americans will see the wisdom, indeed the necessity of investing in help to families at risk. . . ." I disagree. Since when do the public and our policymakers depend on factual knowledge to make decisions? Just as the advocates of other causes, child advocates must know how to influence political decisions in order to be effective. The above notwithstanding, Lisbeth Schorr has written a valuable book that will appeal to those who are stirred to action by reasoned argument.

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1. Preston SH. Children and the elderly in the US. *Sci Am*. 1984;251:44-49.
2. Olds DL, Henderson CR, Chamberlin R, Tatalbaum R. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*. 1986;78:65-78.

Cross-Cultural Medicine

Hand Trembling, Frenzy Witchcraft, and Moth Madness: A Study of Navajo Seizure Disorders, by Jerrold E. Levy, Raymond Neutra, and Dennis Parker, 196 pp, \$23.95, Tucson, University of Arizona Press, 1987.

The various tremulous and dissociative disorders have fascinated human societies and labeled individuals within these societies for eons. In this anthropological monograph, the authors have pursued a dual approach in the study of these disorders by utilizing the epidemiologic methods of modern anthropology in parallel with the diagnostic acumen of Western medicine. The uniqueness of this particular study is its documentation of the clinical and social course these individuals followed historically over the 20-plus years of the study. Because of the comprehensive nature of health care provided by the Indian Health Service and the social and geographical isolation of the Navajo, Hopi, Zuni, and the Tewa-speaking Pueblos of Arizona and New Mexico, this is a unique study, perhaps never to be repeated.

The computerization of the Indian Health Service medical record system in 1977 helped identify patients from these tribes who had grand mal epilepsy, hysterical disorders, and a variety of other seizure disorders. These data were compared with ongoing epidemio-

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logic data being collected in the field by the three authors since the mid-1960s.

The monograph begins with an in-depth examination of Navajo and Pueblo disease theory, healing practices, and their various mythical origins. A special chapter acquaints the reader with the spectrum of epilepsy and hysterical disorders and attributes the high rate of epilepsy among all the Indian groups studied to the various environmental factors associated with poverty, alcoholism, and infantile meningitis. Later chapters explore the life careers of Navajos with epilepsy and hysteria and the disorders' cultural association with incest, frenzy witchcraft, and hand trembling, as well as the ability of the Navajo culture to separate these disorders into distinct categories quite accurately, utilizing an as yet poorly understood classification system. The well-defined and quite distinct social roles Navajos ascribe to these categories are explored in depth, and their historical and cultural relationship to the surrounding tribes is compared.

Navajos classify illness by supernatural cause rather than by signs and symptoms as in Western medicine. The dissociative states or complex partial (psychomotor) seizures have been interpreted in the Navajo culture to be due to "frenzy witchcraft" in which a young female victim becomes the sexual target of a witch and experiences paroxysms of simple or complex automatic movements, often with a psychosis and hallucinations. The authors note that all these victims had extreme psychological conflicts with their own fathers and question the possibility of hysterical rage reactions in this complex disorder.

The individual with unilateral trembling of an extremity as seen in simple partial seizures or in hysterical conversion reactions was not mistaken in the Navajo culture to be a "hand trembler" as might be expected. The authors suggest that "hand trembling" is a learned behavior that is passed down through familial lines. Hand trembling is a supernatural gift of the Gila Monster in which illnesses are diagnosed, lost objects found, and witches identified.

The signs and symptoms of grand mal seizure disorders are interpreted in Navajo culture to be secondary to sibling incest and are called "moth madness" in which the affected individual twists and convulses and is likely to fall into a fire as a moth is attracted to the flame. The authors compared the life careers of Navajos with grand mal epilepsy with those of their Pueblo cohorts and found that these Navajos with "moth madness" exhibited more severe psychological problems, probably because of the

disvalued nature of the disorder and its associations with sibling incest. This association is explored in depth historically, socially, and mythically, and it is often found to be self-fulfilling in nature. The authors offer the theory that during the period of intense puebloization (1680 to 1770) of the Navajos, clan endogamy became the cause of serious diseases, and the subsequent dispersion of Navajo clans after 1770 with the isolation of pastoralism led to strict rules against sibling incest and consequent beliefs regarding this seizure disorder.

This book is original in its thesis, unique in its depth and breadth, but confusing and difficult to read because of the complexity of the medical, mythical, and cultural issues it explores. It is recommended reading for all medical anthropologists and anyone interested in the cultural aspects of seizure disorders or the health care of the specific Indian tribes discussed.

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Neurology

Parkinson's Disease and Movement Disorders, edited by Joseph Jankovic and Eduardo Tolosa, 499 pp, with illus, \$79.50, Baltimore, Md, Urban & Schwarzenberg, 1988.

This multiauthored volume consisting of 33 different chapters written by 47 authors, including highly respected experts in this field, is a judicious and well-balanced mixture of basic neuroscience regarding the anatomy, physiology, and pharmacology of the basal ganglia and the clinical diagnostic and therapeutic approaches to the various movement disorders. The latter includes discussions of surgical intervention as well as the quite recent neurotransplant approach in the treatment of Parkinson's disease and other neurodegenerative disorders. The largest portion of the book is quite understandably devoted to discussions of parkinsonism.

In addition, there are several chapters dealing with topics that are rarely given the consideration they deserve. These include excellent and thorough discussions of tics, akathisia and the restless leg syndrome, cramps, and myalgia, the cognitive impairments associated with Parkinson's disease and other movement disorders, and the different types of myoclonus. There is an informative chapter on magnetic resonance imaging of movement disorders. Each chapter is followed by an extensive and up-to-date bibliography.

There are several rather surprising omissions in a book that purports to be all-inclusive. There is no discussion of

Sydenham's chorea, senile chorea, or chorea gravidarum; the choreoathetosis of cerebral palsy is not mentioned, nor is there any discussion of some of the more intriguing forms of movement disorders such as Friedreich's myoclonus multiplex or the electric chorea of Bellini and others believed to be psychogenic in origin and so lovingly described by Kinnier Wilson in his 1940 textbook.

I cannot avoid comparing this book, with its highly scientific approach, to what was unquestionably the first compendium of movement disorders, published by Ernst Herz and Tracy Putnam over 40 years ago, long before the days of videotape, in which such excellent use was made of multiple cinematographic frames to illustrate the abnormal movements.

This book is obviously not designed for the nonneurologist, but the physician who treats patients with these disorders will find it an extremely valuable addition to the bookshelf.

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Saigon Medical School

Saigon Medical School: An Experiment in International Medical Education (An Account of the American Medical Association's Medical Education Project in South Viet Nam, 1966-1975), by C. H. William Ruhe, Norman W. Hoover, and Ira Singer, 266 pp, gratis (limited number of copies available from Department of Book and Pamphlet Fulfillment, American Medical Association), Chicago, American Medical Association, 1988.

It is remarkable how quickly a current event becomes history. Even more remarkable is how certain events, when their history is read, seem nearly inexplicable. How did the events of the time make logical the actions?

This book is a serious, almost day-by-day explication of how the American Medical Association and substantial university medical centers got involved in seeking to create an American medical school and hospital satellite in Saigon, Vietnam.

This report is by three of those who were deeply involved. All three of the authors gave years of their prime time and effort to the Americanization of the Saigon Medical School, and my remarks, written more than a decade after the departure of the United States from Vietnam, have the obvious flaw of carping from the safety of today, without the pressures of patriotism, the desire to demonstrate commitment, or the excitement that swept up these medical educators 20 years ago.

However, the correct way to judge this book is by the accuracy with which