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## Hope and Suffering

Krueger, Gretchen

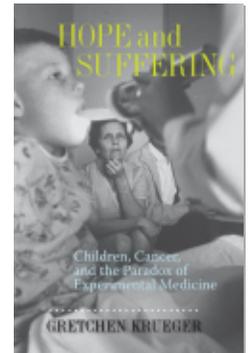
Published by Johns Hopkins University Press

Krueger, Gretchen.

Hope and Suffering: Children, Cancer, and the Paradox of Experimental Medicine.

Johns Hopkins University Press, 2008.

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## “Glioma Babies,” Families, and Cancer in Children in the 1930s

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In April 1933, members of the Vasko family of Hastings-on-Hudson, New York, barricaded themselves in the back rooms of their second-story apartment. There John Vasko, his wife, Anna, and their daughters remained well concealed from dozens of newspaper reporters and curiosity seekers milling about on the lawn below. Four months earlier, Helen, one of the Vasko's two-year-old twin daughters, had been diagnosed with a malignant eye tumor—a tumor called a retinoblastoma, referred to in the popular press as a “glioma.” Specialists repeatedly warned the couple that the cancer growing on the toddler's retina would spread from one eye to the other and then migrate to the brain if the affected eye were not removed promptly, but the Vaskos refused to allow surgeons to proceed with the operation. When informal negotiations with the family stalled, physicians and members of community social service agencies worked together to challenge the Vaskos' controversial position in court. As the case progressed to the appellate level, newspapers published bold headlines, front-page stories, and intimate photographs of the “glioma baby” and her family, thereby transforming the Vaskos' private decision into a public spectacle.<sup>1</sup> As attention to their plight escalated, the family retreated.

The Vasko case was part of a small series of well-publicized “glioma baby” cases that began making cancer in children more visible in the United States in the 1930s. Human-interest stories about the families employed sensational methods to attract the attention of local subscribers as well as more distant readers. Readers commented on the contested cases on editorial pages and expressed their divergent views through opinion polls. Reporters writing about families' struggles not only brought childhood cancers to the public eye, they caused a lively debate among physicians and laypersons over the proper medical care for children with cancer and other physical ailments.

## The Human Laboratory

Helen Vasko's cancer diagnosis came at a pivotal point in the treatment and definition of this complex set of diseases. Long considered intractable and, perhaps by extension, unmentionable, physicians paid increased attention to cancer after the development of antiseptic and aseptic surgical techniques permitted the first successes in the field. According to Patrice Pinell, "Excision techniques for malignant tumors were first codified in the late nineteenth century, and cancer became a field in which a new generation of surgeons could start making a name for themselves."<sup>2</sup> Breast, lung, and other organ-specific cancers became the sites of surgical experimentation and innovation. The recommendation to remove the young girl's affected eye was surely grounded in the prevailing theory that timely, extensive eradication of the tumor and surrounding tissue often yielded the best outcome.

Yet, before the 1930s, few medical texts or journal articles about cancer discussed retinoblastoma or cancer in children, more generally. A surgical fellow at the Mayo Clinic described the predominant attitude: "From the time of the earliest medical writings to those of the present day, cancer has been defined and discussed as a disease of middle or late life. Malignant disease is likely to be excluded from the realm of probability when a patient gives his age as 25 or less."<sup>3</sup> There were, however, a few exceptions. In the late nineteenth century, several French physicians attempted to identify and quantify cancers in infants, and, although children did not receive prolonged attention in his 1908 text *The Natural History of Cancer*, Roger Williams observed, "One noteworthy feature about the tumors of infancy and early life is, that the localities whence they are prone to originate, are very different from those whence malignant tumours commonly arise at later periods of life."<sup>4</sup>

In the 1920s and 1930s, the few published articles on benign and malignant tumors often described single cases or small cohorts of young patients who had been diagnosed with tumors usually detected in adults, but there was a growing recognition among practitioners that there was a separate class of cancers that affected only infants and children.<sup>5</sup> For example, several physicians observed that a tumor of the central nervous system specifically affected young children. Although the investigators debated its proper name, they agreed on its primary site, its rapid course, and that it grew during embryonic development and then commonly first appeared during infancy.<sup>6</sup> Neuroblastomas (a tumor of specific nerve cells), kidney tumors (later named Wilm's

tumor), and retinoblastomas were some of the first cancers that physicians suspected of affecting infants and children specifically.

