

ters removed to reformatories or quarantine facilities (p. 153), leading Sacco to conclude “the best efforts of Progressive reform and modern medicine had succeeded only in hiding the occurrence of father-daughter incest from view” (p. 181).

Unspeakeable contributes to an emerging literature on the diagnosis of fomite transmission and the denial of childhood sexual abuse.¹ It highlights an important subject that remains trapped in a limited and limiting narrative, and it reminds us that medicine and science are constructed forms of knowledge that serve to prop up racist and classist cultural fantasies. By focusing on expert discourses alone, however, experts are made to bear the full burden of responsibility for the “blanket” of noisy silence surrounding incest. Is “the abrupt turn-of-the-century reversal in medical views about the etiology of infection” the key to understanding what changed, or was this “reversal” just one piece of a broader cultural desire to deny the existence of incest, pedophilia, and children’s sexuality, including their victimization? As historian Linda Gordon points out, the secrecy surrounding incest is constructed by many people who do not want to believe in its existence, including perpetrators, mothers, neighbours, and family friends.² Sacco’s study expertly shows how medicine and science played a vital role in America’s cultural denial of incest, but the role was not theirs alone. By insisting on fomite transmission they said what so many seemed eager, even anxious, to hear, and to repeat.

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NOTE

- 1 See, for example, Hughes Evans, “Physician Denial and Childhood Sexual Abuse in America, 1870-2000,” in eds. Cheryl Krasnick Warsh and Veronica Strong-Boag, *Children’s Health Issues in Historical Perspective* (Waterloo: Wilfrid Laurier University Press, 2005), p. 327-54.
- 2 Linda Gordon, *Heroes of Their Own Lives: The Politics and History of Family Violence* (New York: Penguin Books, 1989).

The Politics of Vaccination: Practice and Policy in England, Wales, Ireland, and Scotland, 1800-1874

Deborah Brunton

Rochester: University of Rochester Press (Rochester Studies in Medical History v. 11), 2008, xi + 255 p., US\$85.00

In the latest volume from Rochester Press’s fine series in medical history, Deborah Brunton analyzes the development of vaccination policy across the United Kingdom. The endpoint is the same for each of the three jurisdictions for which legislation was crafted: compulsory vaccination. This common outcome conceals, however, substantial variation in the evolution of policy and practice, especially in the relatively understudied decades around the middle of the century. Historians such as Peter Baldwin and Nadja Durbach have noted the differing experiences of vaccination in these different jurisdictions, yet Brunton has taken the story further, although the bulk of her analysis (6 of 9 chapters) still rests on England and Wales. Brunton persuasively argues that these differences

arose from the nature of poor law medical provision and the vision of state medicine held by the (fractured) medical profession.

Brunton's focus is on the political process, entailing a careful reconstruction and analysis of legislative and regulatory developments. She finds that although Parliament rejected any state provision of mass vaccination in the early 19th century, it provided such a service for England and Wales in 1840 and compelled people to use it by 1853. These steps on the road to compulsory state provision were surprisingly uncontroversial in Parliament; indeed, they were hardly debated at all. The Acts were, however, controversial among the medical profession. Angry over the operation of the 1834 New Poor Law, medical activists fought in 1840 to protect professional autonomy and income in this new sphere of work. By 1853, a split within the profession itself emerged, pitting metropolitan elites against provincial practitioners.

The significance of the poor law is not unexpected but Brunton's narrative yields surprising conclusions; vaccination provision varied according to the architecture, the administrative practice, and the culture of poor law provision. Poor law agencies, for example, furnished most of the vaccinations in England and Wales, yet in Scotland, with a much different culture of relief, private practitioners carried out most of the work. Of more surprise is Brunton's analysis of administrative style, particularly that of John Simon, Medical Officer of the Privy Council. Often presented as the suave and diplomatic successor to Edwin Chadwick, Simon emerges as an autocratic metropolitan dictator, resented (and ignored) by many of the rank and file. Brunton clearly establishes Simon's inflexibility in the context of increasing evidence for the necessity of re-vaccination and the danger of transmission of other illnesses. Simon's insistence on arm-to-arm methods contributed to the public disaffection with vaccination due to the risk of transmission of other diseases, a fact long urged by opponents of compulsory vaccination, increasingly acknowledged by professional opinion, but denied and later downplayed by Simon. Far from being suited for localist times, Simon's dogmatic vision and centralizing tendencies alienated both provincial practitioners and parents.

