

# Making Cancer Awareness “Hot”

## An Iconographical Analysis of Anti-Breast Cancer Campaigns in Modern United States

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**Abstract** The article analyzes the visual rhetoric of early anti-cancer campaigns in the United States, revealing a gendered and racial-biased approach in the shaping of the public image of cancer. The author links the image of a healthy, young, thin, blemish-free, white woman alongside messages of cancer detection – still apparent in American media today – to the American medical field’s changing perspective towards cancer at the turn of the twentieth century. Targeting prevention over cure, physicians increasingly stressed that the ‘fight against cancer’ began in the domestic sphere with the women of the household. The question became how to inform this matriarch of cancer symptoms and when to seek medical attention. Though much has been written on these campaigns, little attention has been brought to the decisions behind the exclusionary imagery that these advertisements employed to reach their target audience. Focusing on the efforts of the *American Society for the Control of Cancer* and its successor the *American Cancer Society*, the article argues that the early leaders of anti-cancer campaigns in the United States, predominantly white medical men, projected their narrow view of an ‘ideal’ woman onto the entire U.S. population, perpetuating a limited and exclusionary representation of health and womanhood.

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**Keywords** breast cancer – cancer awareness – health education – media – iconography

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One of the latest international exhibitions on cancer, “Cancer Revolution: Science, Innovation and Hope” (2022) at the Science Museum in London claimed to bust the myths about how cancer is created, explore the progress science has made in understanding this disease, and elucidate the challenges still to come for its eradication. The exhibition was a striking display of past, present, and future. At the end, patients spoke through video recordings directed at the audience. One line, spoken by an individual suffering from colon cancer, stuck out: “A colon cancer patient is not going to be on the cover of *TIME*.” Angelina Jolie’s well-publicized *TIME* front cover nigh proves this speaker’s point. Her op-ed in *The New York Times* of that same year and the resulting ‘Angelina effect’ (referring to the increase in patient opted screening for the *BRCA1* and *BRCA2* mutations after the publishing of Jolie’s preemptive double mastectomy; JOLIE 2013) demonstrates that when it comes to treating cancer, the image of a beautiful woman is preventative medicine’s most powerful tool.

The current article “Making Cancer Awareness ‘Hot’” evaluates the iconography behind modern

cancer awareness ads in the United States, and the aesthetic theory that would establish the general image of cancer prevention as a young, thin, white woman performing a breast self-examination. This article is not about the preponderance of white women celebrity success stories against cancer in the media in comparison to celebrities of other racial backgrounds. Rather, it focuses instead on the highly curated displays that utilize an anonymous model to promote cancer awareness.

Out of the sixteen *TIME* cover stories referencing cancer in their titles from 1990 to 2024, four titles specifically referred to breast cancer research. All four of these articles employed the image of a young, thin, cancer-free white woman to illustrate the latest in scientific findings on cancer. Referring to or cupping their breasts, these figures sell both science and sex. In short, cancer prevention campaigns in the United States rely on imagery of ‘hot women’ detecting breast cancer to engage the public and increase knowledge of this disease. This article attempts to exhibit how one image of cancer became the image of cancer detection, and what this imagery reveals about twentieth-century American culture.

Many scholars have commented on the gendering of cancer in the public imaginary of Europe and North America, as well as the overwhelming saturation of breast cancer in the media in comparison to other cancers. Nearly a decade before the Science Museum's exhibition on cancer, the tabloid *Daily Mail* reported that British women were "living in ignorance" of bowel cancer (HOPE 2011). Even though these interviewees were, statistically speaking, just as much at risk of having colon cancer as breast they had noted breast cancer as their primary concern. ORNELLA MOSCUCI identifies the source of this misconception as the British anti-cancer campaigns in the 1910s, which had largely targeted 'women's cancers' in their efforts to inform the public about the warning signs of all cancers (2016: 1–8). LESLIE J. REAGAN has likewise traced the saturation of women's cancers in current American media to early twentieth-century periodical literature that employed gender as its "key organizing principle in popular cancer discourse" (1997: 1779). Half a century before the Science Museum exhibition and the *Daily Mail* report, the main body behind these anti-cancer campaigns in the United States, the *American Cancer Society*, had reported their concerns that their own efforts had led men to erroneously believe that cancer was a woman's disease (ibid.: 1779–1782). And yet, as ROBERT ARONOWITZ predicted in his 2001 article on the efficacy of these campaigns (359), breast cancer is still the most reported upon and visualized type of cancer in American media today.

Historians, who have evaluated the gendering of cancer in early twentieth-century America and its afterlife in today's media like REAGAN and ARONOWITZ, as well as K.E. GARDNER (2006) and BARRON H. LERNER (2001), all note that these campaigns capitalized on the female body to teach the public about cancer. JENNIFER FOSKET, ANGELA KARRAN & CHRISTINE LAFIA in their article "Breast Cancer in Popular Women's Magazines from 1913 to 1996" summarize how media representations warped this medical knowledge to "reproduce cultural ideologies about womanhood and femininity" (2000: 305). All these scholars argue that—because of the central positioning of 'women's cancers' (e.g., breast, uterine, ovarian, etc.) in the media—blame for the inability to treat cancer was displaced from the medical field

unto women. The present study is indebted to the work of these previous scholars who have evaluated the transmission of medical knowledge to the public. As most of the scholarship focuses on the textual nature of these campaigns, this research adds to previous analyses by addressing their visual components.

Evident in correspondences between medical men as well as editorial displays intended for the public is that just as many efforts were placed in getting women into the doctor's office as learning how to cure the incurable (REAGAN 1997: 1781). With statements like *Do not delay* and *Play Safe!*, medicine of the early twentieth century turned to early detection to 'nip' cancer in its proverbial 'bud' before the disease progressed beyond the field's control (ARONOWITZ 2001: 381). In fact, the *American Society for the Control of Cancer* (the first organization created specifically to fight the 'war on cancer' in the United States) began with the idea that public and professional education was a better use of time and resources than attempting to find a cure (*Baltimore Sun* 1929: 4). To sell that 'control' logic to the public, the *American Society for the Control of Cancer* (ASCC) and the later *American Cancer Society* (ACS) constructed an image of a healthy, 'hot' woman taking control of her disease.