It was during this decade that Memorial Hospital for Cancer and Allied Diseases shifted its attention to cancers in the young. Memorial had been established in 1884 as the New York Cancer Hospital, one of the first institutions devoted entirely to the research and treatment of cancer. Child patients, however, had not received separate care. From 1917 to January 1, 1930, 311 cases of malignant tumors in children younger than fifteen were treated at Memorial, but children were admitted to and cared for in the same wards as adult patients.<sup>7</sup> Beginning in the 1930s, research targeting cancers in the private institution's youngest patients led to the expansion of existing facilities and the development of new spaces and services to identify, document, and treat cancers in children.

Memorial's efforts began on a small scale but increased in scope over the course of a decade, establishing the hospital as a leader in this area of research and treatment. The 1930 article "The Age and Sex Distribution and Incidence of Neoplastic Diseases at the Memorial Hospital, New York City" provides a window into staff members' early work. The broad statistical study included brief case reports to record the appearance of certain tumors at unusual ages, particularly in the "extremes of life."<sup>8</sup> The article characterized Wilm's tumor as a congenital neoplasm and noted "the average of the subjects with this neoplasm was less than three years, the youngest average age among a hundred different histological varieties of tumors."<sup>9</sup> It also made note of the striking number of gliomas of the eye diagnosed in children younger than five. In their conclusion, the authors divided the normal human life into five age epochs (infancy, childhood, presexual period, maturity, senescence) and attempted to isolate the malignant tumors linked with each division. Again, they returned to the same two tumors, saying that they were "endowed with great propensity and capacity for growth" and that aberrations during embryonic development were responsible for their occurrence.

The survey results led to several structural changes at Memorial. In 1933, George Pack and Hayes Martin, cancer surgeons at the hospital, organized separate clinics in Memorial's mixed tumor and head and neck divisions to accommodate pediatric patients. The next year, a pediatric ward with four beds was opened, and in 1935, Harold Dargeon was appointed consulting pediatrician—the first at the institution. To emphasize "the concept of a child as a person suffering from a grave illness" rather than a disease-centered approach, Memorial's medical board chose a pediatrician rather than a cancer

specialist to fill this post.<sup>10</sup> Although Dargeon and the establishment of the Department of Cancer in Children had the support of the board, others affiliated with the hospital viewed work with the youngest cancer patients as unrealistic and hopeless. Dargeon observed that "children almost invariably had suffered from cancer for incredibly long periods; not only months, but not infrequently years before they reached definitive treatment." He predicted optimistically that earlier, accurate cancer detection would contribute to higher cure rates when paired with appropriate radiation and surgical interventions.<sup>11</sup>

In 1937, the pediatric section of the New York Academy of Medicine sponsored a landmark symposium to present the findings of a comprehensive study that compared the extant medical literature on cancer in children with Memorial's case records. In *Cancer in Childhood*, the published conference proceedings, Dargeon and James Ewing, the administrator of Memorial, presented compelling evidence that a discrete set of cancers disproportionately struck children.

Ewing called for a major revision of earlier findings, concluding that researchers had relied on improper age divisions, incorrect tumor classifications, and small sample sizes when studying cancer in children. The previous scholarship commonly grouped infants and children together with young people beyond the first two decades of life and, thus, had discovered few noticeable differences between the neoplasms affecting children and adults. Ewing advised physicians making similar investigations to limit their scope to the first ten to fifteen years of life, the time of infancy and childhood, when, he hypothesized, "Special factors of heredity, nutrition, and growth may be expected to express themselves." He characterized children's cancers as those which "progress rapidly and metastasize widely" and added, "The recurrence is prompt and the mortality very high."<sup>12</sup> Ewing also noted that authors writing in the late nineteenth and early twentieth century had tended to group all forms of cancer—carcinomas, sarcomas, benign or malignant—into one vague category. He counseled his colleagues to be more sensitive to the differences among tumors as they redirected their attention toward the clinical course of tumors in the young. "It is clear," Ewing argued, "that the conditions of origin and the clinical course of these diseases are so peculiar that they may not be properly compared with any adult tumors, and that this entire subject deserves to be treated as a special department in the descriptive history of neoplastic diseases."<sup>13</sup> The leader's conclusions definitively supported the creation of a pediatric cancer research program at the institution.

