

Selected Articles from *The Individual* July 1996

Society for Individual Freedom

Since 2002, each new issue of the SIF's journal, *The Individual*, has been uploaded onto the SIF's website at www.individualist.org.uk as a PDF file. Before that, online availability was very limited.

To remedy this, we have reconstructed back-issues of the journal using only the core articles. We hope that you will find them of interest. Any comments should be directed to the current editor of *The Individual* at editor@individualist.org.uk.

Please note that views expressed herein are not necessarily those of the SIF but are printed as a contribution to debate.

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REAL WELFARE: SELF-RELIANCE OR STATE DEPENDENCY?

Professor David Marsland

The liberty of the individual is gravely threatened by many different forces in modern Britain. They range from Eurofederalism, through Big Business paternalism, to the excesses of the tabloid media. Not the least dangerous of these threats to our freedom is the Welfare State.

Our British Welfare State is one of the oldest, biggest, and most corrosive of liberty of them all. The state has seized an almost complete monopoly of funding, control, delivery, and regulation in education, health care, income support and employment protection; and massive influence in pensions and housing. State welfare has schooled us to take for granted that the Nanny State will provide for all our needs. It has stripped us of our natural capacity for enterprising self-reliance.

Its destructive threats to personal liberty and to the autonomy of the individual take many forms:

- It outlaws or severely limits the rights of consumers of "welfare" to a genuine choice of alternative, competing suppliers. It thus delivers them into the constricting straightjacket of state bureaucracy.
- It prohibits, or savagely inhibits, the participation of potential suppliers in the provision of flexible, high-quality services, restricting supply to inefficient, costly state monopolists.
- It imposes on taxpayers an escalating, extravagant danegeld, and forcibly abstracts from their pockets an arbitrary fine on their freedom which they would spend more wisely as individuals than the state can ever manage.
- It further invades the people's freedom by distracting into welfare funding essential state expenditures which should be devoted to efficient defence and crime control.
- Worst of all, the welfare state undermines the psychological foundations of personal autonomy by sapping individuals of their native capacity for enterprising, self-reliant rational behaviour. By its discouragement of prudence and initiative, and its sentimentally utopian support for idleness and for reckless lack of foresight, it gradually transforms a free people into a subjugated mass of underclass serfs.

In the light of its destructive impacts on liberty, supporters of freedom and individualism should be in the front rank of critics of state welfare. The Welfare State is not, as its supporters claim, the *sine qua non* of civilised society. On the contrary, it is to be faulted on many grounds.

First, the whole concept of the "Welfare State" is philosophically incoherent, and inevitably productive, in consequence, of irresolvable contradictions. It means all things to all men, and nothing sensible to anyone.

Second, the forward march of normal economic progress, and the massive generalised increase in living standards which prosperity has generated, make the bloated system of universal state welfare entirely unnecessary.

Third, the costs of the Welfare State have escalated to a pitch which threatens national bankruptcy. Levels of state expenditure, taxation, and public debt are all grossly excessive.

Fourth, the Welfare State is largely ineffective. The inevitable consequence of its monopoly power, its bureaucratic character, and its inattention to the varied needs of individual people, is that it fails routinely to help those who genuinely need special support. It squanders billions of pounds every year on third-rate services delivered to the wrong people, in inappropriate ways, to little useful effect.

Last, *and worst of all*, it wreaks enormously destructive harm on its supposed prime beneficiaries — the vulnerable, the disadvantaged, and the unfortunate. It makes of perfectly normal, entirely capable people who happen to be in temporary difficulty, a fractious, subjugated underclass of welfare dependents. It cripples the enterprising, self-reliant spirit of individual men and women, and lays a depth-charge of explosive resentment under the foundations of our free society.

Reforming the Welfare State

Reform is essential because state welfare is subverting our freedom and corrupting our most precious institutions — marriage and the family foremost among them. It is proving a more destructive "enemy within" of the values of our civilisation than national or Bolshevik socialism ever were from outside.

A small and changing minority of people need safety-net support from time to time. The vast majority do not. We should turn the whole machinery of state welfare over, gradually and by voluntary choice, to the market and voluntary agencies.

The state should play no part in the ownership, funding, or delivery of welfare services for the prosperous majority in the mainstream of society. It makes no more sense for the state to supply education, pensions, housing, or health care in Britain than for the state to produce machinery in China or food in Russia. The free, competitive market simply does it a great deal better.

There should be wholesale liberalisation and straightforward privatisation of education, health care, housing, pensions, unemployment insurance, income protection, postal services, transport, and most local government services. All these functions could be taken over by the commercial insurance industry, mutual associations, trade unions, voluntary agencies, independent schools, colleges, hospitals and clinics, and other specialist companies competing in a free market of welfare.

As far as the bulk of the population is concerned, the State's role should be restricted to regulation. Enormous reductions in taxation should be possible. Most people could look after

themselves and their families, with prudent self-reliance, out of their own moral and economic resources, insuring against misfortune, planning for their futures, choosing freely among competing suppliers of real welfare.

For those — very few — people who are incapable from time to time of looking after themselves from their own resources, the state should remain responsible through a *National Special Assistance Programme*. This does not require the massive machinery of the Welfare State. Modest help organised through the tax system and by means of small-scale local organisations, making maximum use of voluntary, non-state agencies, would be quite sufficient.

In order to minimise dependency, loans should be preferred to grants, and help should not be provided except in return for effort — workfare, participation in training, therapy where appropriate. The whole system should be based on need — which should be demonstrated and closely monitored, rather than on (fictitious) rights. The exclusive, objective, and justifying mission of the Programme should be *to restore clients as quickly as possible to self-reliance*. The Welfare State, by contrast, positively encourages unemployment, single-parenthood, spurious invalidity, fraud, criminality, and underclass dependency. A Special Assistance Programme organised along these lines would provide much more effective help than the Welfare

State has ever done for those who genuinely need support. People — of whatever political persuasion — who have the real interests of the disadvantaged at heart should defend radical welfare reforms unapologetically.

