end of the biographical approach in other fields, including the history of science. By looking to
the history of science, medical historians might similarly learn to incorporate biographical and
social history approaches to their work. Biography, after all, is just another form of microhis-
tory, versions of which are currently filling the pages of medical history journals. Reiterating
Jordanova’s contention, Linker suggests that, by avoiding such areas of major historical
debate, social history of medicine will remain in a state of infancy.

In the volume’s final chapter, Söderqvist similarly traces attitudes to scientific biography
over the last century among historians of science. By the end of the nineteenth century,
scientific biography had become a most impressive genre. Although despised and
rejected by many working in the field during the decades immediately following the
Second World War, the history of science community has gradually begun to regard bio-
ography as a useful tool for constructing contextualised histories. No research better
upholds this view than Steven Shapin and Simon Schaffer’s study of Boyle’s empiricism,
Leviathan and the Air Pump (1985). As a result of this and other expertly contextualised
social biographies, ‘no serious historian of science rejected the genre’ (p. 257) by the turn
of the last millennium. The contrasts with medical history could not be greater.

Söderqvist has collected 15 chapters which reveal the diverse range of biographical
writing in the field. Hopefully, this edited collection will inspire medical historians to
reconsider this genre further. Rather than lead scholars to shun biographies, it should
courage more of them to publish in journals which support biography and to re-
examine the phenomenon of medical biography from a truly historicist point of view.
The book will be a great addition to medical history courses, especially those which
courage students to explore the theme of biography. Confronted with just a couple
of these excellent essays in a seminar, students, if not their lecturers, might begin to
engage critically with some of the thousands of under-used medical biographies that
currently sit on book shelves and in university libraries.

Jonathan Reinarz
University of Birmingham
doi:10.1093/shm/hkn086
Advance Access published 24 October 2008

David Cantor (ed.), Cancer in the Twentieth Century, Baltimore: Johns Hopkins
University Press, 2008. Pp. vi + 350. $25.00. ISBN 978 0 8028 8867 0.

David Cantor has edited a fine collection of papers that consider the development of
efforts to control cancer in the last century. Together they formed a special issue of
The Bulletin of the History of Medicine in 2007 reporting a conference held at the
National Institutes of Health in 2004. The collection is divided into three sections, cover-
ing education and marketing, therapeutics and notions of prevention and risk respect-
ively, thus drawing our attention to the key loci of countries’ attempts to limit the
damage wrought on populations by cancer. Authors predominantly focus on the histories
of America and Britain, demonstrating many historical differences in approach and
outcome and doing much to explain why cancer treatments vary so greatly between
the two today. While few directly compare even these countries, this book nonetheless
serves as an excellent illustration of both the difficulty of, and the necessity for,
comparative history when considering the emergence of complex healthcare systems in
the developed world.

The first section sheds light on the cloudy history of state (and charity and clinic) inter-
est in informing citizens about cancer, asking what made the disease sometimes highly
attractive for education drives, sometimes impossible to publicly address. Elizabeth
Toon’s study of cancer education in Britain in the first years after the foundation of the
NHS demonstrates that fear of increased demand for GP time led the focus to be on edu-
cating not the public but doctors about the early signs and symptoms of cancer as neither
the government nor the medical establishment wanted waiting rooms packed with the
worried well. This is in stark contrast to the history of public education programmes
staged in America, which stressed a message of ‘do not delay’, as presented by David
Cantor here and by others in recent publications (see, for example, Robert
A. Aronowitz, Unnatural History: Breast Cancer and American Society, New York: Cam-
bridge University Press, 2007). Papers in this section also consider the blurring of the
boundary between sharing cancer information and advertising cancer services. Gretchen
Krueger shows, for example, that images of children receiving cancer treatment, used in
fund raising efforts by specialist hospitals and by the American Cancer Society, typically
‘masked or downplayed the physical manifestations of cancer in photographs, yet
paired...sentimental images with provocative headlines...to amplify their impact’
(p. 76).