I began this investigation with an examination of the campaign notes of the ASCC and the ACS as well as the published and unpublished papers of the leading figure behind these early advertisements, JOSEPH C. BLOODGOOD, to determine the impetus behind these campaigns, how they were dispersed to the public, and subsequently evaluated and re-distributed for their capacity of getting women into doctor's offices. Understanding that these images would never be viewed in isolation, I then analyzed how newsprints and magazines decided to place these 'medical images' within the larger visual framework of their non-medical publications, evaluating how a broader *visual milieu* of the period informed reader response and how advertisers drew upon this visual rhetoric to enhance the efficacy of their messaging. I argue that the designers of the breast cancer awareness ads relied upon the aesthetics of classical iconography to convey their *Do not delay*-message through the mutually-informing characteristics of 'healthy' and 'hot' already entrenched in American media. To demonstrate this process, this article be-

gins with an analysis of the classical iconography behind the breast self-examination pose and the messaging that this iconography would have communicated in the mid-twentieth century. In the second section, I explain how this iconography became associated with cancer detection through the tactics of the ASCC and ACS from the ASCC's founding in 1913 until the ACS campaign that would create this icon in the 1950s. The last section further explains classical statuary's cultural significance during this period as a comparative device both of health and racial demarcation, revealing that cancer awareness messaging reproduced not only medical knowledge but also socially constructed ideals of what constituted 'healthy womanhood' at this time.

### The Icon of Cancer Detection

In 2007, *TIME* magazine illustrated its cover story “Why Breast Cancer is Spreading Around the World” for their October 15<sup>th</sup> issue with a zoomed-in shot of a woman covering her chest as she lifts her left arm. In emphasis of the article's title, the designers superimposed a map upon the model's body. Bulging and indenting around her abs like folds in paper, the map tattoos itself over her entire abdomen. As it weaves over the topography of her body, her skin from the neck down becomes inked with the names of Asian and African countries. Yet, these continents also stretch beyond her bodily limitations so that the model is not just covered in a map, she *is* the map. The effect simultaneously covers her nudity and reveals it through the very notion that her body should be there (yet clearly is not). She has no nipples, no discernible breasts, and no areolas. All the same, she covers the site where we expect her breasts to be.

This representation of breast cancer detection is not unique. Filtering through the *TIME Vault*, one is struck by the number of stories featuring this pose alone. The model from *TIME* magazine's October 2007 issue is posed identically to her predecessor from February 2002 and successor from October 2015. Expand this study to other major twentieth-century magazine powerhouses like *LIFE* or *People*, and that amount becomes staggering. Flipping beyond their covers to the photo essays, spreads, and awareness ads, there is no question: in the United States, we are inundated by

not just an image of breast cancer but *this* image of a white woman simultaneously exposing and covering her breasts. Despite this dominant view of cancer detection, the essays inside the October 2007 issue speak to how cancer affects individuals non-discriminately around the world and picture some of the many women fighting the disease (KINGSBURY 2007). The cover images, read alongside their articles, create a disturbing dichotomy where the model on the cover remains the healthy body while the stories inside reveal the reality of cancer and its spread. What makes this dichotomy ever more disturbing is that the cover model is nearly always a young, thin, white woman unencumbered by cancer or disability, whereas the real people inside reflect the actual diversity of those who face this disease and the potentially debilitating aftermath of its cures.

In the last section of this article, I attempt to explain the reasoning for this dichotomy. For now, the ‘arm lift and breast hold’ pose that these models strike relay a specific message. Along with their taglines—“Plus: A Guide to the Latest Treatments” (KINGSBURY 2007), “What if I Decide to Do Nothing?” (O'CONNOR 2015), “The Foundation's Updated Breast Cancer Treatment Protocol” (GORMAN 2002)—these images declare: *women should frequently check their breasts*. As previously referenced, the medical slogan *Do not delay* has been at the heart of cancer awareness campaigns since the early twentieth century. The preponderance of images referring to breast cancer detection may be traced to the effectiveness of this ‘breast-hold’ imagery in spreading this very message. In contrast to internal cancers like colon, the image of breast cancer allows one to send the *Do not delay*-message through an external presentation that requires little to no textual explanation: *feel your breasts to preserve your health*. Breast cancer also uniquely allows for the relaying of this information through an alluring nude female body. With nudity, however, always comes the question of how much of the body can be exposed before it becomes ‘distasteful’ or ‘inappropriate’. The slight covering of the breast with one hand in these images helps to remove the question of respectability by denying access to the most erogenous zone of a woman's breast: the nipple. Though meant to represent a breast self-examination (BSE), the covering of the breast combined with these models'

furtive looks away reminds the viewer of the indecency of their nakedness.



**Fig. 1** “Venus”, early 19th century, bronze, 48.6 cm, Gift of April Axton, 1961, Metropolitan Museum of Art. A nineteenth-century bronze miniature based on the famous *Venus de’ Medici* sold as a trinket to tourists on the Grand Tour. The broken arm was repaired on this statue to maintain the classical pose that covers the goddess’s pudendum, exemplifying the *Venus pudica* pose.

While today we recognize the covering of one breast as a breast self-exam, early to mid-twentieth century Americans had no such visual reference for this important medical screening. Instead, this discrete pose was the symbol of modesty, if not the model of modesty herself, *Venus pudica* (fig. 1). Deriving from the iconography of ‘modest Venus’ emerging from her bath, the hand over the breast signifies the shame of being caught in the nude. Throughout the mid-twentieth century, this form saturated American literature and culture so that Americans could distinguish Venus by her modest stance alone. Of course, most Americans at the turn of the century would have only been familiar with the *Venus de Milo* whose lack of arms deny the *pudica*

pose’s full effect (GURSTEIN 2022: 54). Yet, that all changed in 1908, when new discoveries about the statue led to newspapers across the United States printing their various restorations of her form and employing the *pudica* stance in their re-imaginings (NEW YORK TIMES 1908: SM3). The rumor that the sculpture’s arms would be modeled after an American woman created a newspaper frenzy in the United States. To these newsprints, adorning the “most perfect presentment of ideal womanhood in existence” with the arms of an American declared American women the “pre-eminent beauty” of the world (HEILIG 1908: 15). Periodicals subsequently taught their audiences the different types of female personifications and their specific iconography to relay how it was now obvious that ‘chaste’ Venus would hold up her drapery with one hand and cover her breast with the other (EVENING STAR 1908: 3; SAN ANTONIO LIGHT 1908: 1). These twentieth-century newspapers effectively re-taught the American public the iconography of the goddess of beauty and her pose as the embodiment of modesty.

