

do. Though each story tells of loss, there is also an emphasis on the process of recovery and compensation. Although Lilian could no longer read sheet music, she experienced an enhanced ability to remember tunes and thus replicate them. Through this, she has discovered a passion for composition. And Howard, unable to read his own work, simply has an assistant read aloud what he's written. Such examples serve

to demonstrate the plasticity of the brain and our ability to adjust to new conditions.

As with most of Sacks' work, these stories leave the reader with a renewed awe of the intricacies of the human brain. Sacks finds the perfect balance between science, medicine and the human experience. This book can be enjoyed and understood by the readers of all backgrounds.

The Emperor of All Maladies

Book by S. Mukherjee ; Reviewed by Brian Wolf

In *The Emperor of All Maladies*, Dr. Mukherjee, a specialist in cancer medicine, discusses how cancer dates back to ancient Egypt and yet still remains a part of modern life. Since the first mention of cancer in 2500 B.C., the disease has been linked with our need to prolong life and prevent illness. The term "oncologist" relates to the Greek word *onkos*, which means "mass" or "burden." As Mukherjee writes, "Cancer is... the leaden counterweight to our aspirations for immortality." The study of cancer has vastly improved since ancient times, yet we are still fighting a battle with this indomitable opponent.

A grasp of the mechanisms by which cancer acts is helpful in understanding the destructive path that cancer creates. Cancer occurs when a single cell, among the trillions in which make up a human body, starts to grow out of control. A simple mutation in one cell can lead to various cancers such as lymphomas, malignant melanomas, leukemia, and sarcomas. Without cell growth, living would not be possible, since a continual supply of cells is required to adapt and repair our bodies. Yet cancer cells use growth to rebel against the body's normal cells. As scientists discover more about the mechanisms of cancer, we learn that its goals to grow and multiply resemble our own. Cancer, however, does not know how to stop. Mukherjee states, "Cancer cells are hyperactive, survival-endowed, scrappy, fecund, inventive copies of ourselves." The cancer cell has been deemed a worthy opponent by numerous researchers who both admire and want to destroy this disease.

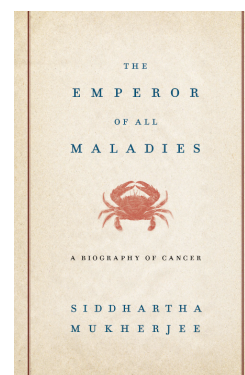
Some scientists have called cancer a "modern disease" not only because we understand it in radically new ways, but also because of the rise of various cancers not seen before modern times. In the beginning of 1900s, the life expectancy at birth in America was 47.3 years. In the 1850s, the life expectancy was less than forty. Now, the median age at diagnosis for breast cancer in the United States is 61 and for prostate cancer is 67. Additionally, about fifty percent of men and about a third of women will contract cancer in the U.S. in their lifetime. Cancer is the second leading cause of death. As humans begin to live longer lives, we become more susceptible to diseases, such as cancer that usually express themselves at older ages.

In the summer of 2003, the author, Dr. Mukherjee, began writing this book while a resident in oncology at the Dana-Farber Cancer Institute in Boston. He begins the book with one of his patients, Carla, tracing and exploring her journey with cancer. When Carla finds herself constantly visiting the

hospital for treatments, she says, "Cancer is my new normal." As a clinician, Mukherjee always appears to be suspiciously optimistic about this patient and the various patients he encounters. While Dr. Mukherjee has seen many patients succumb to this disease, he has always seen patients fight back vigorously and return victoriously from their battles. For most patients, cancer becoming a manageable chronic condition is success.

One of the main focuses of this book involves the relationship between a cancer researcher and a philanthropic socialite who, together, brought cancer to the forefront of science in the 1940s. Mary Lasker needed a philanthropic cause, and found one in harnessing the tremendous power of medical research to cure all manner of disease. Sidney Farber, a cancer researcher, desperately needed funds to support his research in methods such as chemotherapy. Farber believed that, for example, radical mastectomies were not necessary in many situations and other treatments should be utilized. However, Farber needed the funds to discover these other methods and Lasker would be the person to provide him and other researchers with the necessary funds.

During this period of time, there was a conflict between whether cancer medicine should focus on finding cures or taking care of patients. A balance between these fundamental needs was required to help treat cancer patients with the knowledge and treatments that were available during that time. Sidney Farber focused mainly on the idea of the "War on Cancer" and the increasing need for present care. Despite Farber's desire to have patient care at the forefront of this war, the mechanisms behind cancer needed to be studied before treatments could be constructed and implemented. Farber believed that cancer could possibly be cured without the ability of physicians to specify the mechanisms of curative action, similar to how aspirin could be used to cure headaches without knowledge of why and how this occurs. With a limited knowledge of fundamental mechanisms, cancer medicine in the 1960s and 1970s pushed the patients' bodies to the brink of death in order to rid them of cancerous cells.



