Review: Cancer in the Twentieth Century, David Cantor ed.

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women’s authority as physicians, in the early 20th century new medical ideas also brought women’s behaviour and sexuality under increased scrutiny. Moreover, female physicians were sometimes uneasy with a grassroots health movement that advocated solutions outside traditional medical practice.

As a whole, the collection reaffirms many of the well-known structural challenges faced by female physicians. Several essays provide interesting analyses of informal barriers. Robert Nye argues that in its origins the masculine code of medical professional culture was directed not at women but rather at “admitting, controlling, and retaining a certain kind of man” (143). These codes and forms of behaviour would, however, have a long-lasting impact on women. In her essay, Naomi Rogers explores the informal culture of sexist jokes and language prevalent in medical schools in the last quarter of the 20th century that contributed to the harassment of female students and their exclusion from male medical culture.

As with biography in general, the focus on an exceptional or unique individual often makes it difficult to determine the patterns faced by a broad range of women physicians. The editors’ introduction is helpful here. It highlights the challenges faced by women from the mid-19th century on in gaining access to medical education and in setting up practice and provides an overview of the historiography on women physicians since the 1970s. A concluding chapter focuses attention on the relevance of women’s biographies for understanding the current situation, illuminating both the progress made by women but also the continuing challenges, particularly the need to understand why women disproportionately continue to fill primary-care positions. Moreover, as the editors indicate, these essays are influenced by the new biography. They provide nuanced and carefully analyzed studies, examining the intersection of gender, race, class, and sexuality in the medical practice of women physicians. Individual lives are carefully set within the broader context of medical change, professional culture, societal ideals and social change.

This collection continues the necessary task of illuminating the history of women physicians, and the inspiration to be drawn from the lives of these women, while being sensitive to the complexity of personal identity and the power relations within medicine and between physicians and the public. It provides too a good model for the Canadian context where the history of women physicians largely remains to be written.

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Cancer in the Twentieth Century
David Cantor, ed.

The articles compiled by David Cantor in Cancer in the Twentieth Century investigate how cancer treatment and prevention has been understood in 20th century America and Britain. Comprised of 12 articles, the collection represents a selection of those published in a 2007 special issue of the Bulletin of History of Medicine, the culmination of a 2004 workshop. An introduction by Cantor highlights the comparative nature of the contributions, contending that the overall theme is the diversity of perspectives on cancer and its prevention.
Cantor, Krieger, Lederer, and Toon open the collection by exploring how public understanding has been shaped by governmental and physician authority, exposing a fine line between an educational and a marketing imperative. The next five articles interrogate the social history of cancer. Moscucci and Lerner, for example, explore the impact of women surgeons in Britain and an American female activist respectively. Examining the history of cancer technologies in the next section, Keating and Cambrosio assert that clinical trials have become a new form of medical practice while Pickstone interrogates the evolution of cancer therapies. These contributions illustrate the influence of new technologies and the way in which research and clinical practice have become increasingly inter-dependant. The final selections, from Löwy, Necochea, Berridge, and Timmerman, explore the responses of the America and British medical establishments to both hereditary and behavioural risk factors.

The gendering of cancer is an important subtheme throughout this collection. Cantor, for example, explains how cancer has been gendered female in the American public consciousness by its depiction in educational films. These films reinforced the central role played by male/medical authorities over women’s bodies and Cantor suggests that while public responses to cancer treatment and prevention programs were far from unanimous the medical industry was inadvertently gendering both the victim and the response. Lederer departs from Cantor’s analysis of educational films and investigates portrayals of cancer in Hollywood films. She points out that misrepresentations projected onto the popular cinematic screen influenced the American public. By demonstrating how the feminization of cancer was perpetuated in popular film, Lederer suggest that women patients were judged based on their reporting of symptoms to male medical authorities such that early diagnoses indicated proof of the responsible woman, whereas late diagnoses indicated a degree of moral failing on the part of the female patient. Toon similarly argues that British cancer education was directed at women, based on assumptions about women bearing responsibility for family health and their inherently more emotional and irrational reactions, when faced with the threat of cancer. From women as patients, to women as physicians and activists, Moscucci and Lerner explore how women contributed to the development of cancer research and treatment. Neocochea’s chapter, by contrast, examines how research into predominantly male cancers has encouraged a focus on external causes, thereby unintentionally reinforcing the importance of gender for understanding cancer.

