The Emperor of all Maladies: A Biography of Cancer
Siddhartha Mukherjee

This is not simply another “history of . . .” book. This book is intentionally called a biography. Siddhartha Mukherjee writes so beautifully and comprehensively that he manages to tell the story of cancer as if cancer is a living, breathing organism. It is a biography about both the science behind cancer and the story of the people behind cancer’s history—the scientists, the first people to receive a new treatment, the early fund-raising professionals, and others. Mukherjee has gone to great lengths to find the actual people behind these narratives, writing that “Medicine . . . begins with storytelling. Patients tell stories to describe illness; doctors tell stories to understand it. Science tells its own story to explain diseases.”

The stories of individuals have a power of their own. For example, he tells of Papanicolaou doing daily tests on his wife’s cervix to advance his research and the scientist who drank a broth of H. Pylori to explore its relationship to stomach cancer. He also explores the ways the story of cancer is tied to the story of medicine. It was through cancer that Virchow gave us the concepts of hypertrophy and hyperplasia, and those who discovered the role of ATP and folic acid in cell metabolism laid the groundwork for experimentation to interfere with this process so that cancer could be temporarily contained. He illustrates the progression of cancer in our collective psyche, noting there was a time when the New York Times would not even use the word cancer or breast in their newspaper, since to have cancer was in a league with being a leper.

Mukherjee also tells the story of progress in cancer treatment. He does not shy away from exploring the complex nature of those who researched treatments—radical surgery seems grotesque in retrospect but made perfect sense at the time, and without the deadly trials of Sidney Farber’s folic acid blockers we would never have found their eventual important role in chemotherapy.

Alongside these stories are many practical pearls—advice on how to break bad news, and the complexities of breast cancer screening are explained in clear terms. This book looks at all aspects of cancer: power, prevention, patient movements, and the origins of palliative care and hospice. The author covers the role of geopolitics and other historical events that occurred alongside cancer’s evolution. He uses the example of the science, the bargaining, and the politics surrounding tobacco to show the role and power of one substance on cancer.

Mukherjee also challenges many myths. For example, he shows that cancer is not a new disease; in fact, it may be the oldest disease we have. He discusses the exploration of mummified bodies that exhibit neoplastic masses.

The author concludes his treatise on cancer with messages of hope and restraint. He understands that defeating this disease will take more than money and science. He explains the power of molecular biology in newer treatments. He acknowledges the importance of newer concepts in healing and prevention such as social networks.

This is a book that is hard to put down despite its 571 pages. Perhaps it is Mukherjee’s prose and imagery, with lines like “Cancer cells are hyperactive, survivor endowed, scrappy, fecund inverted copies of ourselves.” I learned more about cancer reading this book than I ever did in medical school or residency, not because of the facts presented but because of how the author engages us. He makes the complex easier to understand—DNA, RNA, genes—he is a master of analogies and simple language.

This book is a pleasure to read because of its content and its style. It is smartly written, personal, elegant, and informative. The author sympathizes with patients and reminds us as doctors, that while cancer may impress us, it obliterates our patients’ lives. He knows this because he is a hematologist/oncologist. He writes himself into the biography; we hear
about his own patients and his own emotions within the highs and lows of cancer care.

This is a book that should be read by every medical and nursing student, primary care resident, and public health official. It is a compassionate account of what has been, and what will be, in the realm of cancer.

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Woman-Centered Care in Pregnancy and Childbirth
Sara G. Shields and Lucy M. Candib, eds

In the preface of Woman-Centered Care in Pregnancy and Childbirth, Sara Shields, MD, MS, and Lucy Candib, MD, state that “During the last 15 years together, we realized we were talking about births differently from other colleagues and paying attention to details in prenatal care that were not a part of teachings in the standard obstetric or maternity care textbooks. [We] had never seen a text trying to teach from this perspective.” Though there is other literature that addresses providing effective care for women in pregnancy and childbirth, this book is unique in maintaining its focus on providing it in a woman-centered way and in its comprehensive approach to the topic.

The reader is taken on a journey with experts in the provision of maternity care and long-time teachers. The journey mayconfirm aspects of our own individual style of care but certainly challenges the current overall approach to maternity care in this country and in many other parts of the world. The book challenges us to fundamentally reframe our approach to caring for pregnant women. We are asked consistently to take into account the woman’s needs, wants, and hopes given her particular circumstances. We are asked to use evidence-based medicine not to support the best interventionist model, but to support the best care for a particular patient at a given time.

Woman-Centered Care in Pregnancy and Childbirth is accessible to readers across multiple disciplines. Though it is geared toward those who provide obstetrical care, the language is not highly medical, making it interesting for anyone concerned with the way obstetric care is provided and how it might be improved. The book is academic, gleaning from medical, health policy, social science, and also lay press literature. Each section ends with references, each list a valuable resource in and of itself. An additional strength in every section is detailed stories of patients and providers, which are gathered in their entirety at the end, refreshing readers about important issues for particular patients and bringing together the wholeness of the provider, the women, and their families.

The book begins by defining the problem, the current lack of woman-centered care. The organization follows the patient-centered clinical method, as do all the books that are part of the patient-centered series of books edited by Moira Stewart, Judith Belle Brown, and Thomas R. Freeman. The six sections of the method include (1) Exploring the “disease and illness.” In the case of obstetrical care, the multiple dimensions of the woman’s and provider’s experiences of normal pregnancy and problems in pregnancy are explored, (2) Integrating the concepts of disease and illness with an understanding of the whole person. This section explores the layers of experience of pregnancy in a woman’s life, taking into consideration her immediate as well as her broader circumstances. It examines issues of patients who fall outside of the norm, including lesbian mothers, women with substance abuse, and women in prison and emphasizes the import of culture, (3) Finding common ground with patients. Here the book explores issues related to pregnancy from the construct of “problems, goals, and rules,” which are presented by addressing the perspective of both the patient and the provider, (4) Health promotion and prevention. Pregnancy is a natural opportunity for health promotion and prevention and empowerment of women. The concentrated frequency of office visits for women with healthy pregnancies allows this time period to serve as a model of health for the rest of one’s life, (5) The helping relationship. This concentrated continuity between patient and provider creates the potential for a deep clinical relationship during the childbearing year and beyond, and (6) Being
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