Whether or not twenty-first century designers are aware of the modesty-cum-beauty rhetoric attached to the *Venus pudica* pose, the organizations behind the mid-twentieth-century designs for breast cancer awareness campaigns, the ASCC and ACS, were invested in this very dynamic. One of the first cancer awareness advertisements to be accompanied by an illustration of a nude woman in a *pudica* stance appeared in a 1951 *Redbook* magazine article entitled “Are You Risking Cancer—Because of False Modesty?” (REAGAN 1997: 1781). Appearing only as a silhouette (with again no areolas or real breasts) and with an amorphous shadow covering half her body, the female figure is positioned so that she is simultaneously covered and exposed. Though the figure’s left arm obstructs her face instead of her breast, the illustration nevertheless utilizes the same visual rhetoric of the *pudica* to convey modesty alongside beauty. Along with *women should frequently check their breasts*, this iconic image of breast cancer detection declares: *even if it makes you uncomfortable, expose yourself to your doctor for your greater good*.

The effectiveness of the *Venus pudica* pose in engendering this reaction that the ACS desired in viewers ultimately led this iconography to become not only the popular image of breast cancer



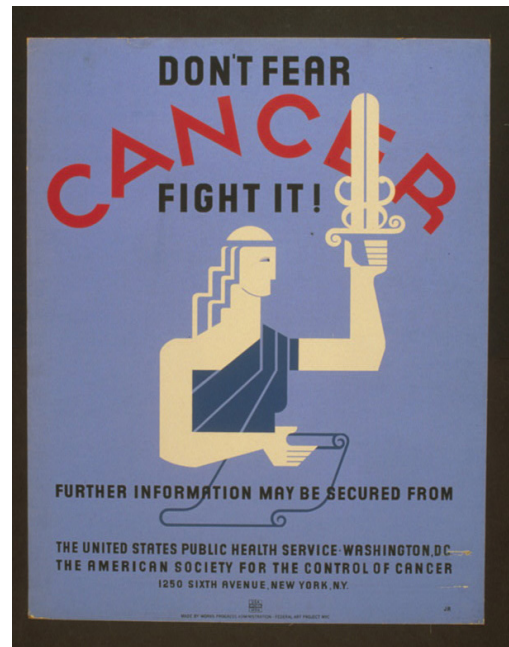
but of cancer more generally. The ACS proceeded to adopt the *Venus pudica*-turned-BSE motif (of a woman not feeling but merely covering her breast) in future posters like its 1968 spread “Your 5 minute Breast Cancer Check”. Eventually other organizations like the *National Cancer Institute* (NCI) followed suit, as well as more local organizations like the *Breast Cancer Research Foundation* (BCRF). The persisting affiliation of the BSE pose with *Venus* is evident in the BCRF’s 2007 campaign, which portrayed a white woman posed as the classical statue with the words “WE’RE MAKING BREAST CANCER HISTORY” superimposed across her back (*New Beauty* fall/winter 2007). The following section demonstrates how and why the ACS created this iconic breast-examiner.

### How *Venus pudica* became the BSE

When the ASCC was formed in May of 1913, it consisted of ten doctors and five other prominent businessmen. Their objective? To teach the American public the medical field’s latest outlook on cancer. As one of its first directors HENRY C. COE announced just months before the establishment of the society: “The point to be impressed upon the laity is that the earlier the diagnosis, the more radical the operation, the better is the prospect of the permanent relief” (1913: 12f.). The board of the ASCC in these first few decades were largely—as the *U.S. National Cancer Institute* characterized them in 1979—“elite medical practitioners based in prestigious centers along the eastern seaboard” (BRESLOW 1979: 500). “Aristocratic” and “parochial”, these male practitioners dictated American propaganda efforts against cancer until the ASCC converted into the ACS in 1945 (*ibid.*). In other words, the professional view of cancer and how a patient should respond to it dominated both professional and public discourses in the early twentieth century. With half of the original members of the ASCC specializing in ‘women’s diseases’, the target of these campaigns became first and foremost the female public. Desiring to reach this audience, the ASCC worked with white women’s groups to spread their message, focusing on ‘women’s’ periodicals like the *Ladies’ Home Journal* and the *Women’s Press* (GARDNER 2006: 26f.).

From articles on “What Can We Do About Cancer?” (1913) to pamphlets on “What Every Woman Should Know About Cancer” (1919), the ASCC’s lan-

guage increasingly cast female patients as the primary actors in their budding “war against cancer” (CAMPAIGN NOTES 1927: 6). As another founding member of the ASCC explained: because women are the heart of the household, they “are the first line of defense in our combat with disease” (*Bloodgood Papers* 1928). The leaders of the ASCC re-conceptualized mothers as the “health department of the family” (TOBEY 1932: 6). To reach the whole family, the ASCC realized they had to target that heart.



**Fig. 2** Jerome Henry Rothstein (artist) and Sponsor Federal Theatre Project, *Don't fear cancer fight it!*

In its early years, the ASCC’s publications included advertisements in popular magazines, articles in newsprints, small pamphlets, convention displays, and exhibits at dispensaries as well as other “places where it will be seen by large groups of people” (CAMPAIGN NOTES 1921: 1). These early designs were mostly textual in nature, relying on the careful layering of phrases and exclamation marks to attract attention. As printing became cheaper and the ASCC’s advertisements more commonplace in magazines and newsprints, the organization switched tactics. In 1922, the board suggested for each branch of the ASCC to estab-

lish a “Committee on Publicity” with an illustrator on staff to make their campaigns “something more than mere paper outlines” (*Campaign Notes* 1922: 3). In 1928, the society sponsored a nationwide poster contest with the *New York City Cancer Committee*. From this contest, George E. Durant’s winning design (now dubbed the ‘Sword of Hope’) became central to how the society conceptualized its efforts from then on: *fighting the war against cancer*. In the late 1930s, the ‘Sword of Hope’ took its new place in the hands of *Hygeia*. By invoking the Greek goddess of health, this new imagery asked women readers to step into the shoes of a female healer to take charge in the fight (fig. 2). Local and national societies working in tandem with the ASCC helped to distribute these advertisements widely to the public. In an article entitled “Art Aids the Doctor”, the *American Medical Association’s* public education magazine (coincidentally named *Hygeia*) recognized the potential of these images: “The use of art in the war on cancer may seem a bit far fetched until one notes the strikingly effective manner in which it has been employed by the Federal Art Project of the Works Progress Administration” (JUDD 1939: 135).