While Canadian scholars may be disappointed that there is no Canadian component in the collection, the volume nevertheless sheds light on the overwhelming anxiety that has surrounded cancer in the 20th century. The anxiety is individual and familial but it is also much broader as it haunts governmental and medical organizations charged with managing cancers’ control and treatment. For these organizations the perceived link between knowledge and fear threatened to undermine the systems of care that they were trying to establish. This is a key example of the values of comparative studies as it illustrates how different cultural attitudes contributed to the development of different systems of care in America and Britain. In the case of American cancer education, the controlling organizations worried that fear of being diagnosed would discourage patients from seeking treatment, while in Britain the opposite held true, that increased
public fear would result in the available treatment facilities being overwhelmed. While the cancer control organizations in both countries responded similarly, their motivations differed.

This collection challenges historical assumptions regarding what the public knew and understood about cancer, and encourages the historian to embrace new methods when investigating social responses to disease. The collection will appeal to audiences interested in social history of cancer and the medical, social, political, and cultural aspects of its reception and treatment in the 20th century.

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Brock Chisholm, the World Health Organization and the Cold War
John Farley
Vancouver and Toronto: University of British Columbia Press, 2008, xvi + 254 p. $85

Before becoming the first director of the World Health Organization, Brock Chisholm was an ordinary lad from Oakville, an extraordinary soldier in both world wars, one of Canada’s first psychoanalysts, a pioneer in psychological testing and a eugenicist of international notoriety whose pronouncements alienated important constituencies and endangered the electoral fortunes of Canadian governments. For all that, Brock Chisholm remains an enigma despite John Farley’s laudable attempt to rescue him from obscurity by presenting Chisholm as a visionary of world government undone by the paranoid bigotry and high-stakes skullduggery of the Cold War. Following a single mandate at the helm of WHO (1948-53) Chisholm quietly swept himself under the rug, deciding not to seek a second term in Geneva and retiring without firing a shot to a painfully early old age and death on Vancouver Island.

In order to play his historic role at WHO, Chisholm had to beat tremendous odds. He was impossibly lucky to escape serious injury and death in the Canadian no-man’s-lands of World War I France. Just out of high school, starting as a volunteer private in the Canadian Overseas Expeditionary Force, he survived virtually unscathed a series of harrowing battles at Ypres, the Somme and Vimy Ridge. His singular bravery and cool-headed initiative under fire grew with each brush past death, and he was decorated and promoted accordingly, finishing the war at the rank of lieutenant.

Chisholm studied medicine at the University of Toronto and briefly settled down as a general practitioner in Oakville. In the early 1930s, however, he specialized in psychiatry at the Maudsley Hospital and the Queen Square Neurological Hospital in London, and at Yale’s Institute for Human Relations, and in 1934 he opened Toronto’s first private psychotherapy practice, pioneering Freudian psychoanalysis in Canada. All the while he had remained active in the army militias, and he moved quickly through the ranks after the outbreak of World War II, becoming Director General of Medical Services for the Canadian Army. Chisholm designed and implemented the PULHEMS psychological test used to winnow and channel recruits for service according to aptitude. The test was picked up in slightly modified form by both the British and the US armies,

The twentieth 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. Learn more about cancer in the twenty-first century here. In cancer, it can help distinguish more aggressive cancers from less aggressive ones, and can often help predict which drugs the tumor is likely to respond to. Proteomic methods are also being tested for cancer screening. For most types of cancer, measuring the amount of one protein in the blood is not very good at finding early cancers. But researchers are hopeful that comparing the relative amounts of many proteins may be more useful, and that finding large amounts of certain proteins and less of others can provide accurate, useful information about cancer treatment and its outcomes. Societies in the twentieth century have experienced increasing amounts of carcinogens in the environment, the most obvious example being the appearance of widespread cigarette smoking. Other environmental agents such as irradiation, industrial chemicals and alcoholic beverages are also of carcinogenesis, with clear implications. Cancer and the twentieth century environment.

89. For man, viz., cigarette smoking should cease, exposure to industrial carcinogens should be prevented. (2) Improved understanding of educational principles and vastly improved communications. Constantinople and the history of cancer in Europe the progress of medicine slowed down after the fall of the Roman Empire in AD 476. The great discoveries and revelations of Hippocrates and Galen spread to Constantinople and Bagdad, and these cities became prominent in the history of medicine. Physicians of Constantinople continued to believe in the teachings of Hippocrates and Galen and developed the science further by their own observations. Many chemical and physical agents that may lead to development of cancer were identified during later part of the 20th century. Later part of the 20th century also witnessed tremendous improvement in our understanding of the cellular mechanisms related to cell growth and division. Focusing on the United States and Britain, this volume examines why these differences emerged, how they shaped national programs of control, and how control programs in the early twentieth century presaged and set the conditions for the emergence of prevention-oriented programs in the 1960s and 1970s. Featuring works by leading medical historians on subjects such as the portrayal of cancer in the movies, feminist surgeons, risk factors for breast cancer, and the emergence of clinical trials, Cancer in the Twentieth Century will engage historians of medicine and public health as well as health