Towards a self-reliant future of freedom and real welfare

The market, with its open opportunities for producers and consumers alike, and civil society, with its optimal role for voluntary co-operative action, comprise together the major arena for the development and expression of genuine liberty. In the sphere of so-called welfare, we have allowed this precious arena of individual freedom to be squeezed and crowded out for a hundred years and more by a rapacious, bureaucratic State.

If we value our liberty and treasure our precious rights as individuals, we should all do everything we can to cut the Welfare State down to size and replace it with institutions more appropriate to a free people.

The above article briefly covers the main points of Professor Marsland's latest book — **Welfare or Welfare State?** By David Marsland. Published by Macmillan, March 1996. Pp. XX + 259, Price HB £45, PB £14.99. ISBN: HB 0333631 129; PB 0333631 137.

PUBLIC HEALTH OR PRIVATE CHOICE?

Professor Antony Flew

"The Social Affairs Unit," as *The Times* once said, "is famous for driving its coach and horses through the liberal consensus, scattering intellectual picket lines as it goes." One of its favourite opponents has been what Dr Peter Skrabanek used to call "coercive healthism." To understand what is meant by this expression it is helpful to recognise a distinction which he did not himself develop; namely, the distinction between public and private goods. *Everyman's Dictionary of Economics* defines the former as "commodities or services with three properties: they are non-rival, i.e., they can be ... enjoyed by an increasing number of people without the amount available to others being diminished ... ; they are available to everyone in the catchment area independently of the size or existence of payment; and they cannot be withheld from non-payers and must therefore necessarily be financed by collective agreement enforced by law."

One of the examples offered in that *Dictionary* is the "anti-malarial treatment of still-water". For such treatment has to be applied to all the still water over some substantial area if any of its inhabitants is to be effectively immunised against the bites of malarial mosquitoes, and once it has been applied no additional treatment is needed to accommodate any incomers. Most of what were traditionally accounted public health policies — such as the great nineteenth century sanitary reforms associated with the name of Edwin Chadwick — were policies to produce what were, in this understanding, public goods.

But nowadays what are offered as public health policies, policies to promote the *Health of the Nation*,¹ are more often than not collective measures intended to induce individual members of the public in question to behave in ways which, they are officially assured, will result in their individually acquiring for themselves the paradigmatically private goods of their living longer and healthier lives. In so far as such policies do succeed in fulfilling the professed intentions of their promoters, they will necessarily result in improvements in *some* of the national health statistics. (So long as all human beings remain mortal it will be impossible for any policies to achieve a simultaneous improvement in *all* these statistics. For if we don't die earlier of this we shall certainly die later of that.)

Coercive "healthism" is the state-sponsored promotion of public goods in this second understanding of that expression. Typically coercive healthism involves what Skrabanek called anticipatory medicine. The old, "traditionally preventive medicine ... was limited mainly to vaccination against specific diseases";² and, we may add, took immediate prophylactic effect in all or almost all cases while few if any patients suffered any harmful effects. Even those of us most committed to the ideal of small and strictly limited government would be hard put to it strongly to object to the employment of tax money to finance advertising campaigns designed to persuade everyone to have such vaccinations.

But anticipatory medicine is very different. It "indulges in

probabilistic speculations about the future risk of 'multifactorial' disorders ... and promises clients that, provided that they have their risk factors regularly evaluated and appropriately modified by adhering to ... a 'healthy lifestyle,' most if not all diseases can be prevented or at least their onset almost indefinitely postponed."³

The important point about risk factors for multifactorial disorders is that they are not as such known to be causes which are bound eventually to result in those disorders. The risk factor for a particular disorder may be larger or smaller in different countries or at different times. Nor is it true to say: either that everyone incurring some particular risk factor will eventually suffer the corresponding disorder; or that everyone not incurring that risk factor will in consequence be spared suffering that disorder.

To say that *this* constitutes a "risk factor" in the incidence of *that* is merely to assert that a statistically significant correlation exists between the two. So, even where it is practically possible to reduce the incidence of some risk factor, that risk factor will not *necessarily* prove to have been a cause the removal of which prevents the occurrences for which it is a "risk factor." Thus to assume without experimental evidence that removing a risk factor will prevent the associated disease is a gross and elementary mistake. Nevertheless this mistake is made throughout the 1992 White Paper *Health of the Nation*.⁴

The best evidenced as well as the best publicised of all such risk factors is the risk of dying of lung cancer — a risk incurred by heavy smokers of cigarettes. "To be precise, the smoking/lung cancer link fulfils the 'canons of epidemiological proof' as laid down by the late Sir Austin Bradford Hill, and which are based on elementary rules of logic."⁵ Nevertheless we should also be told — as by the Ministry and its hired guns in ASH,⁶ the anti-smoking lobby, we never are — that for Greece the so far uncalculated risk factor must be very much smaller than it is for the UK. For Greece, with the highest *per capita* cigarette consumption in the world, has an unusually low incidence of lung cancer. Even in the UK life is most unfair. For not only do many lifelong never-smokers eventually die of lung cancer, but also do many lifelong heavy smokers nevertheless contrive to die of one of those diseases officially warranted to be "smoking-related"; and that at more than the Biblical "three score years and ten."⁷ The most important relevant but never mentioned fact is, however, that, notwithstanding that success would yield simply enormous contingency fees to the plaintiff's lawyers, no one has yet succeeded in proving to the satisfaction of any US court that any single, particular death actually was caused by heavy smoking. To readers of *The Individual* it will no doubt appear self-evident that decisions whether or not to incur any of the risks indicated by the coercive "healthists" are decisions which we all have a moral right to make for ourselves in the light of our own individual preference structures. In making such decisions about risks it is rational to recognise that the promised average increases in life expectations are remarkably small, and to remember that if we do not die sooner of one thing we shall certainly die later of something else, and possibly much worse.

