

## Book Reviews

treated cancer sufferers with herbal infusions, derived, according to her own account, from a native American recipe.

Clow dedicates the second half of her book to explaining why, “while Connell was described as an experimenter and Hett was depicted as a maverick, Caisse was considered a quack” (p. 85). But before she turns to her three protagonists, she sets the stage with chapters on the experiences of cancer sufferers in the early twentieth century and on mainstream medical practices and concepts dealing with the dread disease. She presents us with some interesting illness narratives that show how patients moved quite freely from orthodox to heterodox practitioners and sometimes the other way—Clow describes this as a “continuum of care” (p. 116). Orthodox treatments, mostly surgical, were drastic and not necessarily more efficient than what fringe practitioners had to offer. Furthermore, the immunological, biochemical and endocrinological models employed by Connell and Hett seemed well in line with contemporary medical thought, and all three set up laboratories where they tested their formulas on animals.

In the 1930s, the negotiations over what was to count as legitimate medicine between cancer sufferers and their relatives, the medical profession and the state, intensified. Connell, Hett and Caisse expected the state to embrace their inventions and were supported in this by patients and their relatives. The government appointed a commission to evaluate non-conventional cancer therapies and at first seemed to follow the demands of the organized medical profession but made considerable concessions when faced with public protests. In the 1930s, more than 55,000 people signed petitions on behalf of Caisse. Connell had long collaborated with other doctors, and he received government help for his research. Hett alienated both the profession and the government by refusing to reveal the secret of his recipe and had his medical licence withdrawn. Caisse also kept her formula secret. As a nurse, she was never taken seriously by the medical profession but had the largest number of followers, and her anti-cancer tea enjoyed a comeback in the 1970s.

Barbara Clow’s interesting and well-structured book is a valuable contribution to the growing number of studies in recent years that suggest that early-twentieth-century medicine was far less monolithic than often assumed, and that the confidence in medical science and mainstream medicine that came to dominate medical culture in the 1950s and 1960s may have been an exception rather than the rule. The book also contributes some important insights on the framing of cancer in the twentieth century. The history of the disease has too often been written about as if it were synonymous with the history of cancer research.

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**Jock McCulloch, *Asbestos blues: labour, capital, physicians and the state in South Africa*, African Issues series, Oxford, James Currey, and Bloomington, Indiana University Press, 2002, pp. xxvii, 223, illus., £40.00 (hardback 0-85255-863-5), £12.95 (paperback 0-85255-862-7).**

Most studies of the history of asbestos, health and disease have focused either on Britain or the USA. Examination of these themes in the South African context is therefore welcome, not least because of the key role played by South African researchers in the discovery of the asbestos-related disease, mesothelioma. Since miners and others alleging ill health as a result of exposure to dust in the asbestos fields of southern Africa are currently bringing legal actions in the British and American courts, it is also topical.

Although a good deal of *Asbestos blues* deals with living conditions and mining techniques, medical history is at the heart of the book. McCulloch vilifies industry, scientists (even such “heroes” as J C Wagner), state authorities and defence lawyers for furthering their own interests while playing fast and loose with the lives of countless South Africans. Above all, the apartheid system stands accused of generating large profits for the few while bequeathing a legacy of environmental degradation, misery

and premature death for the many. Some of McCulloch's targets, most notably, apartheid and the racial segregation that preceded it, are undoubtedly well chosen. However, his book's scattergun approach and tendency towards sweeping and unsupported generalization undermine its authority. "Universities", apparently regardless of time or place, "were sympathetic to management as they depended upon industry for funding, consultancies and jobs for their graduates" (p. 71); the task of "physicians in factories or mines", again, universally and without exception, "was primarily to control the costs of production rather than to protect employees" (p. 71). As for British, Australian and South African factory inspectorates, they were simply "captive to the very forces they were supposed to control" (p. 90). If these and numerous other such statements are to be viewed as anything other than wild conjecture they require substantiation rather than mere assertion. McCulloch's medical history is also questionable. For example, it is widely accepted that in 1955 Richard Doll confirmed earlier suspicions, mainly dating from the 1940s, that lung cancer was causally associated with asbestosis. McCulloch, however, dates the link somewhat earlier: "There is anecdotal evidence from antiquity of the high incidence of what would now be called lung cancer among slaves employed weaving asbestos fabric". No evidence is provided to support this version of an old chestnut.

An intriguing reflection to arise from this book concerns environmental conditions in the South African asbestos fields, especially in the north-west Cape around the town of Kuruman where mesothelioma clusters were first noted. Some recent testimony recalling conditions in the 1940s and 1950s refers to clouds of blue dust and fruit that could be eaten only when the asbestos fibre had been removed. However, in 1964 Gerrit Schepers, a scientist who has since testified in court repeatedly against asbestos companies, was incredulous that a fatal disease could have any connection with the idyllic area in which he spent part of his childhood: "When I hear that one may acquire a malignant mesothelioma through living near Kuruman, I am filled with misgivings. . . .

As a boy I lived not far from Kuruman for a number of years. One could not imagine a more healthy territory". He went on to suggest that a certain type of grass was responsible for the lung abnormalities reported and "offer[ed] this as the Klitsgras theory of Kuruman mesotheliomatosis in order to clear the hurdle created by the discovery of this rare disease in such abundance in persons with such little meaningful exposure to asbestos" (*Annals of the New York Academy of Sciences*, 1965–6, 132: 599).

McCulloch writes with passion. He has produced a readable and stimulating volume but also an idiosyncratic, somewhat under-referenced and often infuriating one.

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**Andreas-Holger Maehle and Johanna Geyer-Kordesch** (eds), *Historical and philosophical perspectives on biomedical ethics: from paternalism to autonomy?*, Ashgate Studies in Applied Ethics, Aldershot, Ashgate, 2002, pp. xi, 159, £40.00 (hardback 0-7546-1529-4).

This somewhat disjointed collection of eight conference papers may be unique in commencing with a cliché that is not only factually wrong and methodologically suspect, but largely irrelevant to the pages that follow. "New technologies create new ethical dilemmas," the editors assert, adding, "This is true not only of today, but of the past." Really? Does evidence lie with dialysis, hip replacement, insulin therapy, antibiotics, MRI, CAT and other such one-time-celebrated new technologies? And even if we were tempted to say, for example, that test-tube technology for baby manufacture in the 1970s raised debate over the sanctity of life, would we wish to dismiss so lightly an extensive literature refuting this kind of shallow deterministic thinking in history? In any case, technologies are not what this book is about. The closest it gets to them is in the chapter by the medical practitioner, Bryan Jennett, on the ethical intrusiveness of modern medicine's machines for sustaining life, and that by the