

## REVIEW

Review of *Malignant: How Cancer Becomes Us* (University of California Press, 2013) and *Teratologies: A Cultural Study of Cancer* (Routledge, 1997)

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“Cancer, in all its nounishness, refers to everything... and nothing.”

- S. Lochlann Jain, *Malignant: How Cancer Becomes Us*

“The narrativization of the struggle against cancer is not only present in the accounts of personal experience, it pervades all representations of the disease.”

- Jackie Stacey, *Teratologies: A Cultural Study of Cancer*

S. Lochlann Jain’s 2013 book *Malignant: How Cancer Becomes Us* tracks how cancer has become so thoroughly embedded in the fabric of U.S. culture. Roughly fifteen years earlier, cultural studies theorist Jackie Stacey’s *Teratologies: A Cultural Study of Cancer* mapped the ways in

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which cultural fabrics shape cancer narratives. The inaugural publication of *Catalyst* has presented an opportunity for the editors to bring Jain and Stacey into conversation and to engage the shifts, overlaps, and discontinuities between these two studies. Reading *Malignant* and *Teratologies* through the multifaceted field of feminist science and technology studies sheds light on theoretical consistencies and changes in the time between their publications. This review, which follows the conversation between the authors, is intended to further help locate these books in the broadening theoretical landscape of STS as well as feminist and queer studies.

While Jain and Stacey's projects are very different, they share many intellectual and methodological commitments. Both scholars are strongly interdisciplinary, as reflected not only in *Malignant* and *Teratologies* but also in their training as well as current institutional appointments. Jain trained with Donna Haraway in the interdisciplinary History of Consciousness Program at the University of California Santa Cruz and is currently appointed as Professor in the Department of Anthropology at Stanford University. Jain's first book, *Injury: The Politics of Product Design and Safety Law in the United States* (2006) draws upon anthropology and STS to examine how harm is conceptualized in U.S. liability law and post-injury litigation. Jain has also contributed to Jonathan Metzl and Anna Kirkland's *Against Health: How Health Became the New Morality* (2010), an anthology that draws upon fields such as STS, anthropology, disability studies and feminist theory to critically interrogate health cultures from inside biomedical and public health studies as well as STS. Stacey was trained at the Centre for Contemporary Cultural Studies at the University of Birmingham and, until 2007, was appointed in the Department of Sociology and the Institute for Women's Studies at Lancaster University—an academic setting where, in addition to Stacey, scholars such as Sarah Franklin and Maureen McNeil were working at the intersections of feminist theory, cultural studies and STS. Early in her career, along with Sarah Franklin and Celia Lury, Stacey co-edited the anthology *Off-Centre: Feminism and Cultural Studies* (1991). This

collection was primarily concerned with the intersection of cultural studies and feminist theory, however, it also announced feminist cultural studies of science and technology as an important working area. Stacey engaged the intersection between feminist cultural studies and STS further in *Global Nature, Global Culture* (2000), a volume also co-edited with Franklin and Lury, in which imaginaries of life, nature, scale, and technoscience are examined. Stacey's first single-authored book, *Star Gazing: Hollywood Cinema and Female Spectatorship* (1994), detailed how women's experiences of cinema were shaped by their experiences of time and place. The book was the first sustained account to bring together feminist psychoanalytic theory of film and Birmingham School sociology. Stacey's most recent book, *The Cinematic Life of the Gene* (2010), reads contemporary anxieties about cloning, as articulated in films addressing the topic, through a feminist and queer lens. Stacey is currently appointed in the Department of Media and Cultural Studies at Manchester.

In addition to their shared commitment to interdisciplinarity, both authors draw on their own illness experience, specifically cancer, to theorize the wider social and cultural constructions of illness. In this way, *Malignant* and *Teratologies* join such important works as Audre Lorde's *The Cancer Journals* (1980), Eve Sedgwick's essay "White Glasses" (1991), and, more recently, Mel Chen's *Animacies* (2012). Jain's engagement with cancer's entrenchment in a number of social and technological shifts of the 20<sup>th</sup> century is reminiscent of and builds upon Rachel Carson's *Silent Spring* (1965). Similarly, Stacey begins with Susan Sontag's *Illness and Metaphor* (1978) but pivots the argument to show that it is not only the patient experience that is saturated with metaphorical meaning but the whole field of biomedical science. By bringing their own experiences and expertise to bear on these longstanding conversations, both authors offer new inroads with important implications for feminist and queer engagements in STS.