It was in 1930—shortly before the creation of these “striking” images—that one of the most prolific writers for the ASCC, the surgeon JOSEPH C. BLOODGOOD, had had an epiphany. In recalling this epiphany in 1935, he wrote: “Just when it suddenly dawned upon me that cancer of the skin rarely attacks a beautiful woman, I do not know; but that I made that statement first years ago, I do know. It is now accepted as true” (*Bloodgood Papers* 1935). In the hundreds of articles and lectures that he and the ASCC broadcasted between 1930 until his death in 1935, BLOODGOOD disclosed this epiphany in nearly all of them: “More and more women, whether beautiful or not, are interested in their appearance, and their vanity and effort in caring for themselves is preventing cancer of the skin” (*Bloodgood Papers* 1931). Along with the rhetoric that mothers were the health department of the home (BLOODGOOD 1932: 220), BLOODGOOD effectively transformed women’s “vanity” into the saving grace against cancer. During the time of BLOODGOOD’s epiphany the publishing of images in periodical literature had become less expensive, allowing the surgeon to illustrate what he meant by this ide-



**Fig. 3** Illustration for the article “Courageous fear—the mother of safety” written by JOSEPH C. BLOODGOOD for the public education magazine *Hygeia* (January 1934), p. 14.

al matriarch. From a black-tie figure gracing the *Hygeia* article “Courageous Fear—The Mother of Safety” (fig. 3) to a flapper with cropped-hair reading a book labelled “1931 I resolve” within a pamphlet for nurses, a young, thin, blemish-free, stylish white woman and her classical counterpart *Hygeia* quickly became the icons of the *Do not delay*-campaign of the 1930s.

Coincidentally, it was in the 1930s that the ASCC had attained their initial goal. Women (or at least white women) were now consulting their doctors about cancer of the skin and breast. BLOODGOOD even noted in his address to the ASCC that the press had an excellent track record in promoting the medical profession’s view of breast cancer (1927: 158f.). But BLOODGOOD would also go on to clarify in the same report that cancer of the cervix and uterus were not given nearly as much attention as they deserved: “The

correct message of the medical profession either has not reached the women of America, or, if it has been received, false modesty or some other factor may explain the delay” (ibid.: 160).

BLOODGOOD’s statement on “false modesty” indicates what the ASCC and later ACS felt they were up against. It also provides new context on the previously mentioned *Redbook* article of 1951 and its accompanying image of a bashful female figure. Though written by the reporter COLLIE SMALL, the *Redbook* article predominantly promotes the opinions of an unnamed New York cancer surgeon. The surgeon had chosen to remain anonymous so that he could state his opinions bluntly: “Every day I have to sit back and watch helplessly while men and women commit suicide by cancer simply because they didn’t go to a doctor in time. There are various reasons for it—fear and false modesty, for example” (SMALL 1951: 33). According to SMALL, this surgeon was by no means alone in his assessment of the American public and their hesitancy to undergo medical examination. These 1950s surgeons were all still in agreement with BLOODGOOD that early diagnosis was imperative for surgical success against cancer, and that women were inhibiting that success by refusing “to allow doctors to examine certain parts of their bodies” due to their “false modesty” (SMALL 1951: 33).

A summary of SMALL’s article in *Reader’s Digest* the following year—which also copied over the *Redbook* illustration of the modest nude female figure—explains what these early to mid-twentieth surgeons meant by “false modesty”:

A genuinely modest person is not likely to delay going to a doctor for fear of being embarrassed, because the thought that something embarrassing might happen never occurs to him or her in the first place. Conversely false modesty raises all sorts of specters and goblins (*Reader’s Digest* 1952: 13).

In the mid-twentieth century, respectable womanhood required modesty and “sexual purity” (REAGAN 1997: 1781). The *Reader’s Digest* author implies that a sexually pure woman does not have sexual thoughts in the first place.

To solve any potential delay in treatment due to women’s ‘unfounded fantasies’, BLOODGOOD advocated for more women to enter the field of preventative medicine and perform annual checkups

(*Baltimore Sun* 1934: 9). To him, a woman primary care physician would help to remove women’s erroneous fear of sexual advances from their doctors. The idea that a woman could also see a female physician as a sexual threat evidently had not crossed the minds of these various medical men. Nor did they consider how the history of healthcare illustrates that there was a real cause for these concerns, with many white women of the nineteenth century reporting abuse by the medical industry (WOOD 1973: 40f.), let alone the sexual violence against black women at the foundation of American gynecology (OWENS 2017: 23).

When the ASCC transitioned to the ACS, the reformed organization likewise blamed women’s “false modesty” instead of addressing the issue at its source: medical education. To reach their still target audience of women readers, the new directorial board of the ACS—now comprised of largely advertisers and businessmen—invested even more funds into the dissemination of eye-catching imagery. Under the direction of Mary Lasker, the wife of the “advertising tycoon” Albert Lasker, the ACS’s efforts turned to film (CANTOR 2007: 56–59). It was through these visual displays that the image of cancer control transformed from the healer *Hygeia* wielding her sword into another Greco-Roman goddess with which the ACS of the 1950s felt their everyday woman would better identify: a modernized *Venus pudica*.

The transformation that would first align *Venus pudica* with breast examination occurred with one of the ACS’s early films: “Breast Self-Examination” (1950), establishing with it the iconographic pose that would be disseminated in non-medical publications like the previously mentioned *Redbook* illustration. In the instructional video, a group of white, upper-middle class women attend a lecture on the importance of early detection given by a Dr. Williams. The doctor’s lecture ends with the advice that all those in attendance should make an appointment with their doctors to learn the latest breast self-examination (BSE)-technique. The remainder of the film follows one of the youngest attendees, Mrs. Wright, as she does just that. In the 16-minute video, a full breast examination is performed twice: once in a doctor’s office and again in Mrs. Wright’s bedroom. *LIFE* magazine reported on

the continued success of this instructional video in 1958 (how it had reached 6.5 million viewers in just seven years) with a still from a recent watch party. The *LIFE* snapshot displays a packed movie theater with an image of Mrs. Wright's chest frozen on a large screen before the audience.



**Fig. 4** Screenshot (timestamp 12:31) taken from “Breast Self-Examination”, encoded moving image, United States: *American Cancer Society*, 1950.

