Penrose in the UK and James Neel in the USA, and many others whose names do not feature.

Similarly, in haematology, as well as William Hewson, the 18th-century physician and one of its great founder figures, many of the key names in the development of the discipline during the 20th century are also omitted: the Nobel Laureate and pathologist George Whipple, William Castle, and Gwyn Macfarlane, for example. Similarly, neither Karl Landsteiner nor any of those who followed him and whose work was seminal in the development of blood transfusion services are listed; most of those who appear under this heading were involved with establishing blood transfusion services. Even here, the omission of Janet Vaughan, who organised these services so successfully during the London Blitz and whose book, The Anaemias (1934), had so much influence on the development of haematology, is surprising. Key figures in the evolution of other specialties in the mid-20th century are also omitted, such as Russell Brain in neurology, a man whose influence was not limited to the development of clinical neurology but which also had wider impact in the UK through his unique combination of roles as President of the Royal College of Physicians and of the British Association for the Advancement of Science.

But biographical dictionaries can never be all-embracing, and it is for future editors and their advisers to ponder on these questions of balance. For while they endorse Johnson’s view that the lexicographer’s lot is not easy, they in no way detract from the remarkable achievement of the editors and their colleagues in producing the Dictionary of Medical Biography. Undoubtedly these volumes will become the standard work in this field and complement other biographical works, such as the Dictionary of Scientific Biography, as they move through further editions. Coming at a time when the medical profession is feeling increasingly beleaguered, this work is also a valuable testament to the origins of the breadth and depth required for the long evolution of a learned profession, an important message for the UK government that is hell-bent, or so it seems, on the short-term evolution of a generation of barefoot doctors.

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In brief

**Book** Vaccine maker
Maurice Hilleman was intimidating, driven, and gruff. He was also a loving family man and the inventor of nine vaccines that save millions of lives every year. Paul Offit interviewed this little-known hero during the last 6 months of his life, when Hilleman was dying of lung cancer.

Few people have heard of the man who created vaccines against measles, mumps, rubella, chickenpox, hepatitis A and B, pneumococcus, meningococcus, and Haemophilus influenzae. Offit suggests some reasons why. For one, Hilleman worked in industry; for another, he was no self-promoter.

He grew up on the harsh eastern plains of Montana, helping out on the family farm. Rebellious against his father’s strict Lutheran faith, Hilleman rejected the church and embraced Darwin, and science. After his degree in microbiology, he went into industry. As he told Offit: “I came off a farm. We had to do marketing. We had to do sales. I wanted to do something. I wanted to do things!”

Hilleman went on to Squibb, where he learned to mass-produce influenza vaccine, and then to the Walter Reed Army Institute. He next brought his “committee-of-one” approach to Merck, where he spent the rest of his career. He liked to keep shrunken heads of employees he’d fired (made by his daughters from dried apples) behind his desk, and inspired fear—and fierce loyalty—in his staff.

This vivid portrait of a unique man is interwoven with a thorough account of the science and politics of vaccination. Offit makes it clear why Hilleman couldn’t have accomplished what he did in today’s regulatory environment, and why we are so fortunate that he was who he was, and did what he did when he did it.

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**Book** Packaging disease
Most people know what the pink ribbon symbolises, but what of the blue ribbon? Its status reflects the low-profile of prostate cancer. In Cancer Activism, Karen Kedrowski and Marilyn Stine Sarow analyse the breast and prostate cancer movements in the USA. They find that, by maintaining a high profile in the media, using advocates in Congress, corporate sponsorship, and social marketing, the breast cancer movement has achieved great success. By contrast, prostate cancer came later to the advocacy game and is smaller and quieter, leading to one of the book’s paradoxes: men who can’t find their voice while women stalk the corridors of power. Cancer Activism highlights a cynical race for attention and money, one the authors lament affects many other disease movements.

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