The gap between policy and provincial practice that Brunton explores leads her to the conclusion that contemporaries and historians have each overemphasized anti-vaccination, at least in her period. She claims that "public vaccination was, for most of the time and most of the people, an unimportant issue" (p. 168). Lax enforcement meant that principled opposition was rare in England and Wales, organized anti-vaccination absent in Scotland, and anti-vaccination sentiment missing in Ireland. Although she has not made it an object of study, Brunton's research suggests that parents did more to shape the procedure than simply oppose it; some, for example, wanted their children vaccinated but actively resisted Simon's strictures about arm-to-arm vaccination procedures, and some physicians made little attempt to force the matter.

Brunton attempts to relate changing policies and laws to rates of vaccination and disease yet the records, as she notes, are both incomplete and not wholly reliable. Rates of vaccination generally rose briefly after new legislation and then fell back to their usual levels, increasingly sharply again during outbreaks and epidemics. Brunton cautiously concludes that the 1840 Act probably did not significantly change rates of vaccination or contribute to reduction in dis-

ease in England and Wales; the 1853 and 1867 Acts had scarcely more impact. Ireland and Scotland had different experiences, and Brunton's very fine work will no doubt stimulate further efforts to explore the distinctive character of developments in these two jurisdictions.

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Hope and Suffering: Children, Cancer, and the Paradox of Experimental Medicine

Gretchen Krueger

Baltimore: Johns Hopkins University Press, 2008, x + 216 p., US\$35.00

Gretchen Krueger's *Hope and Suffering* explores the medical advancements that were made in treating childhood cancers from the 1930s to the 1970s. Understanding cancer as a disease that affects the entire family, Krueger reconstructs the experiences of children and their parents in the United States over a 40-year time frame. As these insights contributed to informing both cancer research and practices, *Hope and Suffering* documents the development of policies that transformed pediatric cancer from a killer to a very treatable disease.

Krueger traces the progress of childhood cancer treatments by examining a wide range of case studies. Looking at diary entries, autobiographical works, newspaper articles, and radio transcripts, *Hope and Suffering* outlines how a community response formed to combat the threat of pediatric cancer. For instance, a national radio broadcast personalized the harsh reality of childhood cancer for thousands of listeners when in 1948 it interviewed a young patient named Jimmy at the Boston Children's Hospital. The show's host, Ralph Edwards, asked for contributions to support cancer research and the audience responded by donating more than \$200,000. These monies led to the creation of the Jimmy Fund, which directed attention and financial support towards the research and treatment of childhood cancers. While this is but one example of a child-centred campaign that Krueger considers, it chronicles how increasing public awareness generated support for expanded investigations into pediatric cancer.

Hope and Suffering also documents the struggles encountered by the parents of pediatric cancer patients. When conventional methods failed to stop cancer's advance, parents, desperate to save their child's life, looked to alternative forms of treatment. Max Gerson's nursing home in Nanuet, New York serves as an example of a facility that offered therapy beyond surgery and radiation. Promoting vitamins, rest and a strict dietary regime, parents turned to Gerson's therapies in the hope that these kinds of interventions might provide the cure that organized medicine could not.

Krueger makes the important assertion that the medical community also benefited from the nothing-to-lose attitude of parents. For example, in the 1970s, doctors won the approval of vulnerable parents to apply increasingly aggressive chemotherapeutic and radiation therapy regimes. Even though these therapies were known to often make patients sicker, families understood and accepted the risks in the hope that such treatments would inevitably provide a cure. Considering that chemotherapy and radiation therapy significantly decreased the