

THE LEFT ATRIUM

Book review

Plus ça change...

Bodily matters: the anti-vaccination movement in England, 1853–1907

Nadja Durbach

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Not long ago, *CMAJ* reported that 92% of Canadian parents agree that vaccinating their children is important and that only a small proportion (5%) of parents think vaccination is unnecessary. According to the same study, 59% of parents are completely confident that vaccination is beneficial, while another 25% are very confident. Diminished confidence, where it existed, was attributed to the realization that vaccination does not necessarily provide full protection (37%), and to an increasing awareness that vaccines can cause other problems (22%) and that there always exists the possibility that a particular person will have an adverse reaction to vaccination (11%).¹

Nevertheless, one cannot read the newspapers regularly, nor peruse the Internet with any frequency, without reading one or another personal testimony or piece of investigative journalism wherein the perils of vaccination are frighteningly laid out. This divergence of opinion between a small but vocal constituency of the vaccine-wary and those professionals and organizations whose mandate it is to promote immunization as fundamental to public health is nothing new. Nadja Durbach's *Bodily Matters* lays out in some detail a portion of its early history,



specifically as it unfolded in Britain in the late 19th century.

Durbach is an assistant professor of history at the University of Utah, and her indexed and well-referenced book is part of a series entitled “Radical Perspectives.” This series purports to “offer innovative ways of telling stories from multiple perspectives ... [and examine] the way power is constituted, contested, used, and abused.” This doesn’t sound like a particularly bold approach in a post-Foucault world; still, it bears reiterating that “vaccination, the development and implementation of medical technologies, and the anti-vaccination movement they spawned, must ... be understood as political acts.”

Bodily Matters, then, is not so much a history of a “movement” (in this case, the anti-vaccination movement) as it is an examination of the political tumult and class struggles that fermented just below the surface of the day-to-day lives of rich and poor men, women and

children in Victorian England. That factions drawn from each of these groups came variously to oppose, persecute, prosecute and lampoon each other over the issue of compulsory vaccination is made clear by Durbach. More importantly and interestingly, however, the reader is treated to an exploration of a number of ways in which the arguments surrounding compulsory vaccination were related to long-standing and deep-seated political and social grievances.

The connection between “an established tradition of Protestant dissent” and the sentiment opposed to compulsory vaccination is examined insightfully, and Durbach demonstrates one of the difficulties commonly encountered when both sides of an argument “know” that the other is wrong:

If there was religious freedom, anti-vaccinators argued, there should also be medical liberty. The Reverend Hugh Price Hughes ... argued that vaccination was much like transubstantiation. “We do not doubt the sincerity of our opponents, any more than a Protestant doubts the sincerity of the Roman Catholic priest,” he wrote. However, he continued, “that is no reason why I should submit to what I consider is totally mistaken and utterly wrong.”

All the discussion in the world will not convince, nor all the reasoning sway, when divergent camps are thus convinced prior to discussion; then, as now, neither side gives any credence to the other’s “evidence,” and the dispute is recast in the language of rights.

As its title would have us expect, much is made of “the body” in this book. Although the anatomical mean-

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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[t]he reasons for vaccination refusal are complex, varied and not infrequently wistful. They include religious or philosophical beliefs, concerns about safety and efficacy, beliefs that vaccine-preventable diseases do not pose serious health risks, objections to mandatory programs and excessive government interference and objections to immunization as being “unnatural.” ... [I]mmunization programs have become a victim of their own success. It is worth reminding patients that (to take only one example) the complications of

measles include otitis media, pneumonia, croup, diarrhea and encephalitis, and that the fatality rate is 2–3 per 1000 cases.²

And thus the interminable debate continues, at least in part because we don’t know what we’re fighting about. Durbach makes it abundantly clear that it’s not about the diseases, no matter how strongly we medical types might think it is.

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REFERENCES

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2. Vaccination: refuting the refusals [editorial]. *CMAJ* 2000; 163(7):801.

One thousand words



Shawna Silver

Ignorance is disease. First-year medical students at McMaster University enjoy the opportunity to arrange an 8-week clinical elective in the location and specialty of their choice. This September, students donated photos taken during their electives to a silent auction at the International Women’s and Children’s Health Symposium at McMaster, raising over \$1200 for “Save the Mothers,” a Canadian NGO working to reduce maternal mortality in Uganda. *CMAJ* has selected 3 for publication. Shawna Silver took this photo during National Health Week in Wenchi, Ghana. We liked the feeling of empowerment in this beautifully composed photograph; this posed group seems, poignantly, to be ready to take charge of their own future. The photographer writes: “For one week a year, the University of Ghana medical school closes and the students spread across the country to provide health education. This year’s topic was tuberculosis. I ... was sent to Wenchi and the Brong Ahafo region, about 350 km from Accra, the capital. Children were fascinated with my digital camera and even more so in seeing themselves on the screen. The writing is on the wall. They wanted to learn all they could. And, we were there to help.”