
Kirsten Gardner’s book adds to a growing body of historical knowledge about cancer. Focusing primarily on breast cancer, but using research on cervical and ovarian cancer as well, she challenges the view that the history of public responses to women’s cancers is a history of silence and passivity. As the book demonstrates, women were involved in cancer awareness programs right from the start. They played an important part in the establishment of the American Society for the Control of Cancer (ASCC) in 1913, and they subsequently fulfilled a key role as fund-raisers and organizers of public events. By the 1930s the educational effort mobilized hundreds of thousands of mostly white, upper-middle-class women. Working together with women’s clubs, the Women’s Field Army (WFA) expanded educational activities and set up cancer clinics in towns and cities throughout the country. Female anticancer activists also supported the introduction of the Pap smear and the routine performance of breast self-examination. While the “early detection” message remained central to the educational effort in the postwar period, new themes also began to emerge as activists began to pay greater attention to treatment options and to the consequences of cancer surgery.

This is a remarkable story, backed by an impressive range of sources and told in clear, jargon-free language. It could have benefited, however, from a more contextualized account of the developments it describes, and from a more nuanced analysis of the relationship between female anticancer activists and the medical profession. The assumption throughout seems to be that male medical authorities created the messages, and that female lay activists coopted them. Yet *medical* women were also active as producers of messages: for example, Dr. Elise L’Esperance, who founded a pioneering tumor clinic in New York, and her colleague Dr. May Edward Chinn, a staunch supporter of the Pap smear. Readers familiar with James Patterson’s book *The Dread Disease* will also point out that medical attitudes toward female lay activists in the United States were somewhat less benign than Gardner makes them out to be. When the WFA was launched, for example, some local medical societies feared sharing their control with lay activists. Despite these shortcomings, this is a useful book that deserves to be on the shelves of anyone with an interest in the history of gender and health and in the history of disease.

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