

mere human attention, what might or might not actually be there. Photography is a technology that pretends to permanence and in doing so alludes to mortality, a point driven home by the *unheimlich* observation that all who appear in these photographs, the dissectors and the dissected, are now dead. Some photographs play with this irresistible ambiguity: in 'A Student's Dream', a living dissector lies on the stainless steel table, with four or five cadavers in smocks propped around him.

Most striking, however, are the power relations frozen in these images. None of these cadavers chose, while living, to donate their bodies for dissection: all were snatched from graves or seized as paupers. "In all likelihood," Warner notes, "every single instance required confiscation of the dead" (p. 15). The bodies are nameless, almost certainly unnameable, but the students seem desperate to identify themselves, with names chalked on blackboards, painted on aprons or scribbled on the backs and mounts of the photographs themselves. And the practices associated with the images are as arresting as the images themselves. Initially formal portraits taken by commercial firms (and occasionally by pioneer photographers like Eadweard Muybridge), later examples are more informal, taken by students themselves as cheaper cameras came on to the market. Though not for public display in the same way as certificates or diplomas, they were mounted in family albums, reproduced in college yearbooks, and—incredibly—used as greetings cards at Christmas and Easter.

Warner and Edmonson have produced a skilfully edited, beautifully presented volume, a disquieting contribution to medicine's cultural history, and an excellent resource for teaching. It is hard not to read overtones of *vanitas* into these images of young men and women who (like the 'Three Living and the Three Dead' of medieval folklore) find themselves face to face with an incarnation of their own death. One or two students seem painfully aware

of this; the majority are, or affect to be, indifferent.

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Ilana Löwy, *Preventive strikes: women, precancer, and prophylactic surgery*, Baltimore, Johns Hopkins University Press, 2010, pp. xi, 328, illus., £26.00 (hardback 978-0-8018-9364-3).

Ilana Löwy's splendid new book might have been given the banal subtitle 'The problems of comparing like with like'. The volume is a deeply researched study of surgery (and radiotherapy) for "precancerous" conditions, mainly of the cervix and breast, in France, Britain and North America in the twentieth and twenty-first centuries. My quotation marks enclosing "precancerous" are inserted to indicate the problem; how do surgeons and pathologists know which (if any) clinical signs or histological changes indicate cancer will develop in a tissue? How can you compare lesions in different patients at different times and come up with a feasible natural history of cancer? Löwy offers a panoptical view of these questions and her comparative and temporal analysis enables her to put in perspective different approaches to diagnosis and preventative surgery. Her choice of female cancers is not determined by sexual politics interesting though her contribution is to that dimension. ("[G]ender produces differences in management of precancerous conditions and cancer risk, although the mechanisms that create such a difference cannot be reduced to the misogyny of the medical profession" [p. 13].) Her selection of subject has a considerable naturalistic input in so far as breast and cervical cancers are both common, may present at early stage as definite cancer, have "precancerous" phases, are easily accessible

for biopsy and are relatively simple surgical targets.

Cancer was made into a “pathologists’ disease” in the early twentieth century as surgeons moved from extirpating hideous ulcerating tumours of the breast for palliative reasons to cutting out large tumours which produced no symptoms or less dramatic ones such as inversion of the nipple. Pathologists could usually pronounce with certainty on the cytological signs of breast cancer in such growths. But what about small lumps composed of slightly unusual cells? Would these develop into cancer? How could anyone know? Should they be removed prophylactically? Population studies and animal experiments said nothing about any particular case. The same phenomenon was observable later with cervical cancer and the use of the Papanicolaou smear; how could anyone be sure an “abnormal smear” would “progress” (odd word) to full-blown malignancy? It was into this area of uncertainty that culture could creep and it is this that Löwy explores in the first half of her book showing how individual, institutional and national differences produced a huge range of responses to “precancer” from conservative clinical observation to radical surgery and radiotherapy. Löwy shows that in many instances doctors only covered their ignorance by the use of inaccurate descriptive language which hid more than it revealed. This was apparent from the fact that agreement was never universally arrived at over what terms like “cancer in situ” meant. More interestingly this perception is not the result of Löwy’s historical hindsight; really smart surgeons and pathologists repeatedly recognized the problem. Where some pronounced science would resolve all uncertainties others were aware that the uncertainty was the human element in science. For me, some of the best pages in the book report the penetrating, witty analysis of cancer terminology by “Pierre Denoix, a central figure of French and international oncology”, who, for example,

defined “early” as “an English term, that, contrary to what one might think does not mean ‘early in time’” and “in situ” as “a French term for a silly or tautological expression” (pp. 164–5). Framed by Löwy’s analysis these and other definitions are devastating criticisms of those who profess the opinion that prophylactic cancer therapy is or could be a practice based on certain science.

Much of the second part of the book is devoted to the study of heredity and its links to overt cancer development. In brief, Löwy shows that once again within the space of uncertainty—does having the two BRCA (BRest CAncer) genes mean a woman *will* develop breast cancer?—culture exercises its ineradicable influence. A consequence of these uncertainties has been that cancer specialists have turned deficiencies into virtues and dumped decision making on to the patient—the fully informed woman in possession of all the information can decide whether she wants a prophylactic mastectomy (which may of course prevent something that will never happen). It is clear from this book that those who practise medicine are like those who produce historical studies of science: there are some who think proper science will eventually eradicate culture from its domain and those who accept its social nature as essential. This is a major study for doctors and historians alike.

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Jacqueline H Wolf, *Deliver me from pain: anesthesia and birth in America*, Baltimore, Johns Hopkins Press, 2009, pp. xiii, 277, £26.00, \$50.00 (hardback 978-0-8018-9110-6).

Using pain control as her focus and the myriad ways that both women and physicians