The still of the film that *LIFE* chose summarizes both the film's intent and the predominant angle that “Breast Self-Examination” adopts in its last two-thirds of play time (fig. 4). Before Mrs. Wright's doctor performs her first breast examination, the camera zooms in on her torso to explain how her breasts being “symmetrical” is the first important indicator of her health. As Mrs. Wright's examination continues, the camera focuses predominantly on her upper torso. Without knowledge of the film, however, what one ultimately encounters in the *LIFE* snapshot is a movie theatre where 1,000 women are watching a young (notably married) woman covering her left breast in a pose reminiscent of the *Venus pudica*. Mrs. Wright's head is entirely obstructed from view, as is most of her body. Although it is unproductive to age Mrs. Wright, her torso alone—perky and devoid of any sagging or wrinkles—implies a younger woman than the one introduced at the beginning of the film. The zoomed-in angle not only perfectly summarizes the film's intent to teach women how to perform a BSE at home, it also reveals the agenda behind the video's poignant views of Mrs. Wright's body.

Though the main objective of the film was to teach women how to perform a BSE, the film also sought to spread the messages of *Do not delay* and *Get over false modesty*. Throughout the film, the imagery and script exhibits womanhood as a tension between desiring knowledge and overcoming reservations. All the women in attendance of the doctor's lecture are portrayed as ‘respectable’ with their buttoned-up clothing and hats. So respectable that they even fear asking a professional too many questions about their bodies (GARDNER 2006: 116). The audience only ventures to ask Dr. Williams what they truly desire to know after their chairwoman urges them to do so with: “Oh I know some of us may feel reluctant to ask questions about breast cancer, but after all, the only way the doctors have been able to help us is to open up this entire subject to honest and intelligent discussion” (“Breast Self-Examination”, timestamp 1:50). After the chairwoman's nudging, a robust conversation ensues over the curability of cancer, which ends in Dr. Williams's last piece of advice on the breast exam. Through Mrs. Wright's specific journey as one of these respectable women, we (as the external audience) learn that we too can seek medical advice from the professional sphere and bring it home with us to our domestic one (GARDNER 2006: 117).

In this context, the frozen frame of the *Venus pudica* stance memorialized in *LIFE* becomes a charged image that rewrites the BSE with modesty and beauty in mind—particularly when one considers how the entire video was framed. “Breast Self-Examination” opens with a thirty second shot panning over WILHELM LEHMBRUCK's 1911 statue *Kneeling Woman* (fig. 5). Through various articles written from the late 1930s through the 1950s, *Kneeling Woman* became the canonical image of German Expressionism for the American people and subsequently labelled one of the most beautiful sculptures in the world (LANGFELD 2014: 12). In his examination of the canonization of German Expressionism in the United States, GREGOR LANGFELD explains that “Canonisations are social processes that establish identity. Viewers recognize themselves in the work of art and find their convictions affirmed. Identifications with the ideology associated with the work of art in question creates the precondition for the work being considered worthy of the aesthetic gaze” (2014: 13).



What made *Kneeling Woman* an exemplary modern piece, according to art critics of the time, was how LEHMBRUCK was able to take the ‘classical style’ and warp it into a new form somehow even more aesthetically pleasing to his contemporaries. The classical style here refers to Greco-Roman statuary, and in this specific case to *Venus* emerging from her bath. According to contemporaneous art critics, it was LEHMBRUCK’s ability to create a body *without a body* that canonized *Kneeling Woman* as the modern art piece:

One was no longer aware of breasts, abdomen, arms, and legs as literal physical constituents of the human form, but only as related organic coefficients contained within a disciplined sculptural unit and inhabited by the spirit of woman rather than her body. *The woman* became a plastic symbol for woman (BENSON 1935: 462).



**Fig. 5** Screenshot (timestamp 00:13) taken from “Breast Self-Examination”, encoded moving image, United States: American Cancer Society, 1950.

Through a similar process of identification, the BSE became the canonical image of cancer awareness. Stepping into the shoes of the intended female audience, when we glimpse Mrs. Wright’s fragmented body positioned on screen, we are meant to see not Mrs. Wright but rather a similar “plastic symbol” of womanhood. This process of identification is aided through the idea that we are beholding a ‘sculptural’ rather than ‘real’ body. In other words, Mrs. Wright’s younger looking body—symmetrical and free of blemishes and disability—aligns her with the aesthetics of a classical nude sculpture rather than a real naked subject.

Abiding by the aesthetics of Greco-Roman statuary, nineteenth-century art theorists and critics maintained that the blemishes of real women like age spots and cellulite had no place in art, or ever to be in public view (JOYCE 2006: 180). As real bodies are inappropriate for public consumption, the beautiful body is present then not only to be aesthetically pleasing, but also to allow an unclothed body to be displayed. “Breast Self-Examination” reinforces this aesthetic theory of the past century and legitimizes it through the aegis of medicine. It is also worth repeating here that Mrs. Wright was one of the younger women attending Dr. Williams’s lecture in the film, following her journey and displaying her “symmetrical” younger breasts rather than any of her older compatriots. Effectively, the cropping and exclusive view of a young, blemish-free woman touching (rather than feeling) her breast, as well as the careful covering of that breast so that it is also never fully exposed, allows for the presence of a nude body onscreen without the sexual connotations wrapped up in nakedness that the medical profession claimed kept women out of their offices.

By opening “Breast Self-Examination” with LEHMBRUCK’s modern *Venus*, the ACS followed in the footsteps of BLOODGOOD and the ASCC to formally tie women’s health to women’s beauty in their campaigns. As cancer control increasingly became about the preservation of a beautiful body through preventative medicine, awareness advertising in turn relied on ideologies of what constituted a ‘beautiful woman’. For BLOODGOOD and the ASCC in the 1920s and early 1930s, that beautiful woman was modeled after *Hygieia* and the stylish flapper, with which they thought their audience would best identify. In contrast, the ACS in the 1950s drew inspiration from the goddess *Venus* and her various nude forms.

