
Review by Harry W. Paul, University of Florida.

Patrice Pinell is a doctor-biologist who was converted in 1975 to the sociological gospel of Pierre Bourdieu in the famous seminars at the Ecole des hautes études en sciences sociales. Since then he has been a prolific scribbler in the history and sociology of French medicine. His high socio-intellectual status was signaled by *Le Monde* when it gave him the liberty to present himself as a “convert to sociology thanks to the prophet Bourdieu” (28 August 1998). So, historians (and other people addicted to plain prose) who read this work, published in English ten years after its appearance in French, should not be shocked to find the *Logos,* or chief analytical concepts of the *maître* leavening (Bourdieu’s enemies would say deadening) Pinell’s work. Recently, Pinell edited a book on the fight against AIDS in France during the 1980s and 1990s. The title, “A Political Epidemic,” indicates the difference between the fight against AIDS and other epidemics and partly explains the media coverage of the work.\(^1\) Of course Pinell’s works are far from the glitzy productions of Bernard-Henri Lévy. *The Fight Against Cancer,* serious scholarly stuff in the tradition of Bourdieu, is published in the Routledge Studies in the History of Science, Technology and Medicine, edited by John Krige.\(^2\)

In *The Greatest Benefit to Mankind: A Medical History of Humanity,* Roy Porter called cancer the modern disease par excellence.\(^3\) This is rather a curious idea when you realize that the great doctors of antiquity knew the disease, described, and despaired of it. Why this paradox? Pinell explains how in the twentieth century we have effaced the history of cancer from our collective memory, a necessary prelude to identifying cancer as a modern plague requiring the mobilization of society in a war for its elimination. No disease has been so useful in the modernization of medicine: science, technology, cancer centers, medical specialists, funding organizations, political and media support, and an inexhaustible supply of patients to cure (within narrowly defined limits) and to experiment on. In France, the institutional growth of the cancer establishment-industry was long hindered by the traditional separation between clinical medicine, a hospital affair dominated by surgeons, and research medicine, an affair of laboratories, which produced most of the personnel expert in the new technologies using the therapeutic tools deriving from x-rays, radioactivity, and radium to treat cancer patients. One of the good features of Pinell’s book is its placing of the fight against cancer within the context of the history of French medicine, though often embedded in a thick descriptive prose. (The translator tries valiantly to transform the text into a readable work, and he succeeds, though with some wonky syntax from time to time.)

This French clinical-research bifurcation, also present in a less virulent strain in other countries, was lessened during the First World War, resulting in a different way of practising medicine and eventually a reorganization of the health system. With so many older people in the army, cancer became a problem for military medicine. Special services were set up for the treatment of army cancer patients, with
collaboration between surgeons and radiotherapists becoming the norm rather than the exception. The deputy and minister Justin Godart played a key role in reforming military medicine to ensure medical teamwork, not individual prowess. The old battles between surgeons and medical innovators continued after the war, but with the slow, inexorable development of the new cancer treatments controlled by the specialists in radiology, too complex and rapidly changing a speciality for one person to master in addition to surgery. The therapeutic battle was led by Claudius Regaud, whose rocky career Pinell nicely sketches. Regaud’s battle with the surgeons was made a bit easier as a result of the surplus of “neoradiologists” dumped back into civilian society from the army after the war. This military production of radiotherapists is somewhat reminiscent of the surplus of surgeons that infested France after the Napoleonic wars. Whether a comparable amount of bad medicine resulted is open to investigation.

A considerable part of this book is devoted to the activities of the Ligue contre le cancer. Born during the war, the league was supported by politicians, financiers, professors, and a gaggle of society ladies, among whom were the ubiquitous duchess d’Uzès and the baroness Mathilde de Rothschild (wife of Dr. Henri de Rothschild, medical philanthropist and notorious man-about-town). The French league later served as a model for other countries and stimulated the creation of the International Union Against Cancer (1934). The league restricted its territory to political and social action in order not to encroach on the scientific turf of the Association pour l’étude du cancer. Contributions by rich benefactors kept expensive radium-based programs afloat: Henri de Rothschild was especially important in sustaining the Curie Foundation. (The Vichy government rewarded his enormous philanthropy by stripping him of his citizenship.) The high cost of radium was probably a good thing in preventing more abuse than actually took place, often in ignorance of its dangers in the early days. (In his preface to The Doctor’s Dilemma [1906], Bernard Shaw said that “the world has run raving mad on the subject of radium....”)

Many medical actors strut across the stage in Pinell’s tale. Some, of key importance like Gustave Roussy and Jean-Alban Bergonié, are given enlightening mini-biographies. Others are left in the shadows. Big personalities, big egos, and big medicine. And “Cancerology was the sector where the first form of ‘big medicine’ grew up....” (p.124) The high cost of cancer centers, funded by the national, regional, and municipal governments meant that only a few could be built. A center could serve as a “model healing factory”; a grandiose illusion perhaps, but the concept is not far from Tenon’s re-invention of the eighteenth-century hospital as a healing machine. Not everyone could be cured, even with the latest and most expensive equipment, materials, and doctors, as Pinell emphasizes in a chapter on “The Question of Incurables.” In the history of cancer this class of patients progressed from pariah to experimental status. They also offered the league an opportunity for charitable action in funding the purchase of radiotherapy equipment and to society ladies to do some useful social work. The idea that there is such a thing as an incurable cancer was challenged by hubristic doctors, though their therapeutic action could only produce an agonizing delay of death. In the best of circumstances death became “the great analyst,” as Foucault put it in a brilliant chapter, “Open up a Few Corpses,” in The Birth of the Clinic (1963).

In the last chapter on “A Modern Illness,” Pinell follows up on the league’s educational role. Considerable skills in propaganda were needed to frighten the public into supporting the cancer industry. One of its best slogans: “Cancer kills 40,000 people a year in France.” Tuberculosis with 150,000 deaths and syphilis with 140,000 deaths annually had to be displaced in the imagination of the newly created Homo medicus. Dr. Knock had arrived. But all this is familiar to Americans, who can enjoy the well-known sally that a well patient is only a poorly diagnosed one. People interested in figures may wish to know that cancer mortality decreased in France from 143.6 to 132.2 per 100,000 between 1975 and 1995, though the total number of deaths from cancer in 1995 was 52,468. Time for the police to start enforcing the notoriously ignored Evin law on smoking!
NOTES


Harry W. Paul
University of Florida
h paul@ history . ufl . edu

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