

author touches upon issues associated with “opting-out” of universal coverage to accept “customized” private services. A detailed econometrics exercise is then performed to determine the impact of “de-listing” services from a universal health plan. Other issues, such as the allocation of a doctor’s time for private vs. public service and the ethics of private insurance marketing in a universal healthcare market, are covered as well.

The rest of the chapters focus on consumer directed healthcare (CDHC), medical savings accounts (MSAs), and economic incentives. With complex economic models, the author argues that high-deductible (HD) plans result in a stronger “illness prevention” behavior than a conventional plan. The author also highlights that individuals with low likelihood of illness are more likely to choose HD plans. The next chapter highlights the introduction of MSAs within the United States, Singapore, and China, and the role MSAs would play in public spending and saving in Canada. The concepts of “demand side incentives” and “supply side incentives” are introduced to highlight the role of patient and provider incentives. The book expands these concepts to include physician, health plan, and provider incentives. The author concludes that health services in Canada are, for the most part, equally balanced between poor and rich socioeconomic groups. However, for services not covered under the universal plan (i.e., dental), there is strong evidence that supports unequal coverage among socioeconomic groups, and despite equal coverage between socioeconomic groups, lower income populations are in worse health overall than higher income populations.

A particular strength of this work is its ease in organization. Each section is clearly titled and defined, allowing the reader to scan the book quickly to retrieve information of particular interest. The graphs, economic charts, and tables are clear and relevant, adding breadth to the text, which contains detailed, technical information to support the economic concepts.

A downside is the style of writing varies drastically from chapter to chapter. Some

sections of chapters contain high level executive summaries that are clear and easy to read. Other sections dive deep into the underlying economic theory that supports the health policy, which could challenge any reader who hasn’t pursued advanced study in economics and/or mathematics.

An interesting surprise about this compilation is its focus around the Canadian universal healthcare system. The readings gave an interesting perspective about the potential inefficiencies and inequities of universal coverage or the role of non-covered services. However, I would have liked to have seen how the economic models discussed in the chapters on consumer directed healthcare (CDHC) would impact a privatized, fragmented healthcare system such as the United States. There is also the assumption that the reader already has a clear understanding of the Canadian healthcare system.

Financing Health Care: New Ideas for a Changing Society may not contain all the solutions needed to improve a universal healthcare system, but it does give strongly supported, economic frameworks to help the reader gain a deeper understanding of public vs. private financing, CDHCs, MSAs, and incentives among stakeholders in a universal healthcare system. It is an excellent resource for health economists and public policy advocates who wish to support their healthcare reform arguments with underlying economic theory, or the student who wishes to understand the underlying economics behind health reform policy in a universal coverage system. I would, however, recommend dusting off your favorite microeconomics textbook before diving in.

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Unnatural History: Breast Cancer and American Society. By Robert A. Aronowitz. New York: Cambridge University Press; 2007. 366 pp. US \$30 Hardcover. ISBN: 9780521822497.

Though many chapters in *Unnatural History: Breast Cancer and American Society* revisit expected material — Susan

Emlen's personal account of her surgery for a breast cancer in 1814, Halsted's development of the radical mastectomy — author Robert Aronowitz succeeds at combining these stories with newer ideas about the development of breast cancer “risk rhetoric” into an overall compelling and well-researched narrative about how the medical establishment dealt with breast cancer as a diagnosis throughout the last two centuries and how the public responded.

One of the main premises is that “American women fear breast cancer now more than the last 100 years.” Undoubtedly — given the current ubiquity of the “1 in 8” statistic and the visibility of causes such as the Race for the Cure — this is true; Aronowitz takes up the pertinent question why. While acknowledging the tentative observation of increased breast cancer incidence (and therefore visibility), he mainly focuses on how sociological and cultural aspects of illness and medicine in the last century have shaped our ideas about cancer, and breast cancer in particular. Much of the story lies in the history of how cancer was understood: Was it considered a local or a constitutional disease? How did it “travel?” Over what aspects could medicine have an effect? In the chapters detailing the personal experiences of Susan Emlen (in 1814) and Rachel Carson (in the 1960s), Aronowitz points out striking continuities in medical care surrounding breast cancer: For example, in the face of so many unknowns, medical professionals often hedged answers to patients in an effort to communicate a delicate combination of realism and hope, most of the time by withholding an actual cancer diagnosis.

Toward the end of the book, Aronowitz delves into his most original material by dissecting the “rhetoric of risk” that has come to dominate our thinking about breast cancer. Women, he argues, have been increasingly encouraged to think of themselves as at risk for breast cancer. In theory, this serves the purpose of convincing women to get screened early and regularly, but he argues it also has promoted a fear of breast cancer that is if not inappropriate, at least disproportionate to the cause.

The question of fear seems to lie at the root of his discussion. Aronowitz strikes a chord in his assessment that our culture disproportionately fears breast cancer and that this cultural fear ultimately plays out in individual women's lives to the detriment of their overall well-being and decision-making capabilities, yet it remains important to explore the dynamics of that fear in order to set us on the path toward appropriately mitigating it.

Aronowitz's work does not intend to capture the entire story; its complexity is likely beyond the scope of one work anyway. It is to his credit that he sheds new light on how we understand breast cancer, and his focus on “non-biological” aspects of the disease opens future doors. Overall, the book provides valuable insight and several revealing historical gems illuminating how our understanding of breast cancer has changed with the times. Fans of history of medicine (as well as the history of surgery, oncology, and women's health) will find many chapters rewarding, and, along with the other works that begin to deconstruct how we think about our medical practices in a historical and sociological light, it is an important addition to all medical libraries.

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Culture of Human Stem Cells (Culture of Specialized Cells). Edited by R. Ian Freshney, Glyn N. Stacey, and Jonathan M. Auerbach. Hoboken, New Jersey: John Wiley & Sons, Inc.; 2007. 343 pp. US \$132.95 Hardcover. ISBN: 978-0470052464.

The explosion of interest in human stem cells over the last decade has led to a rapidly expanding field that employs a multitude of techniques to culture and differentiate stem cells. Mining the primary literature for methods and protocols needed to derive, propagate, and characterize embryonic and adult human stem cells can be a daunting task for graduate students, clinicians, and experienced researchers alike. *Culture of Human Stem Cells*, edited by R. Ian Fresh-