*Venus pudica* embodied all the messages the ACS wished to impart to their target audience in one salient image (e.g., *Do not delay, Overcome false modesty, Perform self-examination, Your beauty is your health*). *Venus* in these campaigns, however, ties more than just beauty (and modesty) to health and cancer control. By the mid-twentieth century, American media had already reconstructed the statue as their “new modern woman” (CARDEN-COYNE 2009: 230). As this modern goddess, women were to be sexy (but also self-disci-

plined enough not to act on their sexual urges), thin (but not too thin as they needed to bear children), young (but if of child-bearing age, married), and without any disability that would keep them from said bearing and raising of children. In the 1950s, *Venus* effectively became the model of the proper housewife, concerned more with her beauty than politics, and importantly *back in the home*. Breast cancer awareness-campaigns of the 1950s, seeking to target the ‘heart of the home’, capitalized on this rhetoric in popular printings. Yet, in so doing, the health organizations behind these campaigns legitimized the sexist, racist, and ableist ideologies lurking behind ‘modern *Venus*’.

### **Venus as the Ideal Modern Woman**

As ARONOWITZ observes, the stability of these campaigns, their efficacy, and the pervasiveness of their *Do not delay*-message lies in the “feedback loop” that they create (2001: 359). Women who acted as these campaigns instructed were saved from cancer’s true ugliness, at least according to the campaigns promoting this early detection rhetoric. An important part of this feedback loop, thus, was the visualization of a beautiful woman who could be saved from cancer through her early detection and action. Yet in giving this *Do not delay*-rhetoric a single physical embodiment, these advertisements also contributed to the shaping of societal ideals of what constituted a beautiful, healthy body in twentieth-century American culture.

Beauty had been—and very much still is—the hallmark of health in Euro-American medicine (WARSH 2011: ix). Beyond the identifiers that one may already recognize in the wellness domain like ability and age, which were central to health “rejuvenation” campaigns of the early twentieth century (ALEXANDER *et al.* 2020: 876), twentieth-century medical industries in the United States and their public outputs were equally invested in erroneously defining health along the spectrums of sex, gender, and race. Importantly, as LANGFELD discerned, something is “considered worthy of the aesthetic gaze” because it evokes and reinforces an observer’s ideologies (2014: 13). As this section will illustrate, in Western nations like the United States, when it came to health classical sculptures carried more weight than their marble.

This article has evaluated the construction of an iconography of cancer prevention, from when the ASCC first began to adopt imagery in its campaigns (c. 1920) to when the icon of breast cancer as a young, thin, white woman became the standard image of early detection (c. 1950). During the early twentieth century, the associative links between beauty, health, and classical antiquity were already firmly established. By the late nineteenth century, with the waves of nationalism in European nations, countries like Germany, France, and England claimed their people to be “more Greek than another” as a means of exhibiting their nation’s ideal healthiness (LEOUSSI 1997: 55). The famed statistician behind the ‘Quetelet Index’ (renamed the ‘Body Mass Index’ in 1972; EKNOYAN 2008: 47), ADOLPHE QUETELET, stated that part of his impetus for mapping the average Belgian body was to “attain to the type of beauty in the arts” (1842: vi). Though he acknowledged the ancient Grecian body as not the average modern Belgian, QUETELET was “surprised to find how little variety of opinion exists, in different places, regarding what they [Europeans] concurred in terming the beautiful” (*ibid.*).

In European countries, the ancient Greek body was the ideal. The United States was no different. Multiple American publications expressed a desire to trace a direct lineage to a Grecian ideal past to prove the unity and healthiness of the modern American people (CARDEN-COYNE 2009: 44). Like their European counterparts, American physicians relied upon the widespread knowledge of Greco-Roman sculpture to teach the American people about their bodies. Citing QUETELET’S studies as their precedence, these medical professionals used *Venus de Milo* as a comparative device for real women to understand if their body weight was healthy or not, with *McClure’s Magazine* declaring that to be healthy was to align with the “standards of Greek sculpture” (SYMONDS 1909: 319). If one strayed too far from this ancient standard in either direction that person was labeled ‘underweight’ or ‘overweight’, declared to have more susceptibility to diseases, and even subjected to higher life insurance prices (*ibid.*: 320). The conflation of *Venus* with ideal health explains why the prospect in 1908 of the *Venus de Milo* re-sculpted with ‘American arms’ created such a frenzy in the United States.

In the aftermath of the women's suffrage movement and the World Wars, mid-twentieth-century United States increasingly cast the ideal American citizen as a variant of classical sculpture. Creating a detached history of war that envisioned wholeness and unity rather than the realities of fragmentation and suffering, classical aesthetics provided a means through which the American public could face the tragedies of war through “physical perfection, social regeneration, and western cultural renewal” (CARDEN-COYNE 2009: 23). ANA CARDEN-COYNE argues that the saturation of the classical body within American media after World War I helped the American people to re-envision themselves as part of a superior nation; and twentieth-century health magazines, diet manuals, and various product advertisements often utilized the rhetoric of the classical ideal as the model of ideal health (2009: 33). At this time, the ratification of the 19<sup>th</sup> amendment and the shifting roles of women due to the wars had also led to a particular anxiety over what constituted ‘femininity’. In the first few decades of the twentieth century, the American media obsessed over women's emancipation, noting that the image of femininity had changed from “the deformed waist and voluminous hips of the nineties” to the “broader shoulders, narrower hips, and longer legs of the post-war flapper type” (OUTERBRIDGE 1933: 36). Short hair and shorter skirts, an increased use in cosmetics, smoking and drinking, the ‘masculine’ flapper characterized women of the early twentieth century (FREEDMAN 1974: 378). Yet the economic struggles of the 1930s and 1940s led to increasing fear over this new masculinized-feminine type, and “[w]orking women were being asked, if not forced, to leave their newly acquired positions and return to the home” (ibid.: 380).

*Venus* held a prime place in the re-domestication of women, appearing in *Vogue*, *Vanity Fair*, and *Ladies' Home Journal* to teach women readers about the true feminine form (LUCAS 1926: 44; BENITO 1925: 43). *Physical Culture* took this appreciation a step further, including an image of the *Venus* in her *pudica* stance to illustrate ideal feminine health (OUTERBRIDGE 1933: 37). A few years earlier, *Physical Culture* had held a contest to find their new “Modern *Venus*”. The advertisement for this contest highlights the increasing disdain for the 1920s masculine woman and the role *Venus* would play in reshaping feminine ideals: “In this

heyday of flat-chested, bustless, hipless women, *Physical Culture's* quest for a *Venus* will undoubtedly receive the attention of a vast army of followers of all things that are beautiful and healthy, especially the feminine form” (1928: 59). A large part of *Physical Culture* magazine was dedicated to teaching its readers that *Venus's* ideal proportions could be attained through proper diet and exercise as well as maintaining a clean and healthy home. *Venus* stood now not only for ideal female health and beauty, but for ideal feminine behavior as well.

