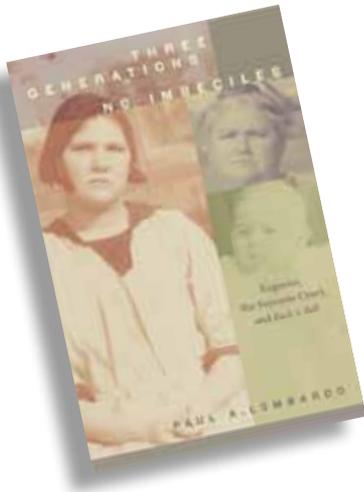


Reviews and reflections

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors



Three Generations, No Imbeciles: Eugenics, the Supreme Court and *Buck v. Bell*

Paul A. Lombardo
Baltimore, Johns Hopkins University
Press, 2008, 365 pages

Reviewed by Jack Coulehan, MD
(AQA, University of Pittsburgh, 1969)

Mr. Justice Holmes' opinion in the 1927 Supreme Court decision of *Buck v. Bell* was short, but definitely not sweet. The issue at hand was the constitutionality of Virginia's Eugenic Sterilization Act, which authorized involuntary sexual sterilization of inmates of certain Virginia state institutions when the superintendent of that institution "shall be of the opinion it is for the best interests of the patients and of society."^{p289} The specific case was that of Carrie Buck, a woman who had been committed to the State Colony for Epileptics and Feeble-minded by her foster parents in 1924 because she had

become pregnant out of wedlock. Her biological mother was already an inmate at the Colony, having been committed several years earlier for lacking "moral sense and responsibility."^{p106} Although Carrie was a prime candidate for sterilization, Colony authorities wished to use her as a test case before the United States Supreme Court because many questioned the legitimacy of Virginia's new law. Speaking for the majority of the court (only a single judge dissented), Justice Holmes wrote, "We have seen more than once that the public welfare may call upon the best citizens for their lives. . . . it would be strange [if it] could not call upon those who already sap the strength of the State for these lesser sacrifices."^{p162} "Three generations of imbeciles are enough."^{p169} Thus, involuntary sterilization laws in the twenty-three states that had already enacted them were accepted *prima facie* as constitutional, and seven additional states were encouraged to adopt such laws in the following decade.

I've been teaching medical students about *Buck v. Bell* for many years. It may be the single best example of the strength of the American eugenics movement in the early twentieth century and illustrates the many false beliefs and moral inequities upon which the eugenics movement was based. I was able to tell my students a few specifics about Carrie Buck herself (for example, the irony that neither she nor her baby were "imbeciles"), but I'd never searched behind the scenes to discover the full story of this infamous case. Now, in *Three Generations, No Imbeciles*, Paul A. Lombardo has provided us with a thoroughly compelling history of the case, beginning with the social and cultural context of the eugenics movement

and continuing through its aftermath until the present. It's a fascinating, but tragic, story that leaves the reader with a sense of moral outrage.

When we think of eugenics today, we tend to envision Germany and the Third Reich, when, in fact, much of the intellectual basis of the movement was home-grown right here in the United States. In the late nineteenth and early twentieth centuries, criminality, poverty, feeble-mindedness and "moral turpitude" were widely believed to be inherited characteristics. It seemed natural then that society could improve its fitness by preventing criminals, wayward women, imbeciles, and other social misfits from reproducing. Scientific research, like the pedigree studies of Harry Laughlin, seemed strongly to support this view. Moreover, surgical sterilization techniques had been found safe and effective. It was in this context that state legislatures began to pass laws providing for sterilization of the feeble-minded.

One contemporary definition of feeble-mindedness was, "a state of mental defect existing from birth or from an early age and due to incomplete or abnormal development in consequence of which, the person affected is incapable of performing his duties as a member of society in the position of life to which he was born."^{p40} This broad category potentially included anyone from the "simply backward boy or girl"^{p9} to the "profound idiot."^{p9} The most operative phrases were "incapable of performing his duties" and "position of life." In practice, the latter referred only to poor people, and the former was a judgment to be made by some state authority. No objective testing was required and, for all practical purposes, there was no appeal.



In Carrie Buck's case, "moral delinquency" p135 was the precipitating cause of her incarceration. After the seven-year-old girl became pregnant, her foster parents claimed they could no longer handle her. Carrie had been living with them for many years. Her father was dead and her mother, who had a record of prostitution, was an inmate of the Virginia Colony for Epileptics and Feebleminded. The foster parents argued that Carrie was dishonest, had temper tantrums, and performed "certain 'peculiar actions.'" p97 However, she had been able to complete five years of school without problems and had no known physical illness. On admission to the Colony, she was reported to have an IQ of 56. Carrie's baby, Vivian, born in 1924, was immediately placed with the same foster parents and continued to live with them until her death from a complication of measles eight years later. At the sterilization trial, a doctor testified about the eight-month-old baby, "it seems to me not quite a normal baby." p117 [Notice the pronoun "it."] On that basis, she was judged to constitute the third generation of feeble-mindedness.