Public health policies of this new, second sort provide us with one more textbook example of how government, by attempt-

ing to do things which government ought not even to be attempting to do, becomes incompetent to do things which either government alone can do or which on occasion government can do better than any alternative agent. For here we see government, which perhaps might usefully devote a little of our money to ensuring that everyone can have access to information which they need in making their own health decisions, instead preferring to suppress some relevant scientific findings whilst exaggerating the import of others in order to induce everyone to adopt and to maintain whatever is from time to time the officially approved lifestyle. (The qualification "from time to time" has to be made. For, although hostility to alcoholic drinks and tobacco products are apparently constants, there have been drastic reversals in dietary policies.)

Almost everyone actively involved in promoting these "new look" public health policies is effectively misguided, whether or not they are aware of it, by what has been usefully nicknamed the "Lalonde Doctrine." This doctrine was openly advocated by Marc Lalonde, sometime Minister of National Health and Welfare in the Government of Canada, in *A New Perspective on the Health of Canadians*.⁸

Chapter 9, significantly titled "Science versus Health Promotion," makes the crucial point clearly: "Science is full of 'ifs,' 'buts,' and 'maybes' while messages designed to influence the public must be loud, clear and unequivocal." Noting that scientists are divided on issues like the bearing of exercise and diet on coronary heart disease, Lalonde went on to insist that, such indeterminacy notwithstanding, "action has to be taken ... even if all the scientific evidence is not in." His conclusion is that, "The scientific 'Yes, but' is essential to research but for modifying the behavior of the human population it sometimes produces the 'uncertain sound' which is all the excuse needed by many to cultivate and tolerate an environment and lifestyle that is hazardous to health".

But now, if and when the available scientific evidence is thus insufficient and/or ambiguous in its implications, how can the politicians and civil servants promoting policies of behavioural modification nevertheless themselves pretend to know what the problems actually are and what are the right ways of solving those problems; in what directions, that is, whose behaviour has to be modified?

NOTES

1. London: HMSO, 1992.
2. *The Death of Humane Medicine and the Rise of Coercive Healthism* (London: IEA Social Affairs Unit, 1994), p.31.
3. Ibid. p. 32.
4. See, for instance, Petr Skrabanek, *Preventionitis: The Exaggerated Claims of Health Promotion*.
5. Ibid., p. 26.
6. Since spokespersons for this organisation regularly reckon to refute opponents simply by charging them with being in the pay of the tobacco industry, it becomes relevant to point out that ASH receives from the Ministry each year rather

more than that industry gives to FOREST, the Freedom Organisation for the Right to Enjoy Smoking Tobacco. So its favourite pseudo-refutation backfires on ASH.

7. Spokespersons for ASH love to calculate how much it costs the NHS to treat terminal lung cancer patients, but without making any offsetting estimates of the costs of treating those patients had they survived to die a vastly more protracted and expensive death from Alzheimer's. So far the highest of the

estimates from ASH has in any case amounted to only one seventeenth of the state's take from tobacco tax. In contemplating that figure as a lifelong never-smoker — in the last year it amounted to over eight billion pounds — I cannot but see smokers as benefactors preventing the taxes which I have to pay from rising even higher.

8 Ottawa: *Information Canada*, 1974.

DUNBLANE, GUNS, AND EXCUSES

Paul Anderton

The shooting and deaths of a teacher and 16 young children in a Primary School in Dunblane, Scotland, on Wednesday March 13th 1996 was certainly a major and sickening tragedy. However the knee-jerk public reactions to it by the media and politicians, though perhaps predictable, have nevertheless been largely ill-considered and irrational.

Most predictable and ill-considered has been the demand for the total banning of firearms in private hands or, at least, the drastic tightening up of the regulations for their possession. In fact, of course, the *legal* private possession of firearms in Britain is almost the lowest in the world. A "total ban" would obviously have the consequence that the only people with access to firearms would be government agents (Armed Forces and Police) or criminals, both of whom would be under considerable temptation to abuse the "privilege." Obviously the government and its media supporters are not likely to emphasise the former possibility, though the second gets a lot of exposure. I hope readers of *The Individual*, even if they have no interest in firearms themselves, will not regard this as a trivial matter. The powers of central government to control and survey private behaviour have greatly increased since the end of the second world war in spite of much talk about increased freedom. The further denuding of the civilian population of the "last resort" technological means of resistance must be taken seriously.

On this topic the usual comparison is with America. There, the widespread private ownership of firearms is said to be the "cause" of the high murder rate and prevalence of armed robberies. This is, however, dubious as seen by comparison with Switzerland in particular, and most of the rest of Europe in general. In Switzerland practically every household owns a gun (usually a rifle) and in the rest of Europe hand guns are much more widely held than in Britain.

If any "justification" is sought for restriction of gun ownership among the civilian population, America is often used as a warning of how dangerous private ownership is. But if increased restrictions on, for instance, money "laundering" or censorship, and harsher penalties are proposed, then America is presented as an example to follow. Palpable results show that the conclusions from these examples could most appropriately be reversed. Harsher penalties have obviously completely failed to "solve" American crime problems but have in

fact resulted in the complete alienation of a considerable proportion of the population; and not only among the "underprivileged." A recent survey found that 45% of the American population was dissatisfied with the Federal Government — particularly the activities of tax-collectors.

The main American private gun enthusiasts are organised as "militia" — *which arguably have constitutional status according to the 2nd amendment* — and apparently amuse themselves with organised exercises simulating military training. This generally gets a bad press and pejorative descriptions such as "war games" or "middle-aged men pretending to be adolescents."

However, they apparently do no harm to anybody — unlike the Drug Enforcement Agency which every year kills quite a lot of people in its futile efforts to prevent non-prescribed "drug abuse," as well as a number of innocent bystanders. More significantly, some American "gun enthusiasts" have been suggesting that armed resistance to further government encroachments on their private finances and perceived freedoms might be necessary in the foreseeable future "to maintain the principles of the American constitution." Though there are members and even groups which espouse near-Nazi attitudes — who, of course, get a completely disproportionate amount of attention — they are a tiny minority. Most are actually libertarian to some extent — their devotion to guns and training being the best psychological reassurance they have that they can ultimately assert their perceived "rights."

Such "perverse" developments are quite impossible in Britain because of the present gun laws — "and thank God for that" one can almost hear the chorus from that great British majority who are content to vest their security and freedom in the State.

