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Nancy K. Bristow

University of Puget Sound, nbristow@pugetsound.edu

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The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America
by Barron H. Lerner

Review by: Nancy K. Bristow

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BATTLING BREAST CANCER

Nancy K. Bristow

Barron H. Lerner. *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America.* New York: Oxford University Press, 2001. xvi + 383 pp. Illustrations, abbreviations, glossary, sources, notes, and index. \$30.00.

In 1978 the writer Susan Sontag published her now famous essay, *Illness as Metaphor*, detailing, she explained, “not what it is really like to emigrate to the kingdom of the ill and live there, but” rather “the punitive or sentimental fantasies concocted about that situation,” “not physical illness itself but the uses of illness as a figure or metaphor.” Maintaining that the tendency to rely on metaphors to discuss illness and disease was widespread in American culture, Sontag hoped through her essay to provide both “an elucidation of those metaphors, and a liberation from them.” Herself a cancer patient, Sontag argued for the abandonment of metaphors in relation to disease and illness. “My point,” she declared, “is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking.” Having identified Americans’ attachment to metaphor in their consideration of disease, Sontag urged them to abandon this approach, citing the damage such metaphors caused in the experiences of cancer patients.¹

Historians were quick to agree with Sontag’s suggestion of the power of metaphors in American thinking about disease and medicine, and since her path-breaking work many scholars have explored the important role played by metaphorical thinking in shaping the history and contemporary experience of disease. This work has been part of a much broader evolution in the history of medicine. Since the 1970s the history of medicine has absorbed many of the sweeping changes affecting the historical discipline more generally. An earlier focus on the great leaders of medicine and a tendency toward hagiography has been replaced by a field diverse in both its subjects and its methodologies. Two trends in particular have wielded profound influences on the field. First, the work of social historians has ensured that many of the previously voiceless have become meaningful actors in the history of medicine. From female physicians to patients and their families, social historians have acknowledged the agency of those once absent from, or

entirely passive in, the historical narrative. In studying these widely varied lives, social historians have produced a history of medicine that is both more complex and more sophisticated. This broader historical net has further encouraged, in turn, the trend initiated by Sontag of recognizing the role played by context in shaping American understandings and experiences of health, disease and medicine.

Closer exploration, though, has led some historians to criticize Sontag's assumption that disease, in its strict biological form, can be fully separated from its specific historical context. As Robert A. Aronowitz explained in *Making Sense of Illness*, "While I am sympathetic with the desire to lessen the blame and mystification that sufferers of stigmatized diseases often experience, this type of rhetoric offers up a misleading, naive, and illusory solution—that we can directly apprehend the biological core of disease unadulterated by attitudes, beliefs, and social conditions."² Instead, Aronowitz and others have suggested, we need to investigate the powerful role played by culture in shaping our society's notions about disease, a second trend of significant importance in the history of medicine over the last couple of decades. Applying the concept of social construction to the history of medicine, this approach maintains that medicine and disease cannot be separated from their specific historical and cultural contexts.³ *The Breast Cancer Wars: Hope, Fear, and the Pursuit of a Cure in Twentieth-Century America*, a superb social and cultural history of the diagnosis and treatment of breast cancer by Barron Lerner, makes clear the rich rewards offered by these recent developments in the history of medicine.

Though covering the entire twentieth century, Lerner emphasizes his explorations of the years from 1945 to 1980, a period during which the medical profession directed significant attention and energy toward developing a cure for breast cancer, the leading cause of cancer deaths among American women, and a period during which patients fought for and gained an increasing role in determining their own treatment. Following a useful introduction, the book begins in earnest with an exploration of the work of William Halsted, the surgeon who popularized the radical mastectomy in the early twentieth century. Halsted first performed the surgery, which involved not only the removal of the breast, but also of the two chest wall muscles on the affected side, and the underarm lymph nodes, in 1882, and soon maintained its superior record in saving the lives of breast cancer patients. Halsted promoted two principles for the handling of breast cancer—early intervention and aggressive treatment—and these ideas became the dominant approach to breast cancer in the United States for much of the twentieth century.

Despite the popularity of his radical mastectomy in American health care, Halsted's views were frequently challenged, and much of the history of breast

cancer diagnosis and treatment reflects the persistent debates over the importance of early detection and the efficacy of the radical mastectomy in producing long-term survival. At mid-century, a significant critique came from surgeons who found Halsted's operation inadequate and advocated what came to be known as superradical operations. Gradually, though, another approach gained a substantial following. Initially termed biological predeterminism, this approach maintained the important role played by the biology of the cancer itself in the course of the disease, an idea broadly accepted today. Rejecting Halsted's assumption that breast cancer was a local disease that spread gradually outward in a centrifugal pattern, these challengers argued, instead, that breast cancer was a systemic disease of substantial variability. In the following decades, a growing group of physicians and patients questioned the claim that early detection and aggressive treatment necessarily determined a patient's long-term prognosis, and challenged the notion that the same treatment strategy should apply to every patient.