Memorial's metropolitan location and its status as a leading cancer hospital helped facilitate large-scale studies comparing children's cancer cases. With the addition of a pediatrician to the staff, childhood cancers became a major focus of Memorial's prevention, research, treatment, training, and record-keeping initiatives. It was at this time of limited, yet growing awareness about pediatric cancers in the cancer research community when Helen Vasko was first diagnosed with a glioma.

### Setting the Stage

Elizabeth Tomashevsky, a YWCA worker who served as an interpreter and mediator between the Vaskos—who had emigrated from Czechoslovakia—and authorities, recounted the story of Helen's diagnosis to the press. She explained that Helen's mother had first observed an unusual spot on her daughter's eye and brought her to the Hastings Village nurse for an exam in January 1933. The nurse quickly dismissed the young mother's concerns, advising her to regularly rub Helen's eye with boric acid. It is unclear what she hoped to achieve with this simple remedy, but it produced an unsatisfactory result. After two weeks of treatment, the spot had grown and the nurse referred mother and daughter to Grasslands County Hospital. There, a physician correctly diagnosed the rare tumor. The Vaskos then sought a second opinion from an eye, ear, nose, and throat specialist, who confirmed the diagnosis and warned that the tumor would surely grow inward toward the girl's brain. At this point, Tomashevsky met with the Vaskos to reiterate the physicians' grave prognoses and to reassure them a glass eye could be inserted for cosmetic purposes. Despite this assurance, the couple refused to allow the operation.

The Vaskos were skeptical, even dismissive, of the physicians' claims that their child was suffering from a life-threatening illness. Contrary to the grim diagnosis, John Vasko observed that his daughter continued to laugh and play, signs that she was not in any pain. "The doctors know nothing," he chided. "They are all crazy."<sup>14</sup> He chose to rely on the counsel of Basil Beretz, their parish priest at the Greek Catholic Church, as a trustworthy source of guidance. Following a private meeting between the couple and the priest, John Vasko relented, saying, "The law knows best. If law says take child's eye [*sic*], I say all right." Anna Vasko, however, insisted, "God gave me the child. If God wills it, He will take her away."<sup>15</sup> She set up a small religious shrine, prayed daily for a miracle to heal Helen, and purchased eye drops from a dispenser

of herbal medicines to treat her daughter at home. The mother's practices were looked upon with suspicion because they were used at a time when the familiar routines and modalities of home-based care were being replaced by hospital-centered treatment and healers shifted from family members to medical specialists.<sup>16</sup> The couple may have also been under increased scrutiny because of the ethnic differences and economic disparities that marked them as distinct from the authorities charged with their child's health and safety. Like Mary Mallon (known more commonly as Typhoid Mary), an Irish-born cook working in New York City who was imprisoned after repeatedly exposing others to infection, members of the Vasko family found themselves under increased surveillance and threat of punishment if they did not conform to expert opinion.<sup>17</sup>

Anna Vasko resisted the surgical procedure, in part, because of the permanent blindness or disfigurement that could result. Although the 1930s have been described as a decade of transition from the isolation and separation of the blind to greater protection by the state and integration into mainstream American society, these achievements did little to improve the lives of blind children.<sup>18</sup> Education for blind children remained scattered among privately funded institutions, state residential schools, and integrated public school classrooms. Even when taught, blind children were often grouped haphazardly with others with a wide range of mental and physical disabilities. By 1940, a few blind youth had begun attending colleges and universities, but, as a historian of the National Federation of the Blind noted, "For the vast majority of those who graduated from schools for the blind, the prospects of a normal life and livelihood were almost as dismal as they had been a century before."<sup>19</sup> Stigmatization of children and adults affected by blindness limited their opportunities even when students earned degrees. The "glioma baby" cases illustrated that for some parents in the 1930s it was difficult to decide what was best for their child—death or permanent blindness in a society not equipped to properly educate or gainfully employ them. In New York state, however, the advent of the children's court system in 1922 opened the way for authorities to intervene in and direct parents' difficult health decisions involving children and youth to age seventeen.<sup>20</sup>