In fact it is possible to discern at least four kinds of psychological attraction for guns (and to some extent other "offensive" weapons).

Some people are attracted by ingenious mechanical devices. And guns are quite interesting, technically, being a considerable achievement in design and manufacture. Other ingenious working devices include quite a range of toys, Victorian musical boxes, model steam locomotives etc. They all have their devotee collectors, and why not?

Second, there are the sportsmen/women. For them the gun is the means by which they demonstrate their skill in placing bullets accurately on a target or (perhaps unfortunately) in some non-human creature. In this case the gun is a tool to demonstrate a skill, rather like a golf-club or a snooker-cue (both of which are occasionally used in homicide), in the perhaps equally strangely appealing activity of getting a ball into a hole. The purely practical use for vermin-control or game preserving is a part of this utilisation even if the user has no direct interest in guns.

Then there is the possibility of using the gun to impose personal power on other people. The usual actual use for this purpose is as a threat as in armed robberies. Also, on the large scale, and in combination with much more effective weapons, in international relations ("Political power grows out of the barrel of a gun" — Mao Tse-Tung). Sometimes, and relatively rarely, the imposition of power takes the ultimate form of actual use resulting in injury or death of innocent bystanders or unintentional participants, such as cashiers or security personnel. The fear of this happening to oneself is the chief source of the widespread fear of firearms and their possession by, possibly depraved, individuals.

Fourth, there is the unmentionable motive: that of ultimate personal protection against either criminals or the government itself. This is unmentionable because it implies less than perfect confidence in the ability of government to provide the protection it claims as its basic justification, or even (and this is real George Orwell forbidden thought) suspicion that supposedly democratically benign government is in fact drifting towards a "velvet tyranny." This latter by the judicious exploitation by politicians, bureaucrats, and media hate-mongers, of transitory scares and panics — such as wild gunmen, drug dealers, City swindlers, pornographers, child-abusers, illegal immigrants, dole cheats, political terrorists, money launderers, and so on according to the flavour of the month — leading to demands for "something to be done," the "something" invariably being more restrictions and curbs on individual liberty. Anybody worried by the failure of government to control violent criminals — whose activities are much publicised when more money is needed for "law enforcement" — might well feel that a gun under the pillow is a wise precaution. And possibly of use someday if the "velvet tyranny" does go too far (assuming it hasn't already).

So having braved one forbidden thought let's try just one more: serious consideration of what we might deduce about the motives of the mass murderers themselves. The trouble here, of course, is that any supposed discussion which does not contain a high proportion of terms such as evil, deranged, perverted, insane, and inhuman is likely to be dismissed as "sympathising with the criminal" or "finding excuses for depravity." However, logically, such terminology is actually a description of the reaction — obviously legitimate — of the observers of the event rather than an explanation of it. And it is explanation that is required for effective response, not an opportunity for moral indignation and knee-jerk reactions.

In the first place nobody murders several other people at once then *kills himself deliberately* without being under considerable emotional stress. The "planned suicide" aspect surely deserves some attention even though most people will probably see it

as a "good thing" (apart from destroying the opportunity for planned vengeance against the murderer). Suicide is usually a result of either a profound disappointment of their "purpose in life" or a last desperate desire for attention from some spectacular act (the "martyr complex").

And a reaction of violence towards one or more people with whom previous relations had been affectionate, *when expectations of them are irrevocably disappointed* is, in fact, quite common. So far as Thomas Hamilton (the Dunblane murderer) is concerned, he had a long history of attempts to form some sort of relationship with young boys through clubs for "youth activities" — all of which seem to have foundered because of suspicions about his real motives. We don't really know how far these suspicions were justified, but it seems that Hamilton himself was sure they were not and lobbied parents to that effect. Of course, what feels like genuine affection and concern by one person for others might well appear very different to the prospective beneficiaries of it, who might well interpret it as interference or sexual harassment. Perceptions do vary with points of view, as is well known. It is quite possible, and not at all outside the range of previous human behaviour, that Hamilton was motivated by extreme revenge for a long-standing perceived wrong — quite out of proportion and unjustified of course, but not particularly mysterious. If he was sure he had been seriously "wronged" by the parents of Dunblane by frustrating his attempts to "help" their children then what better revenge than to destroy the children?

Whether tendencies to such extreme and unbalanced reaction to disappointment and rejection could be deduced from some sort of psychological testing is not certain, but is hardly likely to be impossible. Obsessive, self-centred, single-minded, people with no sense of how minor their own activities are in the general scheme of things are not all difficult to detect even without specialised tests. It is an obsession with self or supposed injustice that is the real danger, not specifically sexual or political tendencies — or an interest in guns.

Then, almost as if on cue, there came reports of another massacre by a lone gunman in Port Arthur, Tasmania. From the preliminary information it looks as if he was *not* similarly motivated to Hamilton — or Michael Ryan of Hungerford for that matter — because he showed no inclination to kill himself. So this will quite likely turn out to be motivated essentially as ultimate vandalism — the desire for self-assertion and recognition expressed by destroying and defacing things other people value, the ultimate being life itself.

The fact that guns and killing are involved in all cases does not necessarily imply that they have the same motivational origin. *Perhaps more significant is the fact that these massacres occurred in "close-knit communities."* As Matthew Parris observed in *The Spectator* (March 23rd, page 8), "There is an incipient fascism in community. Folk means *Volk*. Community stifles. Community snoops. Community wounds. The Archbishop of Canterbury has called for a great national debate. Let it start with an acknowledgement of the horrors of community." Or is the idea that the real trouble is with the "small world, closed minds, secure neighbourhood" atmosphere too disturbing to consider seriously?

Meanwhile isolated tragic incidents should not be taken as an

excuse for generally discrediting gun owners, or assuming that any interest in guns must be due to dubious motives. The

scramble of politicians and media sensation-mongers to find an excuse for Draconian controls is much more sinister.