In *Malignant*, Jain begins with her own cancer diagnosis and moves outward through topics as varied as pathology reports, tort law, the US war machine, and the commodification of cancer research as branding

tool. Cancer, Jain argues, tracks with an “everywhere- and nowhere-ness” (p. 184). Cancer surrounds us—from the ubiquitous ribbons campaigns to the endless media hype about risks, diagnosis rates, and the search for a cure. And yet these cultural representations of cancer eclipse the way in which cancer has come to infuse nearly every facet of U.S. culture and recent history. By situating cancer as part of a constellation of social, political, and legal networks, Jain argues that the very institutions and social movements that claim to be working against cancer are, in fact, also bound to its production and persistence. Jain demonstrates how the construction of cancer as a disease reaches far beyond a simple diagnosis through the language of risk, mortality, and survivorship. As a cultural phenomenon, Jain tracks cancer’s emergence along the aftermaths of war, the effects of environmental degradation, and the neoliberal imperatives of late capitalism.

Much of *Malignant* focuses on how statistics and population data attempt to contain cancer within a logical sequence. Jain’s attention to matters such as population data, screening practice and cost-benefit analysis locates cancer in areas not often explored by feminist STS scholars. Her focus on statistics and population data builds on existing STS work on cancer (see for example Fujimura, 1987, 1988, 1996; Keating & Cambrosio, 2011; Löwy, 2010). However, whereas this body of STS work is interested in explaining the diverse scientific practices of cancer research, Jain adds an important critical patient studies perspective by focusing on personal, affective and temporal dimensions of the cancer experience. In this vein, instead of first and foremost discussing and describing cancer researchers’ knowledge practices, Jain is more concerned with how the cancer experience connects to political and societal scales of cancer’s power relations. Performing a cultural critique of neoliberal futurity, Jain illuminates the political and cultural tropes embedded in a temporality that is often experienced by patients in “cancer land” as non-chronological rather than as progressive and linear. Her approach can fruitfully be compared to medical historian and physician Robert Aronowitz’ *Unnatural History: Breast Cancer and*

*American Society* (2007). *Malignant and Unnatural History* are both critical engagements concerned with the question of how breast cancer has gained its current political position in the American society. The overlapping themes in the books are plenty: patient perspectives, cancer time, emotions such as fear, hope and anxiety, critiques of the individualization of risk and health responsibility, and an understanding of cancer as complex and elusive. Despite these similarities, *Unnatural History* lacks *Malignant's* feminist STS sensitivity towards the embodied and gendered dimensions of cancer temporality, storytelling and practice.

In Chapter One, “Living in Prognosis: The Firing Squad of Statistics,” Jain argues that the language of probability—the ubiquitous 1 in X, or Y% chance—attempts to solidify meaning around that which is, ultimately, unknowable. By showing how biomedicine—particularly in its use of population data—makes absent the complexity and uncertainty of cancer, Jain’s argument is in conversation with other feminist works on biomedicine and health care which consider how the pursuit of scientific vision tends to sidestep the reality of science as both embodied and situated (see Haraway, 1997). Jain contrasts the aggregated, abstract, and predictable bodies of statistics with ethnographic insights on risk, diagnosis, and survivorship. Her articulation of “prognostic time” names a disruption in the logics of temporality and, thus, can be compared to Alison Kafer’s (2013) “crip time,” a term which identifies not only the ways in which disability is often described in temporal terms but also how disability might queer time.

Similarly, in the chapter “Can Sir: What Screening Doesn’t Do” Jain describes the current debates around cancer screening, particularly as they are couched in market principles of cost-benefit analysis. Jain demonstrates how these debates tend to emphasize biological cancer predisposition (biomarkers), while rendering other possible cancer causes (chemical, environmental, demographical, gender-specific etc.) invisible. The chapter focuses specifically on recent shifts in screening recommendations for both breast and prostate cancers. Including the two cancers together, as they often are, Jain argues, has the added effect of

