activism and democratic participation with the collectivist, countercultural character of the post-1960 stores.

Knupfer's study of food co-ops contributes to a larger historical literature about the food industry and its critics in the United States, which includes Warren Belasco's Appetite for Change and Harvey Levenstein's Paradox of Plenty, among other works. It also offers insights for those interested in cooperative business organization, more generally. As Knupfer points out, the cooperative model exists in sectors that range from consumer finance (credit unions) to utilities (rural electric co-ops), although food co-ops are somewhat unique in their overt embrace of democratic governance. The book's contributions would have been enhanced, however, had Knupfer chosen to revisit the question of what the co-ops' history has to add to contemporary discussions about the politics of food. As the book stands, Knupfer provides an epilogue that briefly examines several consumer co-ops founded since the turn of the century. This material is interesting, but the reader is left wondering about the connections between co-ops, as an economic form, and other, more recent business arrangements that seek to democratize food, such as farmers' markets and community-supported agriculture operations. Material about these connections appears in the book's studies of individual co-ops, but Knupfer's thoughts about the significance of the food co-op movement as a whole in the context of ongoing changes in food production and distribution would also have been welcome. Her historical research provides fuel for the discussions about economic democracy in the food industry that she wishes to create, but it would also have been helpful to have her spark the conversation.

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Banking on the Body: The Market in Blood, Milk, and Sperm in Modern America. *By Kara W. Swanson*. Cambridge, Mass.: Harvard University Press, 2014. 333 pp. Illustrations, photographs, notes, index. Cloth, \$35.00. ISBN: 978-0-674-28143-1.

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#### Reviewed by Marc Stern

In her fascinating study *Banking on the Body*, Kara W. Swanson, associate professor of law at Northeastern University's law school, examines

the development of the U.S. system of disembodied blood, breast milk, and gamete collection and distribution. She looks at the technological, social, ideological, and legal pressures that produced diverse systems for these products, which have privileged their purchase or their donation without compensation—gifting—and their distribution or sale. Each was collected, stored, and distributed by a "bank" of one sort or another. Swanson contends that the ideologically and economically understood interpretation of these products has shaped the implementation and adaptation of these systems. She also argues that we should revisit our understanding of body products and consider the possibility that these are "civic property" that should become part of a market that can, in turn, "serve communal goals" while acknowledging individual rights and donors.

Systematization of access to body products began with breast milk in the early twentieth century. Physicians experimented with directories of wet nurses, live-in homes for the expression of milk, and even one ship, Boston's Floating Hospital, for single mothers who could "produce like a dairy cow" (p. 24). By the 1920s, more than twenty cities featured milk stations and bureaus that bought and collected milk from married working-class women who were praised as businesswomen.

Blood was a tougher problem, both scientifically and organizationally. By the 1920s, doctors were buying blood from professional male donors touted for their masculinity, efficient production, and business-like manner. It was in blood that banking first came to prominence when, in 1937, Dr. Bernard Fantus of Cook County Hospital in Chicago designed a system to make it available to all. Regardless of a patient's ability to pay, they, their family, and friends could give and "exchange blood for blood" (p. 51). Although some doctors disparaged banking, it allowed for rational controls without reliance on paid, professional donors. In deference to gender and racial taboos, banks tracked and supplied blood based on sex and race. In contrast, World War II offered an alternate model under Red Cross oversight as the nation donated over 13 million pints without pay and blood became a public resource, a symbol of national unity in a centrally planned war effort. Banking became a mere metaphor, even as paid donation persisted in various locales.

But as blood became ever more crucial to postwar medicine, physicians challenged the Red Cross's "socialized medicine" and advocacy of free blood for all. The American Medical Association and the American Association of Blood Banks advocated community control and replacement banking, framing it in anticommunist language. Community blood banks, Red Cross centers, and commercial sellers supplied the expanding demand with different models dominating or competing around the nation into the 1970s in a chaotic and largely unregulated

environment. Issues of liability for blood-borne diseases such as hepatitis further destabilized the industry. As courts and shield laws protected the banks from liability suits and Federal Trade Commission regulation, the industry turned on paid donors as the problem. Faced with mounting criticism in the early 1970s, banks, increasingly regionalized like Red Cross centers, argued that blood work was service work and shifted from the paid to the unpaid, amateur donor even as the workplace insurance model of health care maintained the nation's pay-for-play health-care system. Encouraging altruism, unpaid donation modeled gifting the body, as codified in the 1984 National Organ Transplant Act.