### Entering the Court

Upon learning of the Vaskos' decision to refuse therapy, staff members at the county hospital reported the case to the Society for the Prevention of Cru-

elty to Children for further evaluation.<sup>21</sup> The society, like the police, members of men's and women's clubs, school principals, and public nurses, identified potentially mistreated children and, when necessary, intervened in their homes with the legal aid of the children's court. At this point, the society alerted Judge Smyth of the Westchester County Children's Court to the Vasko's controversial position and appealed to him to consider whether Helen Vasko was a victim of neglect or whether her parents were simply protecting her from further harm.

The children's court hearing included surprising medical testimony. Specialists consulted in the case had repeatedly and vehemently insisted on the immediate removal of Helen's eye, but they now testified that the surgery held only a fifty-fifty chance of saving the young girl's life. They stated that by the time observable signs or symptoms of the tumor appeared, the cancer had usually advanced and destroyed vision in the affected eye. By delaying the surgery still further, the Vaskos had, perhaps, allowed the cancer to grow or spread more widely. Although they knew that the chance of preserving her sight or life was increasingly slight, physicians continued to mandate the operation.

At the time this testimony was given, the published medical literature on tumors of the eye was slim but growing rapidly as several new investigators entered the field. In the nineteenth century, European ophthalmologists had broadly defined gliomas as all tumors of the retina, but in 1926 a committee appointed by the American Ophthalmological Society suggested dividing gliomas into specific categories to reflect more accurately the specific tissue from which each tumor arose. The most common type of malignant eye tumor—the one Helen suffered from—was reclassified as a retinoblastoma. Although cancers were not yet classified specifically as “pediatric” or “adult” in the late 1920s, physicians observed that retinoblastomas usually affected children under the age of five and that there was a higher incidence of the cancer in twins and siblings, lending evidence to a hereditary mode of transmission.<sup>22</sup>

In the late 1920s, Algernon Reese, an ophthalmologist who had completed extensive training in the pathology of the eye in Boston, New York, and Vienna, joined the staff of Memorial Hospital and began investigating potential therapies for retinoblastoma, which he characterized as “frightful.”<sup>23</sup> He and others divided the progression of the tumor into three discrete stages: an early period, when a white or yellow reflection resembling a “cat's eye” appeared; an inflammatory stage, when the eye became irritated from increasing pres-

sure; and a third stage, when it was thought that the tumor spread through the optic nerve to the brain. Physicians hypothesized that death resulted from this local migration.<sup>24</sup> Based on this model, the timely removal or enucleation of the affected eye or eyes was the only option Reese endorsed.<sup>25</sup> The medical experts who testified in court repeated the conclusions of this literature—if any chance for survival remained, immediate and aggressive surgery was best. The development and dissemination of expertise in this new medical subfield opened families' personal decisions to scrutiny by providing grounds for contestation.

A brief submitted by Francis Fay, the Vaskos' lawyer, used the 50 percent statistic relied upon by the specialists as a counterargument, writing, "There is no certainty an operation will arrest the malignant growth." He expressed doubt whether a "person of ordinary prudence would resort to such a dangerous operation when the result is so speculative."<sup>26</sup> According to Fay, the specialists' ambiguity left ample room for parental skepticism and choice.

After considering the arguments in the Vasko case, Judge Smyth favored the physicians' expert testimony when making his decision. He deemed the operation "necessary" and ordered that it be performed immediately at the local hospital. Smyth also asked the Westchester County Bar Association and the county children's association to appoint a guardian for Helen. The Vaskos quickly filed an appeal with the Appellate Division of the New York Supreme Court to keep their daughter at home and temporarily stall the procedure. By now, both the case and the Vasko family were subject to intense public scrutiny.

