

derings of Harvey, Morgagni and others had gone some way to providing Victorian physicians with a more substantial understanding of the human

vate property each person enjoyed in his or her own body.

That the banner of the anti-vaccinationists was held highest by women —

The arguments about compulsory vaccination were related to deep-seated political and social grievances

body than that of their predecessors, Durbach notes that “[t]he practice of vaccination [as ‘invented’ by Jenner in the 1790s] was ... based entirely on empirical evidence rather than on any theoretical understanding of immunity, for the science of the immune system was still a century away.”

Albeit somewhat indirectly, Durbach makes the fascinating observation that by the late 19th century, while the body politic as bequeathed by Hobbes, Locke and others was in many ways well understood, many or most of the individual corporate members of this increasingly industrialized, capitalized and commodified society knew only of their bodies (and their children’s bodies) that they *belonged* to them.

Imagine the horror — and it is well laid out by Durbach — following the sanctioned dissection of paupers subsequent to the Anatomy Act of 1832. It then arguably became the case that, *contra* Locke, before one could have proprietorship of one’s own body, one needed to be in other ways propertied. Although this is more of a side issue here, it is important to note, as Durbach does, that the Anatomy Act was ever in the minds of those who came so violently to oppose compulsory vaccination.

Professor Durbach goes on to suggest that, as the political franchise broadened, as fewer and fewer men were disenfranchised, and as therefore perhaps fewer citizens were dying as paupers and were thus less liable to be anatomy samples, the imposition of compulsory vaccination by an act of parliament in 1853 was seen by many as an intrusion of the state into the pri-

mothers — is no surprise, and Durbach examines this admirably. Included in the book’s many illustrations is a chilling reproduction of a photograph of a dead child, the osten-

sible victim of the vaccinator’s lancet. Interestingly, Durbach has chosen to not include any illustrations of the ravages of smallpox, the disease against which vaccination was directed. But of course we need to realize, as Durbach clearly does, that no one needed to be convinced that smallpox was a scourge to be feared.

Durbach writes well, and her book provides interested readers with abundant opportunity to reflect upon the many ways in which arguments in health care frequently are “about” a great deal more than initially appears to be the case. This may seem a banal and obvious observation, but here is an excerpt from a not-too-distant editorial in *CMAJ*:

General surgery

I PATIENCE

Two legs come off. Another’s hip’s gone wrong. Across the ward a chest scar’s like a trench.
One’s knees are out of joint. The next bed’s pneumoniac, tubed like an astronaut, drowns slowly in his fluids.
It’s merciful: he dies in my sleep.
It goes on day and night: repair of souls, delight of surgeons carving tenderloin; a fantasy of keeping bodies whole.
Did God mean this? Oh, definitely, yes —
It’s hell on earth of course, wages of mortal sins, still unconfessed, from a hundred centuries ago: cities, armies, agriculture —
humankind becoming its own vulture.

II OP ART

Joe’s chest’s a mess. He’s got the stitch; cruel embroidery. A bypass runs through him.
Incised from stem to stern, he feels cut up, but the surgeon says he’ll soon be bouncing back if he doesn’t take it to heart.
Joe’s a pain in the neck, but I’ll say this for him: he’s not disheartened yet.
“A stitch in time,” says Joe.

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