occluding differences between the origin stories of these two cancers as well as differences between the trajectories of the two diseases. Jain's focus on how biomedical knowledge (cancer cause = biomarkers) is made under extreme conditions of uncertainty—what she calls “the structural unknownness of cancer” (p. 178)—speaks to feminist-theory-informed STS discussions of how the pursuit of objectivity, such as in the form of cost-benefit analysis and screening as classification practices, can make uncertainty and “data noise” invisible or silenced (see Bowker & Star, 1999; Murphy, 2006). As feminist STS scholar Susan Leigh Star (1990) famously did, this argument invokes the “cui bono” question: who benefits and what uneven distributions of costs are made invisible? In a similar vein, Jain importantly encourages us to ask about political cancer specificities: “*whose* cancer death is averted”? (p. 174, emphasis in original) and “what cost is worth what benefit, and to whom?” (p. 175). Thus, Jain's argument effectively shows how biomedicine can make invisible knowledge uncertainty, including how diseases may affect people differently. In this way, her focus on the centrality of biomarkers in practices of classification are similar to what STS scholar Joan Fujimura (1987, 1988, 1996), in the context of cancer research, defines as a “standardized package” that privileges molecular biology in cancer knowledge practice. Similarly, STS scholar and medical historian Ilana Löwy's (2010) focus on how screening culture practice reflects a molecularization of cancer is akin to Jain's discussion of biomarkers.

Moreover, by contrasting the presumed progressive futurity of cancer screening and biomarkers with cancer uncertainties and specificities, her argument serves as an excellent example of feminist STS research showing how linear, progressive temporality carries with it exclusionary politics of, amongst other things, sex and race difference (see also Roberts, 2007; Adams, et al, 2009; M'Charak, 2010). Especially, in focusing on “prognosis time,” Jain joins feminists scholars who argue that patients undergoing treatment with reproductive technologies such as IVF and PGD experience time as simultaneously abrupt, promissory, complicated and uncertain rather than as clearly

sequenced and predictable (Thompson, 2005; Franklin & Roberts, 2006; Roberts, 2007).

Connecting the temporality of survival statistics to the cancer campaigns for early detection, rather than, say, prevention, the chapter “Poker Face” demonstrates how “cancer culture’s” emphasis on futurity mirrors capitalism’s “actuarial time,” in which the ability of some to accumulate wealth—or health—across the lifespan relies on many unacknowledged others for whom such possibility is foreclosed (p. 56). The temporality of late capitalism is discussed further in the chapter “The Mortality Effect,” in which Jain explores the current gold standard of medical research: the randomized control trial. Like the “actuarial time” of capitalism’s future, the randomized control trial relies on the failure of some treatments in order to justify the efficacy of others. The seeming imperative that some must die in order for others to live is further reflected in the chapter “Fallout,” in which Jain reveals the underbelly of U.S. cancer culture: “that the twentieth- and twenty-first century definition and management of what we call cancer track with the institutions that have come to define America—the military, post war big medicine, technology, advertising...” (pp. 183-184). Tackling cancer’s relation to medical malpractice suits in the chapter “Lost Chance,” Jain further demonstrates how cancer evades linear temporality, unable to be pinned to a single event or transmission. This chapter builds on Jain’s important first book, *Injury: The Politics of Production Design and Safety Law in the United States* (2006) by demonstrating the way in which error is already recognized as a necessary by-product of the medical system, an error which is often located in the relationship between doctor and patient, thus occluding the complex interactions of the entire system.

Another thread that runs through *Malignant* connects the cancer experience to social imperatives surrounding gender and sexuality. The chapter “Cancer Butch” looks specifically at breast cancer and butch identity to highlight the gendered and sexualized demands of femininity that accompany the commodification of the disease. In this chapter, Jain brings queer and feminist politics, with a particular emphasis on AIDS

activist group ACT UP, to bear on the “pinkwashing” of breast cancer activism while also demonstrating how the breast cancer experience might inform some of the critical commitments of feminist and queer thinking (p. 79). Moving from questions of queer gender to queer reproduction, the chapter “Inconceivable” tracks Jain’s experience with egg cell donation and how the lack of data and regulation surrounding IVF, contra cancer, makes the potential risks of such practices invisible. By relating to feminist STS work on IVF treatments and sex hormones—in this chapter, for example, she references the work of Charis Thompson (2005) and Nelly Oudshoorn (1994), Jain sheds light on how sexual and gender politics are involved in IVF and hormone treatment practice. However, in contrast to an earlier emphasis on IVF as producing postmodern “cyborg babies” through the coupling of technology and reproduction (Davis-Floyd and Dumit, 1998), Jain is first and foremost concerned with how IVF as a highly profitable industry allows the focus on success, measured as babies born, effaces the multiple other bodies involved in the production of the gamete. Her critique of the interlinking between IVF treatment and late capitalism recalls that of feminist STS scholar Charis Thompson (2005) who names “promissory capital” as circulating around future success. In both Jain’s and Thompson’s work, success is described as anticipatory and exclusionary practices that serves to trade with people’s futures.