### Under Public Scrutiny

Hearings of the children's court usually remained private, thus the Vaskos' story did not attract widespread publicity until it reached the appellate level. When it did, however, the *New York Times* and *Los Angeles Times* joined local newspapers in summarizing recent events and chronicling the daily developments in the Vasko story. Front-page headlines announced "Doomed Baby Is Barricaded in Home" and printed photographs of the crowd that had gathered around the three-family house. Frightened by the growing assembly, Anna Vasko blocked the doors and windows of their apartment and threatened to douse onlookers with boiling water. When Helen's twin suffered from a dangerous 105 degree fever, they barred the physician from making a house call for fear that he would take her sister. John Vasko stayed home from his job in order to protect his family. He complained,

Men come and—boom—shoot big lights in my face. One of them steals the picture of my girl. They make my child Anna sick, too. Why don't people let us alone? Let them mind their own business. They're our children. Lawyer says that maybe the best thing to do is to have an operation. If the courts say so, I may say all right. But my wife don't know yet [*sic*].<sup>27</sup>

As Bert Hansen, Nancy Tomes, and Barron Lerner have shown in their work on the history of medicine, newspapers transformed stories of suffering and disease into compelling human-interest stories to entertain readers, encourage public involvement, and achieve commercial gain beginning in the late nineteenth century and continuing (with increased intensity) through the present day.<sup>28</sup> To their dismay, the Vaskos also found themselves at the center of such a project. In addition to tracking the family's activities, newspapers summarized the content of the legal proceedings and printed readers' opinions of the case. They reported that two pivotal questions faced the court: "Has the state a right to demand an operation on Helen, which probably will save her life but destroy the sight of one eye?" and "Has a parent the right to decide a question meaning possible life or death for an infant?" Readers aligned themselves with the two stances defended in court: "Humanitarians" argued that a life must be saved at any cost and that parents had no rights over the existence of a child, while "strict legalists" argued that the state had no right to encroach on the wishes of the family.<sup>29</sup>

This polarity was mirrored in hundreds of letters sent to the Vaskos' attorney. Although some writers were critical of the couple's "ignorance of medical science" and "misguided opposition to curative therapy," others denounced outsiders' involvement. One former Yonkers resident told of a similar personal experience and accused the experts of humiliating families: "If some of these so-called community workers would mind their own business they would be doing the community a great charity."<sup>30</sup> The Citizens' Medical Reference Bureau of New York City passed a resolution against such interference, calling it proof of "medical autocracy."<sup>31</sup> Not only entertaining human-interest stories, "glioma baby" cases had entered the court of public opinion. At an impasse between their personal convictions, expert opinions, and public outcry, the Vasko family tried to evade the media spotlight and, perhaps, the jurisdiction of the state by moving to a secret location one early morning.<sup>32</sup> Only the milkman saw them flee their home.

## Final Deliberations

On Tuesday, April 18, the Appellate Division court in Brooklyn unanimously upheld the state's right to order the operation. The court judged Helen Vasko to be a "neglected child" who required protection by the state. One justice wrote,

This appeal presents, primarily, the right of the State, in a proper case, to assume the discharge of duties of parents or guardian in matters involving the life, health, and physical welfare of their children or wards when it appears that the parents or guardian, through ignorance, fanaticism, or for arbitrary reasons, have become derelict in their duty and failed to perform it.<sup>33</sup>

The court predicted a "tragic prospect" for the child without the operation and, thus, chose medical intervention over nontreatment. A supporting memorandum cited the nature of medical knowledge as grounds for the decision. "With the world-wide recognition of the scientific character of the practice of medicine," it noted, "we come as near to a stage of certainty in result as it is humanly possible."<sup>34</sup> The decision helped shift power over children's health and welfare away from parents to experts.

Reaction to the opinion was swift. A piece written by the editor of a local newspaper publicly supported the involvement of the court in such cases, characterizing the legal intervention as "helpful" since it relieved the couple of the burden of making a decision. The author encouraged courts to be "zealous in their protection of insane persons and children because they cannot protect themselves," although he or she recognized that this stance could be considered a "highhanded assumption of authority."<sup>35</sup> Despite this risk, the Vasko decision gave physicians, social services, and the state greater license to arbitrate questions that had previously been considered to be under parental control.

