

Scientia Canadensis

Contested Medicine: Cancer Research and the Military.
**By Gerald Kutcher. (Chicago: The University of
Chicago Press, 2009. x + 247 p., notes, bibl., index.
ISBN 978-0-226-46531-9 \$40.00)**

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Science in Government
Volume 35, numéro 1-2, 2012

URI : id.erudit.org/iderudit/1014005ar

DOI : [10.7202/1014005ar](https://doi.org/10.7202/1014005ar)

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Éditeur(s)

CSTHA/AHSTC

ISSN 0829-2507 (imprimé)
1918-7750 (numérique)

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Citer cet article

Marshall, T. (2012). *Contested Medicine: Cancer Research and the Military*. By Gerald Kutcher. (Chicago: The University of Chicago Press, 2009. x + 247 p., notes, bibl., index. ISBN 978-0-226-46531-9 \$40.00). *Scientia Canadensis*, 35(1-2), 210–212. doi:[10.7202/1014005ar](https://doi.org/10.7202/1014005ar)

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Comparing Freud with Foucault is useless not only because of the weaknesses to be found in Freud's work but because of the wide divergence of Foucault's ideas from any practical form of psychiatry. Today, the Hysterical paradigm is rarely found in psychiatric practice in developed countries. Typical forms are usually recognized immediately. Lesser forms seem to come, if they come at all, in a context of anxiety and depression which gives a suitable focus for positive treatment. Apparent cases in neurological centers may be found to relate to physical disorders.

It is disappointing that a meticulous scholar like Dr. Goldstein treats with apparent respect theories that have no reasonable credibility in scientific medicine. Her work of social historical scholarship and documentation is impressive, but the claim by her publisher's blurb of an extraordinary contribution is overblown.

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***Contested Medicine: Cancer Research and the Military.* By Gerald Kutcher.** (Chicago: The University of Chicago Press, 2009. x + 247 p., notes, bibl., index. ISBN 978-0-226-46531-9 \$40.00).

In 1959, Dr. Eugene Saenger proposed a study to the U.S. Department of Defense (DOD) which would test the effects of total-body irradiation (TBI) on the human body. From 1960 to 1971, Saenger (under contract to the DOD) headed a trial which exposed advanced cancer patients to high levels of radiation. According to Saenger, the primary objective of the trial was to improve the treatment of patients with advanced cancer. Of secondary importance, he claimed, was the military component: that is, while the investigators would gather data about the effects of radiation on the human body during treatment, this would have no impact on clinical decision-making. However, as Gerald Kutcher points out, in essence Saenger was using these patients as "proxies" for soldiers, in order to understand how radiation would affect combatants while operating on the nuclear battlefield (p.5). While Saenger's colleagues in general levied only mild criticism of his study, his work was vilified in the contemporary press, particularly in 1971, and has been criticized since as "among the most egregious experiments of the cold war period" (p.1). In 1972, the study was closed down completely. However, according to Kutcher, this was not due to ethical concerns on the part of Saenger's peers per se. Rather, significant media and public pressure forced the president of the University of Cincinnati to shut down the study: the catalyst was the public discovery that Saenger had secretly negotiated a contract renewal with the

DOD at the same time that investigations of the study were underway. Following the public outcry which greeted this news, the university terminated its contract with the DOD, putting an end to the trial.

Saenger's trial has been criticized on the basis of ethical considerations: throughout the study, advanced cancer patients were subjected to lethal and near-lethal doses of radiation, arguably in the interests of military science rather than patient therapy. However, despite strong condemnation by several parties, no consensus has emerged regarding the ethics of the trial. Such was the case in the mid-1960s; shortly after Cincinnati instituted the process of local peer review of clinical trials in 1966, Saenger's work was approved (albeit with some reservations) by his colleagues. Years later, a 1993 exposé on postwar radiation studies by investigative reporter Eileen Welsome prompted President Clinton to launch a series of investigations under the Advisory Committee on Human Radiation Experiments (ACHRE). However, ACHRE also could not come to a clear judgment concerning Saenger's work. At around the same time, a civil case was brought against Saenger and his co-investigators on behalf of some of the patients' families. The case was settled out of court in 1999: the families received only modest financial compensation and Saenger never apologized. Thus, no closure was reached.

Given the numerous investigations into the Saenger trial, it is perhaps surprising that no firm conclusions have been made about the ethics of the study. Gerald Kutcher's commentary on this point is insightful. Rather than engaging in the debate over the ethics of the Saenger trial, Kutcher instead evaluates the study according to the medical/scientific, social, political and cultural contexts of the time. According to Kutcher, Saenger's research was in large part a consequence of several trends in medicine and science, as well as military concerns and the fears of a nuclear society. His work was therefore not an exception, but instead reflected a wider approach to clinical trials and scientific research in that period. This, he claims, is the reason that Saenger's peers could not condemn his study: in essence, it shared too many similarities with their own work. According to this interpretation, the Saenger trial can be used as a lens through which to view clinical research—and society—of that period.

One of Kutcher's key points in this regard is that the Saenger case demonstrates the inherent contradictions of clinical research in the post-World War II world, particularly the tension between the interests of patient therapy and the demands of scientific research. Moreover, he argues that the trials expose a conflict between the idealized and actual nature of clinical trials. According to Kutcher, the ascendance of bioethics in this period has tended to support the idea that clinical trials are possible without incurring human costs. According to this vision, human experimentation is an "unquestioned good that advances human welfare" (p.10), while studies

such as Saenger's are rare examples of "bad" science. In contrast, Kutcher argues that clinical studies are "fundamentally problematic" (p.10) by nature, involving failures, changes of direction and mixed goals. In this version, Saenger's work reflects the actual—as opposed to the idealized—nature of clinical research.

Kutcher also draws our attention to the human face of clinical trials; in Chapter Five, for example, he follows the story of Maude Jacobs—one of the study participants—through her course of treatment, the devastating complications arising from it, and her efforts to provide for her family in her final days. It is the nature of clinical trials to regard participants/patients as "proxies." In this context, the patient is a sample, a unit, a member of a cohort to study investigators. By giving one such "unit" a name, face, personality and history, the author moves this discussion from the abstract to the personal and concrete. While the goal of clinical experimentation may be the advancement of science and improved treatment of patients, physician-scientists would do well to remember the very real impact of such studies on the individual health and lives of their trial participants. Moreover, it would behoove society to recognize the inherent cost and risk of human experimentation, instead of trusting to the comforting picture of a victimless science.

Contested Medicine is therefore not only an important contribution to our understanding of the Saenger controversy. It is also a probing analysis of the continued contradictions and difficulties inherent in modern clinical research. As such, this is not only an impressive work of medical and scientific history; it is also essential reading for anyone involved or interested in modern clinical trials.

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Histoire de la pharmacie en France et en Nouvelle-France au XVIII^e siècle. Par **Stéphanie Tésio.** (Québec: Presses de l'Université Laval, 2009. xxx + 331 p., ill., tab., notes, bibl., ann. ISBN 978-2-7637-8622-3 \$34.95).

Stéphanie Tésio's *Histoire de la pharmacie en France et en Nouvelle-France au XVIII^e siècle* is an ambitious book that offers a rare view of the transmission of European medical institutions to a New World colony, through a detailed comparison of the social lives and medical practices of apothecaries in Lower Normandy and the Saint Lawrence Valley. The book proceeds in a linear fashion, tackling the impressive scope of the project piece by piece. Three sections detail different aspects of the social and professional realities of medical practice on both sides of the Atlantic.