Three Generations, No Imbeciles tells the story of Dr. Albert Priddy, the Colony's superintendent, and Arthur Estabrook, a eugenics researcher, who in 1924 carefully developed the case that Carrie Buck's sterilization would benefit not only society at large, but also improve Carrie's own health, a requirement specified by law; of Eugene Whitehead, Carrie's attorney, who was himself an advocate of eugenic sterilization; and of the various trials and appeals that eventually led to the Supreme Court in 1927, by which time Dr. John Bell, the new superintendent, had replaced Dr. Priddy as plaintiff. In the end, the major constitutional questions at issue were:

1. Does the state's police power permit it to mandate that certain citizens undergo involuntary sterilization?
2. Does the fact that the law applies only to persons confined to

state facilities violate the Fourteenth Amendment's due process requirement?

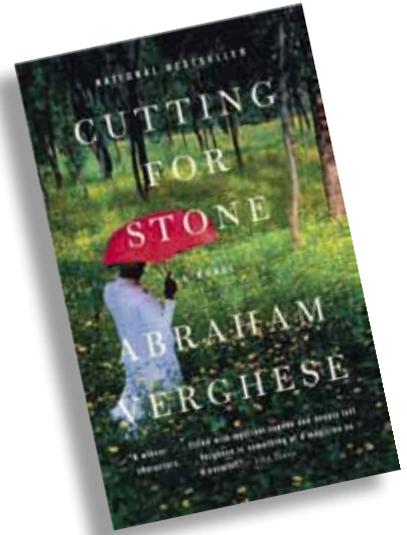
The answers, in brief, were "yes" and "yes."

The latter part of the book deals with the history of forced sterilization in the eight decades since *Buck v. Bell*, including a chapter on the Nazi eugenics program and the citation of *Buck v. Bell* as a defense at the Nuremberg doctors' trials. Lombardo also devotes attention to subsequent court cases, such as *Skinner v. Oklahoma* (1932), which repudiated other eugenics laws. Perhaps the most touching thread of this story, though, is Carrie's subsequent life. After discharge from the State Colony, she married and lived with her husband for decades until his death. She later moved to a retirement community and often spent the day solving crossword puzzles with a friend. In conversation, she was "embarrassed" about her role in the famous Supreme Court case. "She showed no anger, but she did convey her feeling that she had been treated unfairly." p255 Her daughter, Vivian Buck, was reported by a social worker to be "very bright" and had completed second grade prior to her death in 1932. Carrie's mother Emma remained at the State Colony until she died of pneumonia in 1944.

This is a book you won't forget. Unlike many scholarly works, *Three Generations, No Imbeciles* has plenty of narrative drive. Though much of its content is troubling to read, the book is difficult to put down. It raises issues of ethics, law, and social policy that we still struggle with, and reminds the reader how fallible our moral vision can be.

Dr. Coulehan is a book review editor for *The Pharos* and a member of its editorial board. His address is:

Center for Medical Humanities, Compassionate Care, and Bioethics
HSC L3-080
State University of New York at Stony Brook
Stony Brook, New York 11794-8335
E-mail: jcoulehan@notes.cc.sunysb.edu



Cutting for Stone

Abraham Verghese
New York, Vintage Books, 2010

Reviewed by Taylor Prewitt, MD

When I decided to go into pre-med," one of my fellow interns told me, "I went to see my home town doctor. He took care of our family for years. He made house calls. We could always get hold of him when we needed him. That was the kind of doctor I wanted to be. I knew he'd be proud of me, so when I got back home for the holidays, I went straight over to his office and told him I was going to go to medical school. And do you know what he said? I couldn't believe it. He looked at me for a minute, and then he said, 'You've got to be crazy.'"

Maybe so. "I've told my kids never to be a doctor," too many of my colleagues say. "Medicine is not like it used to be. You'd make more money as a plumber. The government has ruined it. The paperwork will drive you crazy. The young doctors don't want to work. Night call is much worse now."

Maybe so. There is some truth in all these assertions, but not everybody believes them. Marion Stone didn't believe them. Marion is the narrator in Abraham Verghese's novel, *Cutting for*

Stone. His father was a surgeon, his mother was a nurse, and his adoptive parents were physicians. He went to medical school as a matter of course and became, perhaps excessively, devoted to his calling as a matter of vocation.