Emphasizing how reproduction is entangled with logics of profit and scientific ignorance (that is, undone and/or neglected research areas, see for example Frickel et al., 2009), Jain forcefully highlights how a multitude of interests such as free market healthcare, pro-procreation and reproductive rights serve to maintain ignorance about possible links between IVF treatment hormones and cancer occurrence. In doing so, her argument points at the interlocking of gender, sexuality and biomedical markets. Like Michelle Murphy, in *Sick Building Syndrome and the Question of Uncertainty* (2006), Jain pushes a feminist concern with marginalized knowledges further to ask questions about the stakes—especially for lay people—in non-knowledge, uncertainty and ignorance. Still focusing on gender and sexuality, elsewhere Jain foregrounds butch

embodiment as she ruminates on the relationship between cancer prosthetics—from wigs to port-a-caths to breast forms—and the demands of normative embodiment.

Jain's *Malignant* finds cancer in plain sight, in the most everyday of twenty-first century American life. Stacey's *Teratologies*, by contrast, brought cancer out of hiding, unmasking the "cancer subcultures," as she calls them, in the context of the UK in the early 1990s. Intersplicing the many stories that are told about cancer with her own narrative of diagnosis, treatment, and recovery, Stacey brings the reader into the gruesome, messy, and abject world of the cancer patient in the early 1990s. Although at the time of its publication *Teratologies* was largely situated within cultural studies, the book has become understood as a predecessor to what has been called "feminist cultural studies of science and technology" (Lykke, 2008; McNeil, 2007) or what elsewhere has been more broadly labeled "feminist technoscience studies" (Åsberg & Lykke, 2010; Weber, 2006). Furthermore, *Teratologies* offers an astute contribution to queer critical health studies, in league with the many works on HIV/AIDS and cancer published during that period. Even if feminist STS work has existed for a long time, when *Teratologies* was published, the intersections between feminist STS and cultural studies had just started to be explored.<sup>1</sup> As *Teratologies* reflects, early feminist work in this area was articulating an important problematization of medical science by emphasizing it as a figural trope and practice invoking an unmarked, yet always gendered, position of knowing (see for example Balsamo, 1996; Cartwright, 1995; Franklin, 1997; Haraway, 1997; Jordanova, 1993; Martin, 1987; Treichler, 1990).

*Teratologies* was published around the same time as David Hess' (1997) political constructivist STS work on cancer research. Stacey's and Hess' studies have several similarities: they focus on alternative cancer knowledge claims, they perform analyses critical of an assumption of a neutral observer and they attend to the gendered dimensions of cancer culture. However, Stacey's feminist STS sensitivity towards tropes and figures is missing in Hess' account (1997). In powerfully elucidating the

importance of studying the figurative in medical discourse about cancer, *Teratologies* is a landmark in the 1990s rise of feminist and queer cultural studies engaging with STS. In the book, Stacey works through the various stories and processes that are used to construct cancer to demonstrate the multiple—and at times conflicting—ways in which cancer is defined. Stacey articulates a similitude between her own experience as a cancer patient and her experiences as a lesbian, feminist, and an academic. By tracking cancer through stories as disparate as the instantiation of self-help culture, the rise of medical imaging, and strange similarities between taboos surrounding lesbianism and cancer, Stacey brings cancer narratives into the purview of questions of the status of the self in the late twentieth century, engagements with how medical technology produce the very objects they define, and feminist and queer work on abject bodies (see also Bersani, 1987; Betterton, 1996, 2006; Braidotti, 1994; Creed, 1993; Kristeva, 1982).

