

of his patients and his desire to provide the best medical care possible. This is a far cry from the unethical practice many feminist writers ascribed to Rock during the 1970s and 1980s. When treating infertile women with new drugs, for example, Rock would check for adverse reactions by first trying the compounds on himself. Initially fearful about possible side effects of the contraceptive pill, Rock also took great precautions when launching its first clinical trials, determined that his patients should not be exploited. Strikingly, Rock's meticulous monitoring of participants in the first oral contraceptive clinical trials infuriated and frustrated Katharine McCormick, the chief feminist funder of the development of the pill, who viewed such steps as unnecessarily laborious and time-consuming. Only once the pill had passed many hurdles of safety and trial would Rock become an enthusiastic supporter, and indeed promoter, of the contraceptive.

This biography of Rock provides detailed insight into the difficult challenges a doctor faced in pushing at the boundaries of reproductive health on the medical front as well as on the wider cultural, social and religious front. As both a Catholic and a doctor, Rock played a significant role in trying to change the Catholic Church's stand on contraception. While failing to win the Pope's approval of the contraceptive pill, Rock's work helped millions of Catholic couples around the world to justify the use of contraception to their consciences and to each other, and paved the way for new meanings of sexuality and parenthood.

**Lara Marks,**  
Cambridge University

**Ann Shaw and Carole Reeves** (eds), *The children of Craig-y-nos: life in a Welsh tuberculosis sanatorium, 1922–1959*, London, Wellcome Trust Centre for the History of Medicine at UCL, 2009, pp. v, 149, 184 illus., £9.99 (paperback 978-0-85484-126-4).

Interest in the history of tuberculosis has been apparent for many years, although the history of childhood tuberculosis has rather lagged behind. Books on this area have concentrated on pre-tubercular children rather than those in sanatoria with active tuberculosis. Reeves and Shaw are therefore part of a small group that considers the tubercular child, and their work is a very welcome addition. The size of the project alone is noteworthy, with the book including interviews and photographs from over ninety people who were patients or staff at Craig-y-nos.

The book is organized chronologically with an introduction by Reeves and Shaw for each decade and then oral history accounts and photographs portraying life in Craig-y-nos sanatorium. This places the institution and the oral history interviews in the context of the history of tuberculosis nationally. The concentration on one sanatorium and four decades allows great detail, with interviewees describing the minutiae of institutional life. Topics covered include relationships between patients, staff and their families. Punishment, hospital food, treatment and entertainment also loom large.

Because this work began as a community project it may have led to each named interview being printed whole and not split thematically. This has both a positive and a negative impact on the finished work. On the positive side the voice of the interviewee comes across strongly and, together with the photographs, the reader can really imagine the experience. Presumably, it also led to increased satisfaction for the interviewees who could easily recognize their own contribution. However, some thematic study of the interviews would also have been useful. The present format makes it difficult to compare, for example, the response of a number of the interviewees about topics such as hospital schooling, punishment, or the advent of streptomycin.

The use of a "blog" format at the start of the project influences the work in a number of ways. It means that many interviewees had the

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.

**Susan Kelly,**

Centre for the History of  
Medicine in Ireland,  
University of Ulster

**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.