MODERN FEMINISM

Avedon Carol

Although you wouldn't notice to look at it now through the distorting eye of the media, the movement currently known as "feminism" started off as something called "women's liberation." Its brief was to free women from the strictures of a double standard, to offer more choices to women, and to create a move toward openness and equality with men.

Some days it all seems to have gone horribly wrong. Far from offering women more choices, some feminists seem intent on narrowing choices for everyone — for women, imposing an authoritarian standard that is devoid of sexuality and looks remarkably like Victorian femininity without all the ruffles and frills; for men, well, not much of anything, really. Unless you're "gay," of course.

It isn't new, you understand. There have been numerous waves of women's liberation under one banner or another throughout at least the last 150 years, but each time a repressive backlash from within the movement seems to shoot it down. Once, Victoria Woodhull achieved the astonishing feat of being the first woman ever allowed to address the US Congress when she campaigned for women's suffrage (in 1875), but later the movement repudiated her for continuing to insist on "free love." Just as the flappers of the 1920s gave way to the social purity campaigns that followed, so did the liberationists of the 1960s suddenly find themselves in pitched battle with "sisters" who wanted to stuff the genie of sexual exploration back into the bottle.

Students of history may have noticed a pattern here: the social purity movements of the first part of the 20th century were precisely what modern feminists — women's liberation — felt most constrained them, still, by the 1960s. Although the debate was largely couched in terms of what men had done to women, the fact was that women themselves had done much

to create the social bindings that so constricted modern women. Feminist historians acknowledge that wave after wave of feminism has splintered and become embarrassing as anti-sex feminists took over the movement and joined with the power structure to weaken the freedoms their colleagues had fought for.

This wave of feminism may have been luckier than most. Because the baby-boom generation had so many women in it, the rift through the movement left many groups of women's liberationists intact despite the emergence of new feminist puritans. The history of fights against censorship by feminists, and fights against feminism by censors, was stored in modern media that was harder to erase than it had been for earlier revisionists. Perhaps because of the birth control pill and other technological advantages, modern women's liberationists had not been forced entirely out of the picture by social Puritans. Still, anti-sex women have managed to capture the media image for feminism. They are more respectable, more acceptable, and broadcasters feel comfortable allowing these women to represent the whole of their movement and, indeed, of their sex, for public consumption. A woman who deplors pornography or sexual licence sits comfortably with the traditionalists whether she calls herself a feminist or a Christian.

But such a woman is no women's liberationist; she stereotypes both women and men and offers no critique of the real sexism in our society, preferring to reduce the issue to nothing more than sex and its images. Most importantly she reinforces, rather than challenges, the double standard, and in so doing reduces the choices available to us all.

Avedon Carol is a founding member of Feminists Against Censorship and the author of "Nudes, Prudes and Attitudes" (New Clarion Press).

DOCTORS DENIED DATA: DISCOVERY ACKNOWLEDGED

Peter Jackson

A report to the Council of Europe in 1994 indicates that the SIF was the first organisation in the world to discover that much of the most important information on the long-term results of medical treatments was unavailable, even to doctors, and that much of it does not exist. The significance of these findings is that with the best will in the world doctors often give treatments based only on drug company literature and

personal experience of a limited number of cases in their own practice.

Our Chairman, Mike Plumbe, commented that it is extraordinary that the SIF should be the one organisation to notice this situation and that we should examine the reason for this. The explanation lies in the route that we have followed in seeking

for patients to be given proper warnings of side-effects. This led us to ask the question: "What is the most important long-term information that a patient should know?" The answer which we came up with was: "The long-term aims and long-term effects of treatment." Anyone could have asked this question and would presumably have come up with the same answer.

For a year or so the Government and Royal Societies ignored our findings but recent correspondence from the Department of Health has confirmed what we have been saying — that this long-term information is indeed not available for drugs and many other common treatments. This was final confirmation of work which had already been welcomed as consistent with their experience by many patients' groups such as Victims of Tranquillisers and human rights organisations including MIND and Citizens Commission on Human Rights.

As a result of reports of our activities in the press a number of people have written to their Members of Parliament calling attention to our findings and recommendations. Submissions to our committee have included the results of a survey carried out by the United Kingdom Advocacy Network from June to August 1995 to find out views of people with direct experience of ECT. We have also received a survey of psychiatric patients on the results of their treatments which was conducted from within Broadmoor!

Our recommendations have been refined somewhat over the last year and certainly apply in very good measure to controversial treatments such as ECT. We are now asking that there should be long-term continuous records concerning treatment and subsequent results for 500,000 people (less than 1% of the population). If each country of Europe were to provide

similar data for a corresponding proportion of their population, the information resulting would be even more useful and could save enormous sums out of the billions spent on the Health Service. This information would also include the effects of different lifestyles and different medical approaches, all of which would be invaluable for comparing the results of different treatments and for preventive medicine.

Current trends appear to be moving in our direction. The journal, *What Doctors Don't Tell You*, Volume 5 No 2, is calling for an end to drug secrecy. Evidence-based medicine, defined as "The process of systematically finding, appraising and using contemporaneous research findings as the basis for clinical decisions" (*Brit. Med. J.*, 1995: 310: 1122-1126) is now beginning to be a most important influence according to our National Council member, Dr Victor Bloom.

A recent 45 page NHS Executive Briefing shows that the Secretary of State for Health is now very concerned with the availability and accessibility of information. In it he says that "there must be sufficient information on effectiveness, and it must be made available within the NHS in a way that is accessible to managers, clinicians and patients alike." This initiative, titled *Clinical Effectiveness*, was intended to assist NHS management to find its way through a labyrinth of records and studies so that it has the most up-to-date available information. But it must be noted that very little of the booklet concerns the long term.

So far the Department of Health has not taken up our recommendations, although it seems inevitable that these will have to be implemented at some stage to simplify the present confusion and to fill the enormous gap in medical knowledge that we have discovered.