Stacey describes her text as “the tales of monsters and marvels that pervade the popular imaginary of cancer subcultures” (p. 10). To guide the text, Stacey hones in on her own experience of teratoma—originating from the Greek word *teraton* meaning monster—a specific kind of cancer tumor with tissues or organ components. Stacey’s emphasis on semiotics—on stories, figurative speculations, tropes, and metaphors—is deeply aligned with a longstanding—and cultural studies inspired—feminist STS sensitivity towards the role of the figural in the production of science and technology. In the chapter “Metaphors,” for example, Stacey argues that rhetorical devices are “fundamental to arguments about the ways in which the clinical gaze has conceptualized the human body in biomedicine” (p. 51). Stacey demonstrates how metaphors of visual observations and temporal linearity prevail in contemporary medicine. Consequently—and in a manner that Jain’s book echoes—Stacey emphasizes cancer temporality and the medical gaze in a way that is rooted in arguments of cultural constructions, signification and subject formation. Stacey also precedes Jain in elucidating how “cancer time” is highly precarious and uncertain, something that disrupts and complicates

scientific vision of linearity and progress. In focusing on scientific visions of linear time, Stacey's work is connected to one of the few feminist cultural studies of science and technology explorations of temporality predating *Teratologies*: Sarah Franklin's (1991) chapter in *Off-Centre* in which she discusses linear scientific temporality through the notion of "fetal teleology." Like Franklin, Stacey illuminates how medical science in its orientation towards a desired future represents time as determined, progressive and linear. Jain's *Malignant* picks up this same thread of time in her interpretation of prognosis.

Still focusing on the visual, in the chapter "Visions" Stacey explores the ways in which imagery—from personal photographs to medical imaging—confront the boundaries of knowing. Specifically, Stacey—and here she explicitly engages with feminist scholars working on technoscientific visualization of the body such as Rosi Braidotti, Lisa Cartwright, Donna Haraway and Emily Martin—demonstrates how the rise of medical imaging of the body's interior has tracked with cultural discourses surrounding bodily processes, most specifically the anthropomorphization of cell systems, a transformation she finds most readily in the languages of immunity, reproduction, and cancer. Highlighting how a visual personification of the cell is "inextricable from masculine desires and fantasies and uses of the female body" (p. 155), Stacey's argument is closely aligned with feminist STS work on visualization that emerged during the same period and that drew upon cultural studies to point at the gendered dimensions of visualization (see for example Casper, 1998; Treichler, Cartwright and Penley, 1998). In this way, Stacey's engagement with visualizing technologies of cancer control and eradication builds on feminist work about medical and scientific tracking and visualization such as Jordanova (1993), Martin (1994) and Cartwright (1995).

Following the examination of the cell as "a microcosm of the self," Stacey turns to the question of how that self is conceptualized in the seeming revolt of this microcosm that defines cancer (p. 147). The chapter, aptly titled "Selves," explores the manner in which cancer regimes

impel specific practices of the self. Often regarded as the antidote to conventional biomedicine—or at least less rigid companion—self-help cultures, Stacey argues, are no less beholden to imperatives of “rational self control” (p. 187). In discussing how health responsibility has become simultaneously individualized and rationalized, her argument resonates with contemporary feminist STS critiques of biomedicine emphasizing how the extensive focus on individualized health responsibility also reproduces a gendered assumption of rational self-control (see Clarke, et al, 2010; Roberts, 2007). Quite strikingly, her critique of health as self-management is perhaps even more relevant today when the information age has expanded the regimes of self-care practices: self-monitoring digital technologies (such as personal fitness trackers and health-based apps), telemedicine, the wide range of diagnostic tools available on the internet—the list of current techniques for “rational self-control” is long. Her discussion of how breast cancer responsibility is put on the individual nicely connects her argument to—and this is an explicit reference point in *Teratologies*—feminist scholar Alisa Solomon’s (1992) work on breast cancer activism in which she problematizes the individualizing focus on lifestyle in breast cancer information. By comparing this information with activists’ demands for research and discussion about societal and environmental factors, Solomon’s critique predates some of the arguments put forward by Stacey—as well as Jain.<sup>2</sup>

Stories about cancer are populated with many figures, perhaps none more ubiquitous than heroes and monsters. However, as Stacey articulates, who and how one is hailed into these narratives reflect cultural anxieties around life, death, and disease. In her opening chapter, “Heroes,” Stacey demonstrates the modes in which cancer survival stories—which rely on a narrative schema of strength in adversity, a “crisis-rescue-recovery formulation”—“pervades all representations of the disease” (p. 11). Similarly, the chapter “Monsters” draws together Stacey’s experiences with cancer and her experiences of being a lesbian to expose the ways in which both experiences confront the specter of taboo and the borders of the abject. Drawing from Kristeva’s (1982)

notion of abjection as “death infecting life,” Stacey delicately weaves together resonances of the imbrication of life and death in both cancer and lesbianism (which she identifies as “the C word” and “the L word”) via their relation to our cultural concepts of reproduction: whereas cancer’s uncontrollable proliferation barrels toward death, the lesbian’s distance from biological reproduction is rendered a kind of genetic or generational death. In this way, Stacey very keenly anticipates Lee Edelman’s field shifting polemic *No Future* (2004).

