

adds a methodologically rigorous approach to the diagnosis and management of diseases, which is necessary to practice state-of-the-art medicine in a society increasingly focused on preventable errors. The text has full color with useful color-coded diagnostic and treatment algorithms.

The foundation for the book, following *Cecil's* long tradition, starts it off. Chapters on "Social and Ethical Issues," "Principles of Evaluation and Management," "Prevention and Environmental Medicine," "Aging and Geriatrics," "Clinical Pharmacology," "Genetics," and "Principles of Immunology and Inflammation" make an excellent entry into disease- and organ-specific chapters that follow. While "Prevention" is especially thoughtful, superbly written, and grounded in evidence-based practice, "Principles of Evaluation and Management," with sections on the art and practice of bedside medicine, is a bit strident in its emphasis on the rational clinical examination. These are minor quibbles, as overall those chapters I reviewed in greatest depth are comprehensive, organized, and stylistically accessible.

The CD-ROM gives users real-time access to a dynamic, expandable, and highly interactive e-version of the textbook with much to offer those willing to accept some of the inefficiencies of Internet learning in return for unparalleled access to an expanded repertoire of resources. Most important, the CD allows authors and editors to update sections when new information arrives and to direct readers to recent publications, research, and warnings that may influence clinical practice. Drug alerts, medical news updates, and links to Web sites—for government, evidence-based medicine, internal medicine, and subspecialty organizations and societies—provide one-stop shopping for information on medicine and health care. An abundance of icons can add immeasurably to the reader's knowledge and access to self-directed learning. Icons include those pointing to online videos, an Image Library at the end of each chapter, notes, streaming vid-

eos for common procedures (eg, joint injections), and searching. I was especially entranced by the Image Library, a novel concept. One can highlight an image of interest and drag it into a "lightbox" icon, where it can be viewed, archived, e-mailed, or downloaded to a handheld device or PowerPoint presentation. Remarkable. Similarly, written text may be dragged to the "Notes" icon for later viewing or downloading to desktops or handhelds.

Problems with e-learning may frustrate some readers. Despite having high-speed home and work Internet connections, I found reading online text slowed because the viewable window is limited to fragments of chapter subheadings. The interruption of text flow makes it necessary to constantly click to move to the next page or even paragraph. Users with slow Internet connections are likely to be especially perturbed, and it is problematic when one is spending as much time navigating as reading. Some learners may prefer to use the e-version for more limited fact searches, images, note taking, or video reviewing. However, I had trouble accessing the videos despite multiple attempts—owing, perhaps, to a bug in the program or my facility with e-learning, but still annoying. Some online options might strike readers as a tad gimmicky, eg, the "Weekly Case Challenge" run by the chief medical residents at San Francisco General Hospital, a teaching tool for residents that comes with weekly prizes. An unarguably brilliant concept—made possible by the Internet—is the ability to click on citations at the end of the chapter and go directly to a MEDLINE abstract, which in turn may link to the article. This hotlink ability is a definite plus, but one runs the danger of meandering circuitously through a cyberspace forest. To be fair, most of these criticisms hold for electronic searches and online texts in general. Self-assessment questions, regularly updated "Evidence-Based Alerts," and the monthly "Cecil's Challenge Cases" round out a somewhat overwhelming menu of options on the e-version.

Goldman and Ausiello make a fine pairing, one a clinician-researcher, the other a physician-scientist. They have done a superb job of melding the best of the old *Cecil* with the sensibilities and technology of 21st-century medicine. The book links explicitly fundamental clinical, bench, and public health research with evidence-based clinical medicine, with a particular eye toward common clinical problems. This emphasis infuses *Cecil* with utility for students, practitioners, and researchers alike. Similarly, the incorporation of new technologies bridges the generations and will appeal to learners young and old who prefer the thrill of surfing the Web to the comfort of a good solid read. Quite possibly, Goldman and Ausiello have given the 22nd edition of this venerable textbook a 21st-century remodeling, which sets a new standard that others are sure to follow.

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Mental Illness, Movies

People Like Ourselves: Portrayals of Mental Illness in the Movies, by Jacqueline Noll Zimmerman (*Studies in Film Genres*, No. 3), 166 pp, \$34.95, ISBN 0-8108-4876-7, Lanham, Md, The Scarecrow Press, 2003.

IN JANUARY 1904, A MENTAL PATIENT dressed as Napoleon protests the food served in his hospital room by throwing it at the attendant. Shocked, the attendant summons two others to give the patient a beating. Left alone, the patient escapes from his cell and flees the sanitarium. He is chased through the countryside by the three attendants, skillfully evades them, and quietly returns to the hospital. The battered attendants limp back to find him calmly reading a newspaper.

This is the first mental patient to be depicted in the movies, in an American Mutascope and Biograph one-reeler entitled *The Escaped Lunatic*. What is sad about the caricature, including the Napoleonic garb (which I attribute to the high prevalence of neurosyphilis in prepenicillin days), is that

it represents a common image of the mental patient in many of the popular media for much of the 20th century.