Though physicians were slow in accepting this more complex approach to breast cancer treatment, by the late 1970s increasing numbers accepted the value of new research methods that looked beyond clinical experience and emphasized randomized controlled trials that studied the efficacy of different treatments, including for instance simple mastectomies and lumpectomies, as well as chemotherapy and radiotherapy. Women patients, informed by both the feminist and consumer movements, played an important role in creating these changes in breast cancer treatment, questioning both the aggressive use of radical surgery and the long-term hegemony of the male medical establishment. As a result of these women's activism, as well as other factors, by the late 1970s Halsted's surgery was no longer the dominant treatment. Even so, debates about the precise significance of early detection raged on. Encouraged by increasingly activist and organized patients and new technological innovations, disagreements over the appropriate use of mammography, and more recently genetic testing, for instance, continue in the present.

A practicing physician, accomplished historian, and M.D./Ph.D., Lerner brings to his work training in both medicine and history, and this dual perspective makes his contributions to the history of breast cancer unique, as well as significant.⁴ Readers familiar with his excellent history of anti-tuberculosis efforts, *Contagion and Confinement: Controlling Tuberculosis along the Skid Road* (1998), will recognize Lerner's ability to use his dual expertise to great benefit. As a medical insider, Lerner writes easily about the science of breast cancer and the evolving theories regarding diagnosis and treatment that emerged over the course of the twentieth century. In turn, perhaps because of this expertise, Lerner succeeds in making the medical material, from Halsted's early theories to today's genetic testing, accessible to the lay reader while retaining its appropriate complexity. Lerner also writes with an

insider's insight, and his familiarity with the world of medicine, and with medical practice, informs his text in important ways. For instance, his discussion of "the dramatic epistemological fault line" (p. 122) that divided physicians who came to rely on new research methods such as randomized clinical trials from those who continued to view clinical experience as the only reliable source of medical knowledge, reflects his understanding of the difficult choices facing physicians as they make treatment decisions, and Lerner succeeds in conveying the ethical commitment each group felt. Throughout the text the full humanity of both physicians and patients is palpable.

Even as Lerner's experience as a physician allows him to provide his readers with special access to the medical world, his expertise as an historian allows Lerner to view that world with the historian's critical eye. Including in his introduction a very useful review of developments in the history of medicine over the last several decades, in particular the growing importance of social history and the concept of social construction, Lerner acknowledges the importance of these developments in his own work. Explicit about his belief "that disease cannot be understood outside its social and cultural context," Lerner is enormously successful not only in identifying the connections between American culture and the history of breast cancer, but also in explicating those connections and illuminating their meaning in the lives of physicians and patients alike (p. 5).

As a result, medicine appears here not as a strictly objective field, free of the subjectivity of human influence, but rather as an interpretive field in which the actions of individuals, and of the profession, are affected by social context, and by the beliefs and values of individuals and cultures. The rise and fall of the radical mastectomy, then, becomes the result not only of changes in medical knowledge, but also of other, broader forces. As Lerner explains of the original ascendancy of Halsted's treatment: "In order to understand why the radical mastectomy triumphed, one must look beyond Halsted to the larger social system in which the procedure was introduced and understood" (p. 7). This is precisely what Lerner accomplishes, looking closely at the "series of historical developments that fostered its acceptance among both physicians and the public" (p. 23). Increasing control over infectious diseases by the early twentieth century allowed public attention to turn increasingly toward noninfectious diseases such as cancer. In turn, as with many other professions in the late nineteenth and early twentieth centuries, the growing professionalization of surgery granted the field heightened authority within medicine and made a surgical solution to breast cancer particularly acceptable. Further, the perception of the radical mastectomy as a surgery based in sound science appealed to a culture in which the authority of science was on the rise. And finally, Halsted's sizable reputation, the growing

prestige of Johns Hopkins Medical School, Halsted's institutional home, and of hospitals more generally facilitated still further the broad acceptance of the radical mastectomy. The subsequent challenges to the radical mastectomy, too, are depicted as the result not only of developments in medical science, but as the consequence as well of often-complex cultural forces. Lerner's exploration of the multiple forces that led to the decline of the radical mastectomy later in the century is especially powerful here, in particular his illumination of the growing acceptance of randomized controlled trials for the evaluation of breast cancer treatments, and of the increasingly organized resistance of female patients.