REVIEW OF DAVID GREEN'S *EQUALIZING PEOPLE; MEDICARD: A BETTER WAY TO PAY FOR MEDICINES?* (CO-AUTHOR DAVID LUCAS); *REINVENTING CIVIL SOCIETY*; AND *COMMUNITY WITHOUT POLITICS*

Martin Ball

These four excellent works from the Institute of Economic Affairs Health and Welfare Unit's "Choice in Welfare" Series (2 Lord North Street, London SW1P 3LB) provide a comprehensive charted introduction to David Green's approach to the question of Welfare Reform. In them David Green has certainly established himself as one of the prime innovators of post-Thatcherite and genuinely individualist thought in a modern social context.

In *Equalizing People* Green asserts that "new" socialism no longer wishes to nationalise the means of production but aspires instead to achieve "social justice." However, there are three main problems with this new socialist vision of social justice. It equalises those services which are commercialised and leaves out those financially unrewarded services, such as

mutual support and advice from family and friends. The redistribution element has led to vote-buying where the electorate are bribed into voting for parties promising benefits. Finally, punitive taxation has, rather than transferring power to the poor, increased the power of the state at the expense of all individuals.

Medicaid advocates a radical review of the way we provide medicines. This new system will: still enable the poorest people to continue receiving medicine free of charge; limit the maximum overall expenditure that people may have to incur for NHS drugs in a year; and encourage doctors to ensure that patients are fully informed about the costs, benefits, and risks of taking medicines. This last point will be endorsed by SIF members seeking more openness from the medical profes-

sion.

In *Reinventing Civil Society* Green criticises Thatcherite economic rationalism for blinding public policy makers to the real flaw of welfarism: that, by narrowing opportunities for the service of others, it has eroded the sense of personal responsibility and mutual obligation on which a free society rests. Green advocates that we urgently create space for the re-emergence of institutions devoted to the idealistic service of others. This evolution of new voluntary welfare associations is no utopian dream. Consider the provision of welfare before collectivisation crowded out some of the finest institutions ever produced by human ingenuity and idealism.

The latest of these publications, *Community Without Politics*, is unequivocal that "the welfare problem is not primarily financial but moral." Welfare programmes have undermined the ethos of "community without politics," whereby rather than looking to the state the majority of people assumed personal responsibility for fostering a "public but not political" domain which cared for those who were not able to support themselves. The loss of the tradition of non-political help has had two harmful moral effects. Firstly, it has rendered welfare services less effective in their central task of bringing out the best in those temporarily requiring assistance. Secondly, it encourages people to look to governments rather than use their own

strengths and skills for solutions.

While the work of Green, and others, is invaluable in intellectualising our instincts against the dangers of welfare programmes, the aversion to these programmes is acquired through everyday experiences. Consider, if you will, my recent encounter with a representative of the welfare state's "future." This unemployed female was open in her assertion that £52 dole money per week wasn't enough to live on. She even appeared genuine when asking me how did I expect her to live on that. My response was that many people shared my opinion that she shouldn't have the money in the first place. Turning the conversation around to how she was going to change her circumstances I enquired about her efforts to increase her income, perhaps by getting a job? She merely patted her stomach and proudly proclaimed that she had that sorted out. Yes, she was six months pregnant. "Nuff" said. Except, as far as welfare reform is concerned, it's not the economy, but: "It's the *moral* dimension, stupid."

Equalizing People, 65pp, ISBN 0-255-36262-5

Medicaid: A Better Way to Pay for Medicines? (co-author David Lucas), 33pp, ISBN 0-255-36278-1

Reinventing Civil Society, 166pp, ISBN 0-255-36279-X

Community Without Politics, 184pp, ISBN 0-255-36364-8

REVIEW OF DR THOMAS RODER, VOLKER KUBILLUS, & ANTHONY BURWELL'S *PSYCHIATRISTS: THE MEN BEHIND HITLER*

Paul Anderton

Freedom Publishing, Los Angeles, USA. 408pp, \$24.95, ISBN 0-9648909-1-7

The Nazi era in Germany, roughly between 1932 and 1945, under the dictatorship of Adolf Hitler, has always been something of a puzzle and in fact an embarrassment for political and social theorists. A barbaric and savage regime was established and sustained in a country with some of the best credentials for culture, artistic and literary achievement, scientific and industrial progress, state education whose efficiency was much admired, and religious conformity. Moreover, Hitler was elected under a democratic system and encountered little resistance to implementing his plans for a virtually unlimited extension of state power.

The usual explanations are in terms of the economic consequences of the extraordinarily inept Versailles treaty at the end of the First World War and the even more inept policies of the subsequent German governments resulting in disastrous inflation, mass unemployment, and a demoralised population. But broadly similar circumstances have occurred in other times and places without such bizarre consequences.

This book propounds the theory that the real driving force behind Hitler and the Nazis was psychiatry in general and the

ideas of certain named individual psychiatrists in particular. It must be said that the book is certainly a very impressive piece of research which breaks new ground in the study of the Nazi era, and has extensive references and index. Psychiatric doctors were prominent in developing the "philosophies" of racial superiority of the Aryan people, "mental hygiene," and the practice of eugenics for "racial purity" as a result. Diagnoses of "mental or moral deficiency" were, in effect, death certificates and at one time psychiatrists were actually paid to issue them — the more they issued the more they were paid! (p. 59). This "euthanasia" programme of around 1939-40 introduced the methods of mass murder used in the notorious concentration camps.

Also new and disturbing is evidence that both individuals, and their notions of racism and "mental health," prominent in the Nazi era, were still extensively employed after the war. Very few psychiatrists who had taken part in Nazi practices were prosecuted, and even fewer punished in any way (though some committed suicide). In fact those who "played their cards right" with the Allied authorities obtained significant positions and appointments. Some emigrated to America where they were a major influence on post-war "mental health" developments there. These and other considerations, such as adolescent and child psychiatry and the history of in-

vative and mostly ineffective treatments such as ECT and various drugs, are dealt with in great detail which is authoritative and interesting. There is so much that a summary is hardly practical in a reasonable space, the only solution being to read it for oneself.

However, it is obvious that "pure" historical research was not the primary motive behind the writing and production of this work. The historical account is punctuated by many irrelevant asides and longer comments on the defects, shortcomings, and immorality, not only of the individual psychiatrists mentioned, but of psychiatry in general and, in fact, any attempt at applying scientific method to human behaviour.

