

opportunity to read about the experience of other past patients before their own interview. This may have led to a gentle modification of stories to fit in with the general view expressed. The “blog” also meant that names were in the public domain from the start. Therefore Welsh interviewees did not ask for anonymity. Reeves and Shaw comment that in Wales tuberculosis was “the disease never spoken about except in hushed whispers” (p. 5), but interviewees were self selected and knew there would be a book and media stories. The openness resulted in reunions attended by both ex-staff and ex-patients, which had two results. Some anger apparent in early conversations was defused, but this resulted in memories about ex-staff becoming moderated. This was revealed as revised stories appeared on the blog. Reeves commented, “which are the ‘real’ ones? Who can tell?” (p. 8). The interviews used in the book were, however, recorded before most of the reunions.

In conclusion, this is a satisfying book that will be enjoyed by historians of medicine but also the general public because of the lively human interest. The photographs alone are a wonderful record of sanatorium life. They show the wealth of material held in many local communities, which should be collected and saved before it is lost for ever. All in all, this reviewer believes that the Craig-y-nos project is a significant historical work, and that the book, in particular, is a very good read.

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**Gretchen Krueger,** *Hope and suffering: children, cancer, and the paradox of experimental medicine*, Baltimore, Johns Hopkins University Press, 2008, pp. x, 216, £23.50, \$35.00 (hardback 978-0-8018-8831-1).

Between the 1930s and the 1980s, the expectations of families facing cancer in a

child changed so remarkably that the disease changed its meaning—from a time when cancer was believed to be exceptionally rare in children, it came to be seen in the developed world as the second largest killer of children after accidents, and the likely outcome shifted from being a rapid decline and inescapable death to a complete recovery with a normal life thereafter. Over these five decades, billions of dollars were poured into research by the American government and by charities with aggressive advertising campaigns, and the treatments offered diversified and intensified into today’s multiple and cutting-edge protocols.

Krueger’s account of childhood cancer during these middle years of the twentieth century shows that one cannot tell this history without simultaneously tracing stories of personal heartache and uncertainty, and of clinical stumbling blocks and breakthroughs. That childhood cancer has these twin realities should come as no surprise, but this book tells both stories deftly, and weaves them together, presenting rich evidence in a highly readable style that will see it reach wide audiences. It is a very particular story, focusing only on the United States, and thus lays down a challenge to scholars elsewhere to present their own archival treasures in ways that connect with and illuminate this history. International histories of the development of cancer services and research have shown that there are marked differences between countries in how services are prioritized, funded, allocated, and accepted—see for example, David Cantor (ed.), *Death in the twentieth century* (Baltimore, 2008).

*Hope and suffering* centres around the memoir *Death be not proud* written by John and Frances Gunther in 1949; it recounts the battle of their son Johnny, who died from a brain tumour the same year. Krueger makes wonderful use of a large archive of letters written by other families to the Gunthers, and the Gunthers’ replies, to paint a careful picture of how parents and children responded to this level of suffering in their own families and in one another’s.

## Book Reviews

Earlier chapters similarly foreground the experience of one sick child, one family, allowing Krueger to probe deeply public reactions to cancer through newspaper and court reactions, as well as private correspondence. The closing chapters move further into the clinical history, following researchers into the lab and presenting families' accounts of how they felt about their children being experimental subjects. The conclusion explores why childhood cancer has been such a popular topic for the American media since the 1930s, and why it is seen as a disease of common interest, worth state funding and close press attention, a disease of the community and not just the private family.

Throughout the book, then, Krueger sets close textual analyses of private experiences alongside accounts of the available clinical options, and shows that until the major breakthroughs of the 1960s, the ultimate responsibility for a child's health, or death, was seen to lie firmly with the mother: the widespread belief that cancer could be treated most successfully if only it was treated hard and at its first appearance, translated to an understanding—shared by parents and clinicians—that mothers should be more watchful of their offspring's health. Only with the advent of curative treatments did the burden to rescue these sick children fall on scientific medicine itself.

The Gunthers' memoir was frequently set as a text in American high schools in the 1950s to encourage teenagers to broaden their powers of empathy. As Krueger shows, fictional and fictionalized accounts of death from childhood or adolescent cancer remained popular through to at least the 1970s, and a quick search through any library or bookshop in the United Kingdom will show that the topic still draws a large readership here; cancer story-lines in soap operas and films also attract a substantial viewer share. The belief that the drama of childhood cancer is somehow of interest or value to us all persists. Krueger's book takes us back stage and shows the painful and brave complexity behind each

battle. It would be of value in any medical humanities course.

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**Kenton Kroker, Jennifer Keelan and Pauline M H Mazumdar** (eds), *Crafting immunity: working histories of clinical immunology*, The History of Medicine in Context, Aldershot, Ashgate, 2008, pp. x, 308, £60.00 (hardback 978-0-7546-5759-0).

Of all medical sciences, immunology has long enjoyed a reputation of being one of the least medical. The historiography has fostered this view by focusing on theory-laden concepts such as Ehrlich's side-chain theory. Studying the immune system seemed to entail both medical questions and those posed by biochemistry. Immunologists appeared to be people who laid rather more accent on generalized, systematic and abstract knowledge than, for instance, clinicians.

More recently such notions have been challenged by authors who placed the discipline more "between bench and bedside" (Ilana Löwy). *Crafting immunity* develops this into a systematic argument. In the introduction, the editors forcefully make the point that the history of immunology can be understood as one that is informed by clinical expertise and clinical concerns, as, for example, when clinical concerns in the diagnosis and treatment of cancer informed the recent development of immunology as a field. Given this approach, it is hardly surprising that the thirteen papers that make up the volume are all case studies. Divided into four parts, the chapters are arranged in a loosely chronological order that covers a period from 1800 to our immediate present.

The two initial papers by Andrea Rusnock and Kenton Kroker on the history of the smallpox vaccination testify to the charms of this approach. They refrain from squeezing this practice into the unsatisfactory frame of a prehistory where there was a handling of