Hoping to get women into doctor's offices earlier to detect cancer before it spread, the white medical men and business leaders behind breast cancer awareness ads aimed to visualize what they deemed appropriate behavior for the standard American woman: *act early*. As BLOODGOOD stated, beautiful women were thought to naturally follow health advice (*Bloodgood Papers* 1935). Importantly, BLOODGOOD's epiphany did not come out of nowhere. It derives from one of the fastest-growing medical models of the age: constitutionalism. Constitutional medicine, or the holistic medical study of an individual based on their specific constitution or bodily make-up, had a brief renaissance between 1920 and 1950 that saw elite physicians and surgeons—like those that made up the ASCC—categorizing patients' health based on their body types. These physicians theorized that people inherited constitutions that subsequently informed their susceptibility to disease, their behavior and physical performance, and even how they responded to medical knowledge (TRACY 1998: 164). Whereas the turn of the twentieth-century medical field recognized correlations between body type and behavior, the mid-twentieth century rewrote correlation into causation so that certain body types were now naturally healthier than others (ibid.: 174).

Constitutional medicine fell out of favor in the 1960s when one of the discipline's leaders, WILLIAM SHELTON, was rightly called out for the “ethnic, racial, and gender prejudices that pervaded” his work with many physicians trying to distance themselves from his discriminating practices following World War II (TRACY 1998: 178). Yet while the medical industry abandoned constitutionalism, popular media continued to reproduce SHELTON's problematic morphologies, with “[e]ndomorph, mesomorph, and ectomorph becoming

household words" (ibid.: 177). These categories still can be found on social media today, conveying the idea that a combination of mesomorphic and ectomorphic characteristics (which uncoincidentally resembles a Greek statue; SHELDON 1940: 189) are superior in health and behavior to their 'fat' endomorphic counterparts. Although SHELDON almost exclusively wrote on male body types, magazines increasingly compared real women's bodies to *Venus* to illustrate her superior, "civilized beauty" in comparison to the "primitive" women who deviated from her perfect curves (CARDEN-COYNE 2009: 248).

The disturbing repercussions of reconstructing womanhood as *Venus* cannot be overstated. The early twentieth-century's turning of the classical aesthetic into the universalizing body of the West effectively reconstructed the Western body as white and all not-white citizens as invisible, inferior, and/or other (CARDEN-COYNE 2009: 133). In her text "Representations of Whiteness in the Black Imagination", BELL HOOKS recognizes this American "myth of 'sameness'" and its "primacy of whiteness" as stemming from a desire "to erase all traces of [black] subjectivity during slavery and the long years of racial apartheid, so that they could be better, less threatening servants" (1985: 167f.). The classical form assists in perpetuating this myth of sameness to deny any gaze other than white and to maintain whiteness as standard. Nowhere is this more evident than on war memorials of the period, which feature white American soldiers posed in the classical ideal. CARDEN-COYNE illustrates how the use of white classical statues on war memorials led to the mass forgetting in the United States of African American service during the World Wars. Indeed, to maintain the illusion that an ideal is universal, deviations are made invisible, cast as depraved, and "dissociated from whiteness" (HOOKS 1985: 62). Much in the same way that black American soldiers "challenged the cultural remembering of war in the embodiment of heroic white soldiers" (CARDEN-COYNE 2009: 47), and thus were purposefully not represented, an illustration of not-white female patients challenges the ideal universal feminine subject (*Venus*) and her universalizing aesthetic (modest sexuality).

For as long as white *Venus* has been associated with ideal beauty in European and Anglophone cultures, Western popular media and

scientific tracts have depicted deviant female sexuality through her black counterpart: "black Venus" (MITCHELL 2020: 57). Through representations of voluptuous black women, darker skin color became associated with what twentieth-century American physicians and their public outputs like *Physical Culture* would label as the quintessential hallmark of unhealthiness: *fat*. Abiding by the same principles informing SHELDON's work, popular health magazines rewrote fatness as a lack of self-discipline due to a "fat person's" innate constitution. Women who were "fat" were more likely to be "moronic" as well as to have deviant sexuality (CARDEN-COYNE 2009: 251). All of which contributed to popular magazines declaring—with little to no scientific backing at that time—that women with larger or rounder body types were more likely to get cancer (FOSKET *et al.* 2000: 313f.). Importantly, as HOOKS also relays, these negative descriptors of fat bodies are a vestige "of the cultural apparatus of 19<sup>th</sup>-century racism" that reinforced negative stereotypes about black women's sexuality, behavior, and health (HOOKS 1985: 62–64), as it was black *Venus's* larger body type that proved to white theorists that she lacked the self-discipline and modest restraint of her white counterpart (GILMAN 1985: 223).

The embodiment of cancer prevention as a white *Venus* confirms that when it came to spreading their message about cancer to the American public, the ASCC and the later ACS targeted exclusively middle-class white America (GARDNER 2006: 13). As with the first and second waves of feminism, health movements of these periods took on a singular perspective that catered towards the upper-middle class, white woman, promoting her agency and eliding the presence of anyone else (HOOKS 2015: 2). Though the ASCC in its early years often recounted numbers of cancer mortality based on 'race', there were very little efforts to reach "colored" populations (*Campaign Notes* 1921: 1). Out of the hundreds of the ASCC's campaign notes from 1918 to 1929, only two make any mention of a member speaking to a not-white group. In fact, when reading the ASCC's assessments of the efficacy of their advertising—while it is evident that gender is a primary concern—race and class are conspicuously missing from further analysis (*Campaign Notes* 1919: 1). SUSAN SMITH has demonstrated that this disparity was in part



due to the initial racial segregation of these campaigns with white leaders like BLOODGOOD catering towards a white public and black leaders like ROSCOE C. BROWN creating separate materials for black audiences (2010). Pertinent to the timeframe of this study, the ACS’s curation of white *Venus* as their model of breast cancer awareness in the 1950s, however, also corresponds with the dissolution of these black-led organizations (the *National Negro Health Movement* and *Office of Negro Health Work*) as they were integrated into the *U.S. Public Health Service* following the end of Jim Crow. While the former black leaders of these once segregated health campaigns welcomed this “federal assistance as a political victory because it was a way to bypass the restrictions of local white-only policies”, these changes in actuality made anti-cancer campaigns less accessible to black Americans (SMITH 2010: 85). It also meant that the universalizing body of the West—white *Venus*—would now be used to teach all American citizens about cancer regardless of whether they identified with the specific type of beauty and behavior that this icon upholds and reproduces.