In its focus on abjection, *Teratologies* is a beautiful example of feminist cultural studies of science and technology work that operates through “figurative speculations” (p. 96) to unweave some of the tropes and figures that biomedical cultures inhabit. Having this focus, Stacey is closely aligned with other feminist scholars who interrogate monster imaginaries and abjection by means of deconstructing the Western humanist self (see for example Creed, 1993; Shildrick, 2002). Building on these scenes of abjection, the chapter “Bodies” explores how Cartesian dualism is both challenged and reinforced by the splits between biomedicine and so-called alternative therapies. Tracking through the ways in which this divide renders biomedical patients “physical bodies with symptoms” while alternative therapies step in to handle the collateral effects of disease, particularly in the realm of the emotional, the chapter concludes with a brief look at how some alternative therapies, even as they are imagined to reject a mind/body split, rely on a biomedical logic that repeats these Cartesian claims (p. 132). Stacey’s more recent collaborations with Mary Bryson have brought these questions to bear in contemporary queer conversations on temporality and affect (Bryson & Stacey, 2013; Stacey & Bryson, 2013).

Jain’s “survivor” mirrors Stacey’s “hero” as the spectral figures that attempt to give the cancer experience a linear—and hopeful—temporality. Both scholars engage with and add to the work of Audre Lorde and Eve Sedgwick to show how cancer experience intersects with experiences of gender and sexuality. Both weave their stories into broader questions of how visualization and reproductive technologies produce bodies and

selves. Elsewhere, their overlaps offer a pivot point that send readers in productively different directions. For example, both engage responsibility to think through who is and is not held accountable in the causal chain of cancer. Jain focuses on the power dynamics of medical models in which doctor's knowledge trumps patient experiences as well the rise of marketing-based corporate support for cancer research from companies whose practices are known to cause cancer. Stacey, on the other hand—reflecting the British Welfare State model of social medicine of the 1990s as well as reflecting some of the patient driven approaches learned from HIV/AIDS activism—draws attention to the emphasis on self-management in both the prevention and treatment of cancer.

Although *Teratologies* has long been on the readings lists of students and scholars of queer and feminist STS, feminist health studies, and cancer cultural studies more widely, *Malignant's* more recent publication highlights the many cultural shifts and theoretical innovations that have taken place in the time between their publications: the stabilization and rapid growth of feminist STS studies on medicine, the increased discussion around temporality and affect in feminist and queer theory, the advent of the information age, and the wider attention to environmental and social correlates to cancer, to name just a few. Even so, both Jain and Stacey show how constructions of cancer—its stories, knowledges and lives—affect us in deeply paradoxical and intimate ways.

Moreover, in weaving together personal stories with modes of late capitalism, Jain and Stacey manage to elegantly and carefully link quotidian cancer experiences and temporalities with large-scale circulations of power. In doing so, they perform an embodied and situated critique of biomedical anticipatory practice in a manner lacking in more generalizing and non-gender sensitive arguments. In this way, in staying with mundane and affective cancer trouble, they perform an indispensable critique without becoming foundationalist and reductionist. Being anything but invisible observers, Jain and Stacey tell stories about the stakes in embodying cancer as a political, cultural and material phenomenon. By telling different stories than the dominant ones, they make present what

often remains untold in the “cancer world.” In doing so, they disrupt the dominant narratives of linear scientific progress by telling temporally messy “stories that matter to the worlds we might yet live in” (Haraway, 2003, p. 3). By illuminating the complex and changing personal and political scales of biomedicine, *Malignant* and *Teratologies* serve as excellent and needed examples of how careful and responsible feminist and queer STS analysis can look like.

## Notes

<sup>1</sup> Feminist cultural studies of science and technology/technoscience as a working area was introduced in the early 1990s and, as Lykke (2008) and McNeil (2008) state, even if people were doing this kind of research before they did so without a joint label to work under.

<sup>2</sup> Solomon’s article was published in one of two special issues of *Camera Obscura* (both from 1992) focusing on feminist cultural studies approaches to medical imaging. These two issues are often understood as one of the first instances where feminist work on science and technology is brought together under a joint label of feminist cultural studies of science and technology.

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## Bios

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