Such efforts, however, only strengthened the Vaskos' resolve. Following the decision, the family again went into hiding to evade the officials charged with moving Helen to the county hospital for observation. After a weeklong search, authorities found the family and persuaded them to permit another consultation by ophthalmologists in New York City. The family was accompanied by a series of police escorts from Hastings to Yonkers to New York. This service was reportedly provided to guard them from curious onlookers, but it also ensured that they completed the trip. When the specialists' report con-

firmed the earlier diagnosis, Anna Vasko relented slightly, saying she was “ready to consider” the surgery. Yet, the couple remained undecided whether they would consent to the operation or urge the Court of Appeals (the highest tribunal in the state) to review the case.

Conflicting stories in the press suggested that the final interaction between the family and the state may have begun with negotiation but ended in force. The couple, Judge Smyth, the child’s appointed guardian, and other members of the judge’s staff met in the judge’s chambers to discuss the appellate court decision and the content of the latest medical report. During the extended conference, the judge focused primarily on easing Anna Vasko’s concerns that her daughter would encounter lifelong hardships as a partially blind citizen. One account reported that the judge’s compassion, sympathy, and even tears persuaded the young mother to change her mind. After giving her consent, she bundled up Helen’s clothing and then carried Helen to the elevator to be transported to New York City for surgery.<sup>36</sup> By contrast, two deputy sheriffs who observed the scene described a tumultuous conclusion to the deliberations. They reported that Anna Vasko had pleaded for permission to take her child home to Czechoslovakia. Then, when interpreters in the judge’s chambers said that the mother had given her consent, Vasko would still not release the child. Finally, at the judge’s order, the deputies forcibly took the baby from her mother to be transported to Columbia-Presbyterian Medical Center for surgery.<sup>37</sup> After her daughter was gone, Anna Vasko took to her bed and reportedly threatened to drown herself in the river if the infant died during the operation.<sup>38</sup>

The following afternoon, the baby’s left eye and a portion of the optic nerve were removed in a thirteen-minute procedure. An official bulletin issued a few days later described Helen’s rapid recovery, reporting that she was able to sit up in bed and play with her toys. Yet, it cautioned, “While the operation offers . . . the only possible chance for conserving life, this chance is not a full one.”<sup>39</sup> A pathological examination of the removed tissue found that the disease was “fairly advanced” but had not extended into the optic nerve, physical evidence that Helen’s prognosis was still favorable despite the long delay. The young girl was soon released from the hospital; she returned home to complete her recovery.

It is unclear whether Helen Vasko was cured, but *In re Vasko* left a lasting mark on deliberations over child health by becoming one of the earliest cases in which a parent’s decision not to allow surgical attention was legally overturned and termed “neglect.”<sup>40</sup> The case had an immediate impact. Within a

month of the decision, a Brooklyn court considered whether the parents of fifteen-year-old Benjamin Rogalski could be compelled to allow an operation for a serious hernial condition, which could turn fatal if not corrected. Newspapers reported, “The ruling in the Vasko case gives the court the power to order the surgery if the boy’s condition necessitates it.”<sup>41</sup> The judge adjourned the case to review *In re Vasko* thoroughly before pronouncing his final decision. The cancer case also helped establish a legal foundation for modern cases and law reviews exploring health issues related to minors in the twentieth century—from child abuse cases in the 1960s, to nontreatment decisions for infants in the 1970s and 1980s,<sup>42</sup> to debates regarding sex assignment on infants with ambiguous genitalia,<sup>43</sup> to recent childhood cancer cases in which parents choose to replace orthodox regimens with alternative therapies—cases that now consider young patients’ voices alongside parents’ responsibilities and physicians’ clinical judgment.