The basic form of argument seems to be on these lines: the Nazi phenomenon is still not adequately understood, particularly the fundamentally evil aspects of it such as racism, forced "euthanasia," medical experiments on human beings, and systematic state-organised mass murder. The "real" explanation is the influence of psychiatric theory and the individual psychiatrists who supplied the supposedly scientific and philosophical justification for both the Nazi propaganda and its practical expression. Ergo, as the Nazis were obviously unadulterated evil, the true source of their ideas must also share this characteristic and therefore be appropriately regarded with similar abhorrence.

This does, however, need some caution before jumping to conclusions. In the first place, the fact that two developments are correlated, or "linked" in the popular media terminology, can be due to one of *four* possibilities. It could be purely coincidental, there could be causation from one to the other *in either direction* (two possibilities), or they could both be the result of some third, possibly unrecognised, factor. If the case for one of these explanations is to be really convincing then the other three need explicit elimination. All too often the "linkage" is assumed to "prove" that the politically convenient explanation is the real one when, in fact, one of the others is actually the case.

As well as Nazism, psychiatry is blamed for many other developments in social attitudes, political decisions, and defective practices particularly in education, medicine, and law, in post-war America and (as suggested in an article in the January 1996 issue of *The Individual*) in Bosnia. Though there is obviously some truth in this thesis I think the authors allow themselves to be a bit too carried away in their desire to discredit psychiatry in general, and this results in some imbalance and inconsistencies. The reader can easily be carried along, and critical faculties submerged, in the wealth of detail, but nevertheless should bear the following considerations in mind.

First, why pick on psychiatrists? What about "Automobile Engineers — the Men Behind Hitler"? After all they did design and build the Volkswagen (people's car) and the Mercedes Benz and Auto Union Grand Prix racing cars which dominated motor racing in the 1930s. These contributed strongly to the delusion among the "innocent" German population that a strong, positive, government that subsidises and supports its own industries is just what is needed for prosperity and international prestige. Later, the tanks and armoured cars of the panzer divisions were a major factor in the brutal subjugation of most of Europe, to say nothing of the

"specialised vehicles" utilising their own exhaust fumes in early mass extermination experiments.

So were automobile engineers even more conspicuous contributors to Nazi "success"? The authors would no doubt disagree on the grounds that there is nothing in automobile engineering, in contrast to psychiatry, that can be used as a general theory of human existence and justification of "eugenics" in particular. This is certainly valid, but the common factor is surely that otherwise intelligent and educated people can be converted to lackeys of any government by regular transfers of taxpayers' money to their bank accounts.

The suggestion is really that psychiatrists saw the Nazi regime as an opportunity to be permitted to practise their already developed theories of mental hygiene, racial superiority, euthanasia, and eugenics. The evidence for this is that such theories were already current, and had been for a long time, in scientific discussions, predating Nazism; and that the euthanasia laws were proposed by psychiatrists. There are two considerations here. In the first place it is the nature of science to *discuss* all possible ideas and the discovery of the laws of heredity obviously suggests using them to avoid births of seriously disadvantaged individuals. However, *there is a fundamental difference in principle between using knowledge of the mechanism of heredity to advise or "counsel" parents about possible abortion, and compulsory state-directed abortions of potential "undesirables" even in the (unlikely) event that the practical outcomes were substantially the same.* The first is legitimate (except to some "fundamentalists") the second definitely not.

The Nazi laws were of the second kind, and it is by no means unlikely that proposals for them were invited from eminent medical people to give credibility. The apparent political "foot-dragging," described rather as if it suggested Hitler himself had misgivings about "euthanasia," was most likely because both domestic and foreign public opinion had to be considered — and legal permission was not necessary anyway in the circumstances.

Second, the racism that "justified" the "final solution" was quite obviously politically inspired. Some proponents might have used supposed scientific facts to support it but racism in general and anti-Semitism in particular pre-dates serious science and it was clearly this tradition that was exploited.

This brings me to what is really the most serious shortcoming of this work. It becomes gradually clearer as the exposition proceeds that the authors are primarily concerned with discrediting any view of human beings which implies that we are part of "nature," subject to scientific study and devoid of special properties such as a "soul" (mentioned several times), and the supposed implication of being devoid of responsibilities. The argument then seems to develop to suggesting psychiatry implies regarding human beings as just another species subject to the same scientific laws as others, that this has led to serious abuses, and consequently we must abandon this view of human beings and reinstate the soul, permanent ideas of "right and wrong," and religion (no mention of which). So in fact the complaints about psychiatry boil down to the accusation that it is materialistic (philosophically), irreligious, amoral, and that the Nazi era — and later developments such as some practices in "free" countries, especially ECT and drug thera-

pies — show what happens when such ideas are allowed credibility. It is this aspect which needs the most careful consideration.

"Science" is credited with the origin of the most detestable notions later incorporated into psychiatry and given expression in its practices. Darwinian evolution is said to have justified the elimination of weak or degenerate individuals by propounding that "survival of the fittest" was the way the species developed desirable characteristics. Conversely the preservation of clearly defective individuals and allowing them to breed (perhaps profusely) would result in general weakening and degeneration of the species. The Malthusian theory of unrestrained reproduction, combined with limited natural resources, inevitably leading to mass starvation and suffering, was also said to support indifference to, and possibly encouragement of, mass deaths by starvation and disease. Among many psychologists and psychiatrists mentioned, Wundt is specially castigated for allegedly regarding Man as just a stimulus-response mechanism, devoid of "soul." Others are quoted as being positively in favour of eliminating ideas of moral "right and wrong" as part of a general aim to expand psychiatric influence into education, medicine, law, and society in general. These being frightening developments themselves, and leading to horrific practices, the conclusion is that science should not be applied to human behaviour, and psychiatry in particular drastically curtailed if not eliminated completely.