The author, Abraham Verghese, is professor and senior associate chair for the Theory and Practice of Medicine at the Stanford University School of Medicine. His parents were Indian teachers in Ethiopia, where he grew up and began his medical training until Emperor Haile Selassie was deposed. He finished his medical training at Madras Medical College and then came to the United States for residency training. All these facts are pertinent to *Cutting for Stone*, his second novel. One should keep in mind that even though the medical and surgical details identify the author as a physician, he and the reader are not limited by the laws of probability and credibility that we ordinarily expect in a rigorously trained medical scientist.

The story is a sweeping one that follows Marion from his miraculous birth in Ethiopia to a career as a hard-working surgeon in New York City at age fifty. It is a rollicking story in which young Marion and his twin brother Shiva live by their wits in the lawless turmoil of a revolution. They trick a marauding soldier into crashing his stolen motorcycle and, after the villain dies in a gunshot accident, bury the body in quicksand and keep the secret of his death.

There are even bits of “magical realism” in Marion’s uncanny ability to identify his friend Genet’s presence with his dog-like sense of smell, and in the diagnostic powers of the sense of smell in some circumstances.

The author is a good storyteller, and the entrance of the obstetrician, Dr. Kalpana Hemlatha (Hema), into the operating theater as the twins are being born is nothing if not dramatic.

The doors to the operating theater burst open. The probationer shrieked. Matron clutched her chest at the sight of the sari-clad woman

standing there, hands on her hips, bosom heaving, nostrils flaring.

They froze. How were they to know if this was their very own Hema, or an apparition? It seemed taller and fuller than Hema, and it had the bloodshot eyes of a dragon. Only when it opened its mouth and said, “What bloody nonsense is Gebrew talking? In God’s name, what is going on?” did their doubts vanish.^{p98}

The story of the twins’ miraculous birth is the mainspring of the story. They grow up so close to each other that their communication is often non-verbal. But Shiva is a strangely different identical twin: brilliant, but lacking in some of the sensitivity and scruples of his brother. The humanistic values of medical service are nicely brought out in the story of Shiva’s career: he doesn’t bother with medical school; he works with Hema in the obstetrics and gynecology clinic, devoting himself to the problem of women with vesico-vaginal fistulas, who are shunned by all because of the smell resulting from the incontinent flow of urine and sometimes blood.

We see the Missing Hospital, where Ghosh, an internist who marries Hema and becomes a father to the twins, fills in as a surgeon after the departure of the brilliant Dr. Stone, Marion’s biological father. Matron is the pragmatic boss at Missing; she accepts money from a Texas church, but she responds to its representative’s theological misgivings with a pensive reflection: “God will judge us, Mr. Harris, by . . . what we did to relieve the suffering of our fellow human beings.”^{p188}

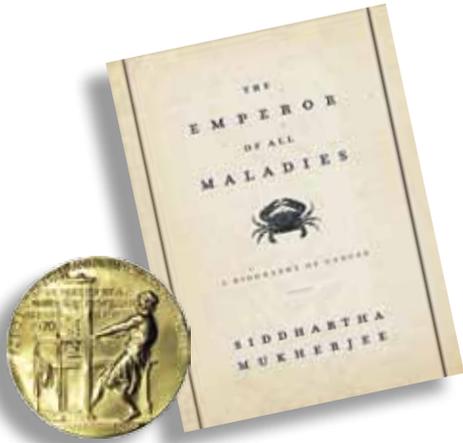
And we get a good look at American medical care as perceived by the foreign medical graduates (FMGs) who work with Marion at Our Lady of Perpetual Succor in one of the boroughs of New York, where the other residents explain the facts of life to him: There are Mayflower hospitals, flagship hospitals that are teaching hospitals for big medical schools, staffed by descendants of

those who came on the Mayflower. And there are Ellis Island hospitals, where “All the house staff are foreigners and so are many of the attending physicians.”^{p491} These physicians will complete their training and “go to the small towns that need us. Like Toejam, Texas, or Armpit, Alaska. The kinds of places American doctors won’t go and practice.”^{p492} And why not? “Because, *salah*, in those villages there’s no symphony! No culture! No pro-ball team! How is an American doctor supposed to live there?”^{p492}

Marion finds direction in Sir William Osler’s aphorism, “The master-word is work,” as a guide to his own life, and he finds that his biological father, Thomas Stone, has retreated to his work and little else. Such single-mindedness can lead to much good being done. Paradoxically, however, pursuit of this particular master-word may also lead to legend or scandal. The stories that result can keep communities entertained for months or years. In this tale of a young physician’s coming-of-age, we follow Marion as he matures into a physician of such dedication to his work that he rivals any priest in poverty and chastity. One hopes that as he enters his second fifty years he will take a little time to stop and smell the roses.