As blood banking increased, milk banking declined as doctors and consumers increasingly turned to cows' milk and formula. By 1955, fewer than ten stations bought and then provided human breast milk to those in need; only three survived in 1968. But the 1950s also saw the emergence of milk banks that relied on unpaid, middle-class women who voluntarily donated excess breast milk. Similarly, La Leche League branches advocated for breast as opposed to bottle feeding and human milk over formula. Expression for pay coexisted with gifting in many areas, and demand increased. New banks in the 1970s and 1980s relied more on unpaid women, including feminists, who sought to eliminate mediation by male business or medical elites. Payment tainted the product. Milk banks, like blood banks, had to respond to the onset of the AIDS epidemic. After initially contracting, new for-profit banks joined nonprofit counterparts with "patent-protected human milk-based infant formulas" that relied on unpaid donors (p. 195).

Finally, Swanson examines gamete banking. Although artificial insemination interested many early-twentieth-century doctors, including those preoccupied with eugenics, it also met resistance on moral and religious grounds. Still, by the 1930s, a small number of doctor-assisted pregnancies using paid donors occurred in the United States. Drawing on the veterinary sciences, James Sherman, a graduate student in zoology, created the first human sperm bank at the University of Iowa and, in 1953, "announced the first human conceptions using frozen sperm" (p. 214). Resistance declined and demand grew slowly, however, and the first commercial bank to protect sperm for insurance in case of later need did not open until 1971, as men responded to the possibilities of childlessness in an environment with new forms of contraception, including vasectomies, and changing marital patterns. Competing commercial and noncommercial banks soon emerged, the latter purchasing semen from donors, and 1976 saw the founding of the American Association of Tissue Banks. As the limits of cryopreservation became clear, and more infertile straight couples and women without

male partners, including lesbians, chose parenthood through insemination, sperm banks reoriented to serving these markets by marketing their paid donors to paying clients. With egg donation viable by the 1980s, payment for this "gift" became normal.

Banking on the Body does a fine job of taking the reader through this complex story. Still, there are several points I wish had been explored. How do these compare with systems in other industrial societies before and after national health? What accounts for these differences? Although Swanson briefly mentions the impact of AIDS on blood banking, she does not develop this subject. How did it change the land-scape of blood banking, regulation, and delivery? And what, if anything, has been the impact of globalized or continent-wide markets? Have they made any inroads into these body products? Such queries aside, Swanson's work stands as an important discussion of subjects that, as turmoil over Facebook's and Apple's newly proffered egg-banking benefit suggest, remain flashpoints in American life.

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Chosen Capital: The Jewish Encounter with American Capitalism. *Edited by Rebecca Kobrin*. New Brunswick, N.J.: Rutgers University Press, 2012. viii + 311 pp. Photographs, illustrations, notes, index. Cloth, \$70.00; paper, \$26.95. ISBN: cloth, 978-0-8135-5307-8; paper, 978-0-8135-5308-5.

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## Reviewed by Peter Eisenstadt

American Jews and capitalism is always a timely topic. The United States has been, for at least a century, the dominant capitalist economy in the world. And in the past century, America has become the largest and least troubled home for Jews in the long history of the Diaspora. (Currently, about 75 percent of the world's Jewish population not living in Israel lives in the United States.) Jews have played an important role in the success of America as the cynosure and continue to play a very significant role. The complex intersection of these two remarkable facts, what Ira Katznelson in his excellent essay calls the "two exceptionalisms," is at the heart of this book, *Chosen Capital: The Jewish Encounter with American Capitalism*.