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Important foci of the book are the divergent communities of cancer therapy and cancer science, belonging to separate worlds until the last few decades. Those who studied the causes of cancer in the laboratories and those who treated it in the clinics were not always in sync. Mukherjee writes, “The two conversations seemed to be occurring in sealed and separate universes.” The laboratories focused mainly on the role that genetics plays in cancer and how cancer migrates in the body. In the hospital, cancer was seen from its often slow and

horrible course of action. Currently, these two worlds are now working together to understand and cure this disease.

Throughout the book, Dr. Mukherjee provides attempts to describe this mind-boggling disease. He describes one patient’s fight with cancer as a chess game that appears to never end. Most importantly, he emphasizes in the book that the patterns in cancer research repeat themselves over the course of history. In order to defeat cancer, we must learn from our past mistakes and believe that we can win.

Fat Politics

Book by J. Eric Oliver; Reviewed by Mark Leiserson

In *Fat Politics: The Real Story Behind America’s Obesity Epidemic*, Dr. J. Eric Oliver challenges the most basic of health assumptions: that to be “overweight” or “obese” is to be unhealthy. In order to convince the reader of this perspective, Oliver analyzes obesity in America as economist, biologist, political scientist, and sociologist. By examining obesity through these different lenses, Oliver makes a strong and easily understood case of why and how obesity has not become the “epidemic” that is purportedly threatening the health and fiscal well-being of the entire country. Instead, Oliver illustrates that the strong focus on weight—both in terms of physical well-being and appearance—belies the real 21st-century health challenges Americans face.

Fat Politics begins with an examination of the clinical definition of overweight and obesity, and how the changes to this definition in the early 1990s sparked media coverage that quickly dubbed the rising weight of Americans an “obesity epidemic.” Then, in Chapters Three and Four, Oliver delves into the anthropology and sociology of fat. He explores America’s cultural animosity to fat people—the last socially-acceptable means of discrimination—while providing a history of Americans’ attitudes towards fatness in order to address “fatism’s” underlying causes. Finally, Oliver examines how the American capitalist system makes progressive weight gain nearly a foregone conclusion.

Oliver defies assumptions about obesity and health with exhaustive research of American food consumption and exercise trends. Oliver challenges the notions that Americans eat more at meals, and are continuing to gain weight because of fast food and an increasingly sedentary culture. In addition, he confronts one of the tenets of modern day health care policy, arguing that confronting children’s health challenges at their schools is ignoring the evidence that parents have the greatest influence on the health of their children, citing a statistic that the best indicator of a child being at a healthy weight is whether or not the child brushed his/her teeth. By challenging so many conventional notions of healthy living, Oliver is able to capture the readers’ strict attention and illustrate his point that when it comes to obesity, even the most basic assumptions are often wrong.

Oliver does not write from the perspective of a physician or biologist; he is a political scientist by trade. Consequently, his expertise lies in social science methods and the political

system, and he is clearly more comfortable writing about the role of interest groups in health policy than in addressing the genetic aspect of obesity. However, Oliver’s exhaustive research within both medicine and genetics allows him to effectively analyze health data. As a result, while Oliver does not produce his own clinical data (he did conduct massive social science surveys), he presents his own broad reviews of obesity statistics that he has compiled. The conclusions he draws from reexamining these statistics are the most compelling and powerful of the book, and force the reader to question some of the underlying assumptions one has about what it is to live healthily.

The main area in which *Fat Politics* is lacking is in how to actually make Americans healthier. Oliver half-heartedly offers guidance on best health practices. However, they sound eerily similar to many of the current initiatives to combat obesity, such as reducing intake of refined carbohydrates and eat more vegetables. The reason for the book’s dearth of solutions is that Oliver is unable to reconcile his claim that America’s focus on obesity is misguided with the reality that many of the initiatives to reduce obesity also combat America’s real health problems, such as diabetes and heart disease. This is because while being overweight or obese (as currently defined) has never been shown to cause significant health problems, it is strongly correlated with many of them. Consequently, initiatives to reduce diabetes or heart disease will result in a corresponding reduction in obesity, and vice versa. The book argues that rather than focus on obesity, health experts, politicians, and the public must look beyond this superficiality in order to truly make America healthier.

The ultimate purpose of *Fat Politics*, therefore, is not to prescribe a specific lifestyle change or to exonerate Americans’ for their progressively increasing weight. Instead, the book is a remarkable demonstration of how health policy is made in the U.S., and how special interests and the media can obscure underlying health issues.

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