One of the great strengths of this work is Lerner's ability to explore effectively all of the participants in this history, placing them in their historical contexts and granting their stories the complexity that real lives entail. Effectively investigating medical developments, and the history of medical and public health leaders, Lerner also illuminates the history of the breast cancer patient, granting patients a meaningful role alongside physicians. His extraordinary success is the result, in part, of the exquisite polish of his prose, which is clear and graceful throughout. His success also reflects the impressive depth and breadth of his research. In addition to his sophisticated grounding in the historiography, Lerner makes use here of a broad range of primary-source materials. Research in medical and public health journals is neatly complemented by work with the popular press, especially women's magazines. Substantial archival research in the personal papers and manuscript collections of noted physicians is matched by research in similar materials from well-known and activist patients and the records of important organizations and agencies, most notably the American Cancer Society. Lerner also conducted extensive interviews with both physicians and patients, as well as patient advocates and activists, and these rich sources, along with numerous patient narratives, allow Lerner to write with authority about both the notable and the nearly anonymous in this history.

Lerner chose to study only female breast cancer patients, and the result is a book sensitive to the complex role of gender in shaping women's experiences of breast cancer. Noting that earlier authors had tended to emphasize female patients as victims of a sexist medical establishment, Lerner chooses instead to follow recent trends in women's history that emphasize as well women's agency, depicting female patients as "both actors and reactors"(p. 9), engaged in complicated interactions and negotiations with the medical profession. This is not to suggest that Lerner downplays the role of gender. Lerner explores quite effectively the multiple and complex ways in which gender shaped the medical profession's approach to breast cancer and to breast cancer patients, suggesting, for instance, the powerful link between physicians' paternalism and their persistent resistance to patient involvement

in treatment decision-making. He also investigates the role played by gender in shaping women's experiences and understandings of breast cancer. His is a sophisticated approach in which, though gender plays a profound role in shaping both the medical profession's practices and women's experiences, female patients are a diverse group, sometimes acceding to the authority of physicians, but increasingly over the course of the century struggling to assert their roles as informed patients worthy and capable of making their own decisions about treatment.

Both activist and anonymous patients gain voice in this text. Two full chapters are dedicated to documenting the rise of patient activism. Until the 1950s, women's experiences with breast cancer, with the popular radical mastectomy, and with post-operative rehabilitation remained largely private. In 1954 Terese Lasser, a breast cancer patient, refused to accept the traditional silence surrounding her illness and founded Reach to Recovery, an organization designed to provide post-operative patients with information and an upbeat belief that they could recover and even regain their earlier lives. Her program initially disturbed many physicians, who resented what they understood to be a challenge to their authority, but the program survived and still exists today. Increasingly after 1970 female patients, often inspired by the feminist movement, began to question still more directly the male-dominated medical establishment, talking and writing about their experiences with breast cancer and criticizing what they viewed as the paternalistic treatment of breast cancer patients by the medical establishment. Two aspects of this treatment, in particular, faced criticism—one-step surgery, in which a biopsy was immediately followed by further surgery if a diagnosis of cancer resulted, and the persistent use of the radical mastectomy as the surgery of choice, with little consideration or discussion of alternatives. Underlying both of these issues was the role of the patient in decision-making about her treatment. Though celebrity cancer patients such as Happy Rockefeller, Betty Ford, and Shirley Temple Black played a valuable role in helping to break the cultural silence surrounding breast cancer in the 1970s, it was a previously unknown woman, Rose Kushner, that ensured that these new issues of patient control were not ignored. Engaging in extensive research on breast cancer treatment, Kushner proved able to match physicians in medical debates, and eventually became an important figure in breast cancer policy discussions.

Given the diversity of American women's lives, it is not surprising that there was no single approach to the issues surrounding breast cancer among women, and Lerner ensures that the diversity of perspectives is fully represented. For instance, though in the 1970s many women, often feminists, voiced opposition to the paternalism of the medical profession and heralded the increasing role of patients in treatment decisions, other women continued