## Conclusion

In most images of breast cancer awareness, we see the same type of woman. She is young. She is thin. She is abled. She is white. She is *cancer-free*. Most evident in these illustrations is that the image of cancer in the media is *no cancer*. Despite the wealth of written literature on how to recognize and prevent cancer, campaigns in the early to mid-twentieth century largely avoided pictorially representing what a cancerous body looks like. By representing the pre-cancerous body as *Venus*-like figure, these campaigns reproduce the myth that this discrete body type is the standard of health that all American women should follow. Cancer may spread globally, as the map of Asia and Africa on the white model’s body of *TIME* magazine apparently exhibits, but the imagery within these advertisements implies that only women who act in accordance with a young, thin, white woman’s constitution will be saved from cancer’s devastating effects.

As MARGARET BLACK stated in her analysis of breast cancer awareness advertising of this same period from 1920 to 1950, “evidence is not strong

for the direct effect of beliefs and knowledge on screening behaviors” (1995: 271). Yet advertisements nevertheless still inform how people conceptualize health. When it comes to breast cancer, statistics do not lie. Today, there is a real discrepancy between how many white success stories are promoted in the media versus how many black women die of this disease. Black women have some of the highest breast cancer mortality rates in the country (NTIRI *et al.* 2018: 898), with breast cancer at one point being the second leading cause of death of black women in the state of Maryland (BOWIE *et al.* 2008: 184), where the ASCC member and surgeon BLOODGOOD practiced. With these statistics, I do not wish to imply that the ACS created a single image of cancer prevention to purposefully exclude members of the United States population from important medical knowledge. *Do not delay* was the intended message for *all* Americans. Yet when it came to curating this message for the American people—first dreamt by teams of “aristocratic” white medical men and then disseminated with the help of white women and white businessmen—these initial leaders of the anti-cancer campaign could not imagine any perspective outside their own. As such, the ‘ideal’ image that they created for all the United States population ended up reflecting their limited view of who the ideal, healthy woman should be.

## Notes

1 This article is also not in any way a critique of individuals seeking pre-emptive care, or of celebrities sharing their success stories.

2 This statistic was gathered from assessing the cover images available online through *TIME Vault*. I chose to begin this survey with the year 1990 because from *TIME*’s founding in 1923 up through the 1980s their cover stories largely focused on individual persons and not general case studies. This statistic is also not all-encompassing, focusing only on cover images that use ‘cancer’ in their titles. Thus, the *TIME* ‘Angelina Effect’ cover from 2013 is not counted in this number, as it does not use the term ‘cancer’ in its title or subtitle.

3 I presented my initial research on the construction of this iconography and its cultural significance at the “Real Colegio Complutense” at Harvard University in April 2023, and later at SECAC in October 2023. After my SECAC-presentation, another historian in attendance asked how these campaigns could be effective without classicism’s “universal aesthetic”. I did not have an answer then, nor do I now. However, this article is a re-

sponse to this very thinking that the classical body is somehow universal.

**4** Due to image rights, the *TIME* covers could not be printed in the article. They are, however, freely accessible online through TIME Vault."

**5** In 1918, the directorial board consisted of Robert Abbe, Joseph C. Bloodgood, George E. Brewer, Henry C. Coe, Harvey R. Gaylord, Charles L. Gibson, F. R. Green, W.D. Haggard, Seale Harris, Howard Lilienthal, John W. Long, Franklin H. Martin, William J. Mayo, Charles A. Powers, F. F. Simpson, F. T. van Beuren Jr., and J. M. Wainwright.

**6** The first article was written before the formation of the ASCC. *The American Gynecological Society* hired Samuel Hopkins Adams to write the piece "What can we do about cancer?" for the *Ladies' Home Journal* (1913). BLOODGOOD often mentions how formative this collaboration was for the ASCC in his surgical papers, see vol. 10 (housed at the *Welch Medical Library Archives*).

**7** Though printed in the ASCC's Campaign Notes, Bloodgood practiced in Baltimore and lent his opinion frequently to the public through the *Baltimore Sun*, which tracked nearly all his lectures, broadcasts, and pamphlets concerning cancer; and is the reason, why I frequently cite this newspaper.

## Table of Figures

**Fig. 1** "Venus", early 19<sup>th</sup> century, bronze, 48.6 cm, Gift of April Axton, 1961, Metropolitan Museum of Art. A nineteenth-century bronze miniature based on the famous *Venus de' Medici* sold as a trinket to tourists on the Grand Tour. The broken arm was repaired on this statue to maintain the classical pose that covers the goddess's pudendum, exemplifying the *Venus pudica* pose. Image Source: the Metropolitan Museum of Art. © Public Domain.

**Fig. 2** Jerome Henry Rothstein (artist) and Sponsor Federal Theatre Project, *Don't fear cancer fight it!* / JR. [Nyc: works progress administration federal art project, between 1936 and 1938], photograph. Image Source: Library of Congress. [www.loc.gov/item/98518521/](http://www.loc.gov/item/98518521/). © Public Domain.

**Fig. 3** Illustration for the article "Courageous fear – the mother of safety" written by JOSEPH C. BLOODGOOD for the public education magazine *Hygeia* (January 1934), p. 14. Image Source: Internet Archive © Public Domain.

**Fig. 4** Screenshot (timestamp 12:31) taken from "Breast Self-Examination", encoded moving image, United States: *American Cancer Society*, 1950. © *American Cancer Society*. Attribution-NonCommercial 4.0 International (CC-BY-NC 4.0). Source: Wellcome Collection.

**Fig. 5** Screenshot (timestamp 00:13) taken from "Breast Self-Examination", encoded moving image, United States: *American Cancer Society*, 1950. © *American Cancer Society*. Attribution-NonCommercial 4.0 International (CC-BY-NC 4.0). Source: YouTube. <https://www.youtube.com/watch?v=5BrvqIFxk-o>. The film still shows Wilhelm Lehmbruck (1881–1919), *Die Knieende* (*Kneeling Woman*), 1911, cast stone, edition of 4, 175.9 x 138.43 x 69.85 cm.

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