Authors writing about the history of cancer therapeutics attend to different viewpoints
on treatment. Ornella Moscucci’s careful reading of debates in the early part of the twen-
tieth century over the rival merits of surgery and radiotherapy in the treatment of cervical
cancer concludes that radiotherapy was of particular interest to women surgeons as it
offered them a means to circumvent the barriers to professional advancement their sex
placed in their way. She focuses on battles for professional status waged under the
banner of contesting therapies. John Pickstone traces history at the level of nationwide
policies and trends. Peter Keating and Alberto Cambrosio look at the emergence of a
new style of biomedical practice, thus following developments from the perspective of the
cooperative group administering clinical trials programmes. Baron Lerner stays
closer to the level of illness experience, examining the role of an individual patient,
Rose Kuchner, who, working as an advocate, helped shape which therapies were
made available to others.

The final section of the book tries to combine two interests, but risk and prevention do
not seem to speak to one another here and the four papers do not gel as convincingly as
in the other sections. Two authors analyse the emergence of the notion of ‘embodied risk’
in hereditary cancers (Ilana Löwy and Paul Necochea), two utilise rich archival sources to
show how lung cancer came to be seen as less a disease to treat and more one to prevent
(Virginia Berridge and Carsten Timmermann). In his introduction to the collection, Cantor
characterises the 1960s and 1970s as a time when there was a ‘reinvention’ of interest in
the role of environmental, occupational and, what we now call, lifestyle factors in causing
cancer (p. 23). Yet none of the authors, in this section or elsewhere, attend to the earlier
history of research into cancer prevention, and nor do they ask why prevention was
chronically under-funded for the middle decades of the century. To discover the extent
of the discrepancy in state and voluntary funding of research into prevention versus treat-
ment, and the political reasons behind it, one must turn to Devra Davis’s recent book
which spotlights the ‘revolving door of industrial and government cancer experts’ that
operated since the 1930s (Devra Davis, The Secret History of the War on Cancer,
New York: Basic Books, 2007).
Cancer patients are largely silent in this collection, with the exception of papers by Krueger and Lerner. But they are by no means absent. For the concerned doctors studied by Toon, patients are potential hoards clogging up surgeries. For the disappointed chest surgeons discussed by Timmermann, patients are inoperable cases that must become the last of their kind. For Moscucci’s feminists, they are the subjects of cruel vivisection experiments. For Keating and Cambrosio, patients are data flowing around the protocol charts. For Löwy and Necochea’s agents, they are the carriers of genes. In each case, control is sought as much of patients as it is of cancer itself: these papers show medical practitioners and researchers striving to control the number of patients presenting themselves for examination, access to patients as trial participants, and definitions of who counts as a patient.

This paperback book would make a stimulating addition to any reading list for advanced undergraduate courses examining the history of chronic disease or the economics of healthcare systems. Papers by Ilana Löwy and John Pickstone in particular would also be of enormous value as a supplement to the studies of any medical student or practising cancer physician. Löwy puzzles over the meaning of the phrase ‘molecular lesion’—apparently an oxymoron, yet used frequently to describe cancer-causing mutations in genes—to make sense of the emergence of routinised predictive imaging of bodies perceived to be carrying risk within them, in this case women at risk of breast cancer. Pickstone surveys a century of development in cancer therapeutics over two continents to explore the reasons behind the divergent configurations of cancer services seen at the close of the last century, and in the process repeatedly highlights the role played by centralised funding in reshaping cancer therapy policies and practices. The history of cancer services has been largely forgotten by those who dictate their present form, an amnesia this collection could begin to correct.

Emm Barnes

Royal Holloway, University of London

doi:10.1093/shm/hkn101
Advance Access published 14 February 2009

Edwin R. Wallace and John Gach (eds), *History of Psychiatry and Medical Psychology*, New York: Springer, 2008. Pp. 862. £113. ISBN 978 0 387 34707 3.

The book is a collection of major articles by 17 authors, each of whom is well-known as an expert in some aspect of the history of psychiatric and psychological approaches to mental health and ill-health in Europe and the USA. The majority of the contributors come from American universities. They include Hannah Decker, Gerald Grob, Stanley Jackson and Herbert and Dora Weiner. There are two British contributors, whose names will be familiar to readers of this journal—German Berrios and David Healy. They, like eight other contributors, have worked as psychiatrists. Offering a balance to what might be perceived as an over-medicalised approach are the remaining seven contributors, whose disciplines include cultural and literary history, philosophy and psychology. Many of the discussions in the book show that each of the authors has