

Book Reviews

the other two sections of the book remind us that cancer therapy remains highly contested. At the same time, new technologies and concepts of risk have expanded the boundaries of the disease, turning otherwise healthy individuals into cancer patients. Papers by John Pickstone, and Peter Keating and Alberto Cambrosio demonstrate that, even in our age of evidence-based medicine, the methods in use by scientists and clinicians to evaluate therapies and make decisions are profoundly influenced by ad hoc historical factors. And Barron Lerner's account of Rose Kushner's dual role as patient and advocate illustrates how the challenges faced by cancer patients have altered the traditional roles of doctor and patient and created new conflicts.

However, there is a central issue lurking here that unfortunately is not directly addressed by any of the papers—that is, how the growing role of science in the clinic has blurred the distinction between research and treatment. An enormous enterprise developed around cancer research in the twentieth century, and the rapid pace of research means that today novel therapies can make news before they have been approved for the market. How has the increasing authority of the scientific expert changed the ways in which patients and physicians interact? How is the line between research and treatment drawn in the case of cancer patients undergoing experimental therapies? There are some additional gaps in addressing such a broad topic. For example, it would be useful to have comparisons with countries other than the US and Britain. Yet overall, this collection of essays provides a number of compelling and novel observations on cancer in the twentieth century, and hopefully it will serve to inspire further scholarship in this area.

Mark Parascandola,

National Cancer Institute, Bethesda

Caroline Hannaway (ed.), *Biomedicine in the twentieth century: practices, policies, and politics*, Biomedical and Health Research,

vol. 72, Amsterdam, IOS Press, 2008, pp. x, 377, €130.00 (hardback 978-1-58603-832-8).

There is much of interest to historians of twentieth-century biomedicine in this collection of essays, but perhaps not as much as the somewhat misleadingly broad title might give one cause to hope. The volume is based on a conference held at the National Institutes of Health (NIH) of the USA in December 2005 that was intended to promote historical research on twentieth-century biomedicine whilst honouring the work of Victoria A Harden, the founding director of the NIH's Office of History, to whom the volume is dedicated. Happily both these aims are achieved. However, the essays do reflect this background, with the result that the volume is strongly weighted toward the American national context (a notable exception being that of Carsten Timmermann who examines the Medical Research Council's pursuit of clinical medicine in post-Second World War Britain). The majority are directed at the history of the NIH itself. Had the volume title reflected these facts it might more easily find its natural readership.

This minor criticism aside, the volume offers an eclectic range of articles (twelve in all), written by scientists and historians, not all of which can be addressed here in the level of detail deserved. In the opening essay the geneticist Richard Lewontin asks how the government of the USA can operate to "socialize the cost of medical research but not the cost of medical practice" (p. 9). His explanation for this apparent paradox, that only the state has the resources to underwrite the vast educational costs of biomedical research in the era of "big" science, is necessarily painted with broad strokes and as such raises more questions than it answers. Nevertheless, the importance of the subject is beyond doubt, and it is one future historians of medicine have a moral imperative to pursue. Indeed, in a later essay David Cantor presents, on the micro as opposed to the macro level, a nuanced example of how socialized medicine could

come to exist (albeit for a limited time) at the National Cancer Institute of “New Deal” America.

Buhm Soon Park offers a most useful, although strongly internalist, account of the history of the NIH, addressing a series of tensions that shaped its activities and organization including that between the interests of researchers and the wider programme of the NIH and the need to structure the Institutes along categorical and disciplinary lines. These familiar themes clearly invite comparison with other institutions within and outside the USA. Much the same can be said of Gerald N Grob’s fascinating survey of the NIH’s activities with regard to mental health in the important period 1949–65. Arguing for the importance of a historical focus upon instruments, Darwin H Stapleton explores the interdisciplinary interactions of biomedicine and engineering in the development of new material technologies at the Rockefeller Institute for Medical Research (Rockefeller University, New York). In contrast, Stuart Blume places the work of the NIH in a wider social context within his analysis of vaccine innovation in the latter half of the twentieth century. Susan Lederer, too, adopts a broader perspective in her essay exploring the National Heart Institute’s reaction to the first successful heart transplant (undertaken in South Africa by Christiaan Barnard in 1968). Lederer convincingly demonstrates that heart transplantation, as well as the development of the NIH more generally, occurred against, and was mediated by, wider socio-cultural discourses predominant at the time (not least those of race). Lederer reminds the reader that only in this way can historical analysis address the “spectre of medical inequality” that haunts the development of biomedical science in the twentieth century (p. 166). This spectre, if such it is, is also addressed by Daniel J Kevles in a pertinent account of the contemporary debate around commerce, private interest and the patenting of genomic information which acknowledges the past, present and hoped for future role of the NIH in assuring that biomedical

knowledge of nature “is to be publically shared” (p. 203).

Taken as a whole, this volume is eclectic and lacks an obvious common agenda, a fact reflected in the disappointingly short introduction. There is no explicit manifesto here to shape the pursuit of late-twentieth-century biomedical history, but there is plenty to inspire such a pursuit. Each of the essays offers a useful, often pertinent, and always interesting contribution to the historiography of twentieth-century biomedicine and invites more to follow.

Robert G W Kirk,

Wellcome Unit for the
History of Medicine, University of Manchester

Majia Holmer Nadesan, *Governmentality, biopower, and everyday life*, Routledge Studies in Social and Political Thought, No. 57, New York and London, Routledge, 2008, pp. ix, 248, £60.00 (hardback 978-0-415-95854-7).

Overhearing one of my colleagues say that Foucault’s concept of biopower was “so last century”, I was tempted to slide this book across the table. Powerfully, it underlines how social and political theorists have come to appreciate biopower’s place at the heart of contemporary political battles and economic strategies. Indeed, the great strength of this book is its revealing how today’s “biopolitical problematics are simultaneously economic ones” (p. 182). Biopower, then—Foucault’s historicized notion of the administration of biological life so as to optimize and multiply it—has never been more “now”. Yet, in at least one respect the concept *is* last century, and it is on that account that Majia Nadesan in fact justifies her monograph: it is not that Foucault’s concept has been smitten, she points out (and makes abundantly clear in the course of her text); rather, it is that Foucault himself unfortunately died too soon to comment on the nature of biopower’s operation in late-twentieth-century neoliberal