to defer to physicians, and to find security in their selection of the radical mastectomy. The range of these political differences is explored in detail here, as in a fascinating discussion of the debates about breast reconstruction. Before 1970 reconstruction gained little attention as high mortality rates led physicians to de-emphasize it, while the popularity of the radical mastectomy, which removed muscles important in reconstruction, often made successful reconstruction impossible. Beginning in the 1970s, though, the decline of the radical mastectomy, improved longevity after surgery, and the development of new reconstruction materials brought new attention from the medical profession. If physicians were split on reconstruction, with some promoting the potential psychological and even physical benefits of reconstruction, while others found reconstruction a distraction from the business of fighting cancer, patients, too, did not agree on the appropriateness of reconstruction. For some, the desire to hide their illness, and their surgery, made reconstruction appealing. For others, a corresponding determination to regain their former lives, or to remain physically attractive, encouraged interest in breast reconstruction. For other women, though, the effort to return to a pre-cancer life, or to aspire to particular physical standards, was misguided, even offensive. For instance, Audre Lorde, the important African American lesbian feminist, opposed any attempts to hide or sanitize her experience with cancer, and openly resisted "the path of prosthesis, of silence and invisibility" (p. 191). She sought instead to use her experience with cancer to live a more intentional and fuller life. While many feminists shared Lorde's perspective, feminism has never been monolithic, and Lerner succeeds admirably in communicating the diversity of feminist reactions to issues raised by breast cancer.

As the material on Audre Lorde suggests, of crucial importance in the social history of breast cancer patients is the complex role played by social identity, and the complex intersections of gender with other aspects of identity such as class and race. Lerner clearly recognizes these complexities, and his text is often attentive to their explication. Lerner notes, for instance, the problems of educational efforts for early detection among poorer and minority women, and the disparities by class that emerged in women's prognosis at the time of the first visit to a physician with breast cancer in the 1940s. Similarly, the author's exploration of Audre Lorde's work on breast cancer acknowledges the importance of social identity in shaping her perspective. Such explorations raise some intriguing questions. For instance, how was access to health care affected by economic standing? How, in turn, did the rules accompanying racial segregation affect African American women's access? Their experiences? Also of interest here is the role played by masculinity in shaping the history of breast cancer diagnosis and treatment.

Lerner hints that physicians' self-perceptions were intimately connected to societal expectations of men, and again these implications are intriguing.

As his title suggests, Lerner is especially interested in the military metaphors that surround the history of breast cancer, and his analysis of this terminology and its consequences for the diagnosis and treatment of breast cancer in the twentieth century is particularly sophisticated and significant. Lerner notes in his introduction the prevalence and importance of metaphoric thinking in relation to cancer and suggests that "an examination of such language can provide an explanatory framework for the evolution of breast cancer diagnosis and treatment" (p. 8). Lerner uses this framework to great effect here. The American Cancer Society played a significant role in popularizing military metaphors, and this organization is an important player in Lerner's history. Founded in 1913 as the American Society for the Control of Cancer, the organization undertook early their war against breast cancer, founding the Women's Field Army in 1936 to engage in "trench warfare with a vengeance against a ruthless killer" (p. 43). Such language implied the importance of the efforts against breast cancer, and the responsibility of individuals to join those efforts, and the organization adopted military imagery purposefully, believing in its ability to mobilize interest. Others shared this rhetorical strategy, including physicians, who also found in such language heightened authority and importance. Reflecting on U.S. successes in World War II and facing a new Cold War, surgeons in the postwar period increasingly adopted military imagery to explain their own war against breast cancer. With heightened prestige gained through their role in the war and through medical advances such as antibiotics that enhanced their success rates, surgeons presented themselves as "the soldiers of the postwar era" (p. 75) and adopted military terminology to describe their work. As one surgeon explained in 1946, breast cancer was a "formidable enemy," and to inappropriately limit the extent of a mastectomy was "nothing less than surgical cowardice" (p. 75). Patients, too, often adopted the military metaphors, conceptualizing the disease as an enemy, and themselves as warriors engaging in their own fight against the disease. Lerner explores very effectively the connections between these rhetorical approaches and American culture. In the process, he succeeds brilliantly in illuminating both the history of breast cancer and the broader history of American society in the twentieth century.

Implicit, and sometimes explicit, in this rhetorical approach, was a message of individual responsibility. As one woman wrote to Betty Ford during her illness, "Remember that your attitude is most of the battle. . . . never even think about defeat, only about winning and you will win!" (p. 187) While hope seemed crucial to many patients in helping them persist in their struggle against the disease, such messages also included the possibility of blame. If a military campaign was lost, someone must be responsible. Because of

longstanding notions of women's responsibility for the health of themselves and their families, women who had not performed breast self-examination, or who had delayed seeing a physician, were often understood to be "especially 'guilty' of 'negligence'" (p. 60).