Jacqueline Noll Zimmerman, retired professor of English and film studies at a number of universities, sets out to combat this stereotype in her aptly titled *People Like Ourselves: Portrayals of Mental Illness in the Movies*. The title recalls psychiatrist Harry Stack Sullivan's dictum, "We are all much more simply human than otherwise, be we happy and successful, contented and detached, miserable and mentally disordered, or whatever."¹

Zimmerman describes more than 70 American movies, from *Rebecca* (1940) to *A Beautiful Mind* (2001). She always seeks the common humanity of the protagonists apart from their diagnosis, which is of secondary importance to her, and limits herself to movies that she believes treat mental illness sympathetically and honestly. Zimmerman intentionally does not deal with movies that exploit the subject of the mentally ill or with comedic, horrific, or violent depictions, of which there are many. In each chapter, she describes films that portray a conflict or problem common to many of us, including the price of conformity, the denial of reality, the role of women, and creativity. One chapter is devoted to films of Alfred Hitchcock, another to the psychological consequences of war.

A few of the films presented by Zimmerman are favorites of mine that have been generally overlooked. *A Fine Madness* (1966) features the classic confrontation between the artist and the psychiatrist. When a poet tells his therapist, "You protect what is; I envision what can be." John Cassavetes' *A Woman Under the Influence* (1974) depicts the serious tensions between a troubled woman and her caring but clueless husband.

As this book documents, the dominant mode of treatment in movies is psychotherapy. Any treatment seen as coercive, eg, drugs, electroconvulsive therapy, is generally viewed with horror. Only one movie, I believe, has presented a favorable view of electrocon-

vulsive therapy, namely, *Fear Strikes Out* (1956), a mostly true story of the mental illness of Boston Red Sox baseball player Jimmy Pearsall. Of psychosurgery, which occurs in several of the films Zimmerman discusses, nothing positive is said, nor does the influence of heredity receive much credence.

Zimmerman overlooks or ignores some plot details, such as the boundary violations by many therapists in the movies, often quite effective, or the use of psychosurgery in *A Fine Madness*, but this in no way detracts from her narrative. I wish that she had opened her bibliography to some of the better known works in the psychiatry-and-film literature, such as Glen and Krin Gabbard's *Psychiatry and the Cinema* (American Psychiatric Press, second edition, 1999) and Harvey Greenberg's *Screen Memories* (Columbia University Press, 1994). However, I applaud Zimmerman's efforts in choosing and describing a variety of movies that portray the human aspect of mental illness. *People Like Ourselves* should interest movie buffs and physicians looking for positive portrayals of mental illness.

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1. Perry HS. *Psychiatrist of America*. Cambridge, Mass: Harvard University Press; 1982:28.

Civil War, Illness

Rehabilitating Bodies: Health, History, and the American Civil War, by Lisa A. Long, 332 pp, with illus, \$49.95, ISBN 0-8122-3748-X, Philadelphia, University of Pennsylvania Press, 2004.

MORE THAN 620 000 AMERICAN SOLDIERS died between 1861 and 1865, a cost as great as all other US wars combined through Vietnam. One of four soldiers died of disease, and another 500 000 men were left permanently disabled. In *Rehabilitating Bodies: Health, History, and the American Civil War*, Lisa A. Long analyzes the physical and psychological significance of this human slaughter and carnage.

Long begins on July 21, 1861, when hundreds of District of Columbia resi-

dents packed picnic lunches to view the first Civil War battle. Expecting victory, these picnickers soon panicked as shells exploded around them and the equally frightened Union soldiers retreated. Accounts of what happened at Bull Run were intent on imposing some order on the panic and confusion. However, because the war was "shockingly unreal, unpredictable, and ultimately untellable," such accounts failed. This first scene becomes a symbol for the war's destruction and chaos and the tens of thousands of books have tried to recapture, reenact, and rehabilitate Civil War bodies since that time.

Through seven chapters and an epilogue, Long focuses on this attempt at rehabilitation. The project centers on a number of subjects, including the United States Sanitary Commission, Civil War nursing, and the 200 000 African Americans who participated in the war as soldiers and nurses. With special attention to issues of gender and race, each chapter concentrates on various historical, imaginative, and medical texts that are part of this continual attempt to control and define bodies and events and establish logic where there is none.

Chapter 1 discusses the Civil War work of Dr S. Weir Mitchell, the father of American neurology and creator of the rest cure. In 1862 at the age of 33, Mitchell became a US army surgeon and worked at the Filbert Street Hospital, the US Army Hospital for Diseases of the Nervous System, and, finally, at Turner J. Lane Military Hospital alongside Drs W. W. Keen and George R. Morehouse. Soldiers suffering from neurasthenia, hysteria, hyperaesthesia, phantom limb pain, and degeneracy were sent to Turner Lane as a last resort. Several publications resulted from Mitchell's pioneering work there, including *Gunshot Wounds and Other Injuries of Nerves* (1864) and *Injuries to Nerves and Their Consequences* (1872). *Gunshot Wounds* soon became the authority on nerve injuries, containing the first distinct descriptions of phantom limbs, ascending neuritis, and burning pain or *causalgia* (a term