This requires much closer examination. In the first place scientists cannot be expected to be entirely independent of the commonly held ideas of the times in which they lived — particularly among "educated" people with whom they inevitably associate. There are plenty of present-day scientists who subscribe to political correctness, anti-smoking hysteria, "health fascism," and porn-is-rape feminism, but who can still be highly creative in their own speciality. Malthus and Darwin lived in times when it was taken for granted that white male European Christians were superior to the rest of humanity. Darwin's serious misgivings about publishing his theory of evolution were because of his "respect" for traditional theology which regarded Man as specially created by God. Pains-takingly collecting evidence and inventing a revolutionary theory which challenged the cherished notions of the "establishment" is surely quite enough for anybody without being "perfect in every way" (as we are of course!) so far as ideas in general are concerned. In any case "survival of the fittest" is *not* an appropriate interpretation of evolution by natural selection. It is tautological for one thing because "fittest" can only be identified as those who survive! Any sensible person can think of lots of improvements that could be made to both structures and behaviour of naturally selected species (including Man), so the results of natural selection are not in any sense "perfect." Rationally considered improvements are to be preferred to *destructive* competition — as distinct from constructive competition as in a market economy where success depends on improving satisfaction rather than upsetting people.

In fact the notions that the authors censure so extensively are pre-scientific: in fact religious, and typified by the Hindu caste system in the East and Christian anti-Semitism in the West. It is surely obvious that, without these and similar ingrained religious and quasi-religious prejudices, Nazi racism, and the dis-

tortion of sensible ideas and new observations on genetics, would have been much more difficult to establish.

Science applied to human beings is, for the most part, an extension of normal attitudes with the addition of precision and measurement. It is, and always has been, quite usual to characterise individuals by such terms as "intelligent," "has a good memory," "is obsessed by work," or "unreliable." A good deal of practical and useful psychology is a matter of making some sort of objective, rather than subjective, assessment of such qualities and their interrelationships, if any, and this obviously requires effective measurement. So does any proper analysis of the actual effects of any treatment. This seems to be recognised in just one short passage (p. 365) but is otherwise ignored.

The restoration of religious values that recognise the spiritual nature of man (p. 367) is evidently considered necessary, but impossible so long as supposedly scientific psychology and psychiatry are allowed influence. This may well be true, but the conclusion is reached by selecting the worst examples of supposedly scientific treatment and ignoring the excesses of religious and mystical theories. So far as "causes" are concerned, it is certainly oversimplistic to attribute all evils to psychiatric influence. There is really a two-way or feedback system at work between political expediency in finding excuses for extending state power and opportunities for professional advancement — and access to tax money. It is rather like the proverbial drunks who can only make progress by mutual support — each would collapse without the other. There is also the "third factor" mentioned above — in this case the gullibility of the general public in believing that somehow government action or the right sort of expert advice can solve essentially individual problems.

This book is certainly worth reading for revealing new information on both the Nazi era and, perhaps even more important, subsequent influences up to very recently. But its anti-science propaganda should not be accepted uncritically.

REVIEW OF CHRIS R. TAME & DAVID BOTSFORD'S *NOT JUST TOBACCO*

Walt Hare

FOREST, 2 Grosvenor Gardens, London, SW1 0DH. £3.50, 39pp. ISBN 1-871833-72-8.

This is a short but thorough survey of the relationship between health scares, medical paternalism, and individual liberty. The "success" of the campaign against tobacco has evidently encouraged even more bizarre scares including "dangers" from a multitude of foods, alcohol (of course), numerous commercial products, and many subjects of serious individual choice such as boxing, gambling, video productions, and computer games.

The scaremongering of the health fanatics is replacing tradi-

tional discredited socialism as the excuse for extended political control and state regulation. These health scares do not appear out of the blue — they are nearly all orchestrated by special-interest groups who have learnt how to manipulate the media and government departments. The real agenda behind the avalanche of "health" scares is the promotion of fear and anxiety in which people "demand" protection by the state and its bureaucracy.

The most appropriate reaction to tales of health dangers is "so what?" and advice to politicians regarding demands for more legislation is "just say No." This book explains why, and should be widely studied.

REVIEW OF MICHAEL RANDLE'S *HOW TO DEFEND YOURSELF IN COURT*

Paul Anderton (well, sort of...)

The Civil Liberties Trust, 21 Tabard Street, London, SE1 4LA (tel: 0171 403 3888).

We received this book for review some time ago and I scanned through it quickly myself, finding it quite interesting. I decided to get it properly reviewed by a certain Dave Union because he had real practical experience of defending himself in court. He is of American extraction and runs something of a one-man campaign for legalising cannabis by selling propaganda and smoking equipment in shopping areas. Consequently he has a long history of arrests for "possession" and illegal street-trading. As he had always defended himself, he seemed ideal for a review based on practical experience.

However, before I could deliver the book to him I learned he was on remand yet again in Doncaster prison, known locally as "Doncatraz." This is privatised — run by Premier Prison Services with whom I had had no previous contact. I have always found the rather better known Group 4 staff a big improvement on police and POAs in politeness and helpfulness when making enquiries in the courts.

So I sent Dave the book in the prison with a note reminding him about the promised review and the expectation that it would not take long considering that he would now have plenty of time! I received a 'phone call thanking me for the book and promising the review. A later communication confirmed that the book was interesting and useful and in great demand from other inmates. But no review. So I wrote to Dave with clear instructions to the prison as to the return of

the letter if undelivered, but still no response and no return of the letter either.

When I rang the prison to enquire about Dave I met a new system. "What's his date of birth?" they asked! No idea, of course. Dave looks about 50 but birthdays are the last thing we are likely to talk about. But no birthday, no information — security you know! No name of Governor — sorry Director — either. So that is, so far, the last I have seen or heard of Dave or "How to Defend Yourself in Court."

Consequently all I can say about it is that it has received a good reception from people who should have a special interest in it, and that must be a strong recommendation. My own impression of it, based on that initial quick scan, is that it was quite thorough and included advice on when professional assistance was essential and how to use it without being completely "taken over." The main source of examples seemed to be civil rights protesters and similar rather than those on really serious charges, of course. The "political" defence was discussed and the prospects for it — better for someone conducting their own defence than if professionally "advised."