In her 1978 essay Susan Sontag credited "the language of warfare" with contributing "the controlling metaphors in descriptions of cancer" and worried about the consequences of this rhetoric for cancer patients.⁵ Eleven years later Sontag returned to this theme in *AIDS and Its Metaphors* and used her understanding of the cancer-related metaphors to introduce her new concern with the social and cultural treatment of AIDS. "Military metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill," she explained. "It was my doleful observation, repeated again and again, that the metaphoric trappings that deform the experience of having cancer have very real consequences."⁶

Lerner shares Sontag's belief that metaphoric thinking has real meaning in the lives of breast cancer patients. For instance, the criticism of women who have seemingly failed to fulfill their roles as participants in the war against breast cancer—by failing to engage in breast self-examination, for instance—reflects the impact military metaphors can have on patients. Similarly, the persistent dominance of radical surgeries, he suggests, was likely facilitated by the metaphorical link between aggressive treatment and a hard-fought military campaign. Today it would be difficult to deny the existence of military metaphors in Americans' discussions of cancer, with martial language retaining its prominence in the public conversation. With recent books on the politics of cancer bearing titles such as *Cancer Wars: How Politics Shapes What We Know and Don't Know About Cancer* (1995), *To Dance with the Devil: The New War on Breast Cancer* (1997), and *Waking Up, Fighting Back: The Politics of Breast Cancer* (1996), it is clear that the tendency toward military metaphors is both powerful and persistent.⁷ As Lerner demonstrates so effectively, our own time is no safer from the influence of these metaphors, or of other social and cultural forces.

Unlike Sontag, Lerner does not call for the elimination of metaphorical thinking, but rather cautions us to appreciate the profound impact of social and cultural forces on the world of medicine and disease. He explains, "Cautionary tales that point out past mistakes should not overshadow a more important historical lesson: the evaluation of diagnostic and therapeutic interventions for diseases such as breast cancer has always depended on time and place. History can remind us how modern improvements in technology and statistical analysis do not eliminate the influence of social and cultural factors on the interpretation of scientific data" (p. 14). Even today, Lerner makes clear, we must recognize that our approach to medicine and disease, and to recent technological innovations, is still profoundly influenced by our

culture. Lerner concludes with a chapter on recent developments in genetic testing and illustrates not only the continuing power of social and cultural context on the world of medicine, but also the persistent relevance of the historical issues his text explores. *The Breast Cancer Wars* should encourage an awareness that we, like our predecessors, are powerfully affected by our own cultural context as we confront breast cancer, its diagnosis, and its treatment. An outstanding work of history, then, *The Breast Cancer Wars* also proves profoundly informative about our own times and resonates with relevance in a world in which breast cancer continues to plague us.

Nancy Bristow, Department of History, University of Puget Sound, is the author of *Making Men Moral: Social Engineering during the Great War* (1996). She is currently working on a social and cultural history of the influenza epidemic of 1918–1919.

1. Susan Sontag, *Illness as Metaphor* (1978; reprint, combined edition, *Illness as Metaphor and AIDS and Its Metaphors*, 1990), 3, 4, 3.

2. Aronowitz, *Making Sense of Illness: Science, Society, and Disease* (1998), 13.

3. See, for instance, Charles E. Rosenberg, "Framing Disease: Illness, Society, and History," in *Framing Disease: Studies in Cultural History*, ed. Rosenberg and Janet Golden (1992), xiii–xxvi. Historians' understanding of the concept of social construction as it applies to disease is wide-ranging. Rosenberg prefers the term "framing" in this piece.

4. For some other excellent additions to the historical literature on breast cancer in recent years, see Sharon Batt, *Patient No More: The Politics of Breast Cancer* (1994); Ellen Leopold, *A Darker Ribbon: Breast Cancer, Women, and Their Doctors in the Twentieth Century* (1999); Anne S. Kasper and Susan J. Ferguson, eds., *Breast Cancer: Society Shapes an Epidemic* (2000); Ilana Lowy, *Between Bench and Bedside: Science, Healing, and Interleukin-2 in a Cancer Ward* (1996).

5. Sontag, *Illness as Metaphor*, 64.

6. Sontag, *AIDS and Its Metaphors* (1989; reprint, combined edition, *Illness as Metaphor and AIDS and Its Metaphors*, 1990), 99, 102.

7. Robert N. Proctor, *Cancer Wars: How Politics Shapes What We Know and Don't Know About Cancer* (1995); Karen Stabiner, *To Dance with the Devil: The New War on Breast Cancer* (1997); Roberta Altman, *Waking Up, Fighting Back: The Politics of Breast Cancer* (1996).