Abraham Verghese has skillfully knitted together a collection of legendary and sometimes scandalous stories into one “sweeping, rollicking” novel with enough authenticity to prompt the reader to reflection about our world that is still a work in progress, with much work to be done. But it is sweeping and rollicking and entertaining. And to the prospective medical student: This is one to read before you go talk to your dad or your dear old family physician.

Dr. Prewitt is a retired cardiologist in Fort Smith, Arkansas. His address is:
8311 Mile Tree Drive
Fort Smith, Arkansas 72903
E-mail: taylorprewitt@sbcglobal.net



The Emperor of All Maladies: A Biography of Cancer

Siddhartha Mukherjee
New York, Scribner, 2010, 592 pages

Reviewed by Aroop Mangalik, MD

Siddhartha Mukherjee's Pulitzer Prize winning *The Emperor of All Maladies: A Biography of Cancer* is an interesting, informative, and incisive book. It is a biography in the sense that it describes the "character" with insight but also describes the environment, the people in the life of cancer, and the cancer in people's lives. The author recognizes that the word "cancer" is everywhere; a word that he explains and then shows how it penetrates writings through the millennia in different parts of the world.

Mukherjee, a medical oncologist, retains his professional perspective, but does not forget the impact that cancer has on patients and families and even society as a whole. Offering a balanced view of the early researchers and clinical oncologists who worked to "cure" cancer, he describes their efforts to understand the disease and their use of strategies to find the right methods of treatment, whether surgery, radiation, or chemotherapy, and the theory and science that underlay their methods. But he also describes their obsessions and often dogmatic thinking, and how,

in the face of evidence to the contrary, some of these pioneers continued to use and push treatments they believed in. He describes in detail how William Stewart Halstead and his followers in the first part of the twentieth century continued to insist on radical surgery for breast and other cancers when there was clear evidence that the patients were not benefiting. He tells about the physicians who tried to question the premises and methods used by their powerful contemporaries.

Mukherjee then goes on to describe how Geoffrey Keynes and Dr. George Crile Jr. and George Crile III, father and son, came to question Halstead's dogmas. In the mid 1920s, they studied the long-term recurrence of cancers after radical surgery and noted that breast cancer still recurred in their patients in subsequent years. Yet the dogmas and beliefs in radical surgery were strong and it took another thirty years before this practice was changed; only after Bernard Fisher was able to create randomized trials was it finally proved that radical surgery could not be justified.

In the field of "aggressive" and "hyperaggressive" chemotherapy, including bone marrow transplantation, another physician researcher, George Canellos, challenged the madness of "more is better." Canellos could not alter the path that mainstream hematologists and oncologists were taking, but he was proven right when the results of several trials were in. Sadly, as often happens when obsessions override good judgment, a South African oncologist was found to have falsified his data.

The descriptions of Mary Lasker and other celebrities who worked in the cause of cancer are interesting and often amusing. One might ask how much of such dedication is due to altruism and how much to egotism and self-interest? But that is perhaps too harsh.

The author remains a strong supporter of clinical trials as the best way to establish the efficacy of new treatments and to discover problems related to any treatment. A valuable feature of

the book is his ability to describe "statistical methods" and their limitations succinctly and clearly. Yet the author also has a good understanding of human frailty and describes how bias and preformed ideas can hinder the success of clinical trials.

Another section of this book describes the fundamental structure and function of the cell and the changes that lead to a normal cell's conversion to a cancer when the body's immune system fails to kill emerging cancer cells. These chapters are a pleasure to read—yes, the author makes reading molecular biology a pleasure.

In his final chapters Mukherjee links the application of the basic science knowledge of the 1940s and the development of antimetabolic agents of that time to the understanding of molecular biology and how that has led to new "targeted" therapies. He alludes to the limitations of these targeted therapies, but with an optimistic note. He quotes Harold Varmus thus:

We have not slain our enemy, the cancer cell, or figuratively torn the limbs from his body . . . In our adventures, we have only seen our monster more clearly and described his scales and fangs in new ways—ways that reveal a cancer cell to be, like Grendel, a distorted version of our normal selves.^{p363}

And there lies a metaphor for war on cancer or cure for cancer.

Dr. Mangalik is a professor of Medicine in the Division of Hematology/Oncology at the University of New Mexico. He received his early medical training at the All India Institute of Medical Sciences. He has an interest in the sociology and history of medicine. His address is:

Cancer Center
1201 Camino de Salud NE
MSC07 4025
Albuquerque, New Mexico 87131
E-mail: amangalik@salud.unm.edu