The Vasko’s story provided an intimate glimpse into one family’s struggle with a little known, life-threatening disease at a time of institutional growth and the proliferation of expert knowledge around childhood cancers. It also serves as a valuable, early point of comparison to a series of other “glioma baby” cases that made local and national newspaper headlines during the 1930s. As treatment options changed and perceptions of physical disabilities were disputed, parents continued to find their decisions mediated by a growing body of experts. By contrasting one family’s experience with another, it is clear that the identity of an individual family may have played a significant part in determining the “proper” care for a “frightening” disease.

### Meet the Colans

On Saturday, May 7, 1938, approximately five years after the Vasko decision, the headline on the front page of the *Chicago Daily Tribune* announced a “Battle to Save Life of Baby.” Only a few days earlier, Morris Hershman, a physician and the maternal grandfather of five-week-old Helaine Judith Colan, had observed the signs of a tumor in Helaine’s eyes, confirmed the diagnosis with several colleagues and broke the grave news to his daughter and son-in-law, Herman and Estelle Colan. When the couple brought their baby to a nearby hospital for further evaluation, they unintentionally stirred up a public debate about the best treatment for the infant.

The outlook for young retinoblastoma sufferers remained grim in the late 1930s. The *Tribune*’s vivid descriptions of the rare pediatric cancer informed

readers of the disease's mysterious cause, its "insidious progress," and its frequent recurrence after surgery:

Glioma of the retina, the malady that threatens to take the life of little Helaine Judith Colan, is one of the dread afflictions against which medical science knows no defense other than surgery, which may fail to save the patient's life. It advances stealthily and there is no way to detect its approach. It makes itself apparent only after it is too late to stay its progress.<sup>44</sup>

Anatomical drawings illustrated the path by which the cancer moved inward from the eye and vivid quotes from local medical authorities emphasized the dangers of the tumor's rapid growth while promoting surgery and aggressive, experimental radiation regimens as the best course of treatment. Newspapers provided another outlet for the new medical knowledge and authority to stretch beyond the walls of specialized research hospitals to potential patients.

Physicians advised Helaine's parents of their limited options—nontreatment or the immediate removal of both eyes. In an interview, Hershman admitted that he was struggling to reconcile his professional judgment with his loving devotion to his new granddaughter. "As a physician," he stated, "I believe nature should be allowed to take its course. As a father, and as this child's grandfather, however, I am inclined to the other side—that of trying to save the baby." In the midst of this indecision, Helaine's father Herman, a dentist, soon announced the couple's choice to "shun the operation and let nature take its course."<sup>45</sup> This official statement, however, was not the final word.

News coverage of the controversial story did not refer explicitly to the Vaskos, but it did revisit local cases that had involved the health and long-term survival of young children. In the 1910s, H. J. Haiselden, chief of staff at the German-American Hospital in Chicago, had allowed infants with physical deformities or evidence of moral or mental defects to die. The Bollinger case had attracted widespread attention when Haiselden decided against an operation that would have saved the life of a crippled, paralytic baby.<sup>46</sup> Despite the outcry that followed his decision, he continued his highly criticized work until his death four years later. The Colans' life-and-death decision prompted a similar ethical debate among Chicago's leaders and citizens as well as hundreds of letter writers from across the country who followed and commented upon the case.

Public opinion polls revealed divergent views. A Gallup Poll designed to measure views on the Colan case from a religious perspective found a majority of respondents agreeing that life should be saved whenever possible.<sup>47</sup>



Dr. Robert H. Good (left), Nurse Lucille Rapp, and Dr. Morris Hershman, grandfather of the infant, examining Helaine Judith Colan at Garfield Park Community Hospital. Copyrighted 5/7/1938, Chicago Tribune Company. All rights reserved. Reprinted with permission of the Chicago Tribune Company.

Quotes published from a range of civic leaders in medicine, business, and urban society, however, demonstrated more variability. For example, some physicians defended surgical intervention by saying that it ensured the best chance for survival, while others admitted that the surgery had an uncertain result and should not be pursued. Frank E. Adair, head of the medical board of Memorial Hospital in New York, said that most parents making a similar decision chose to let the young patient die and admitted that he would do the same for own children. Although such statements clearly demonstrated that doctors had not yet adopted a unified position, food industrialist Oscar Mayer and Mrs. Charles H. G. Kimbell, president of the Chicago Junior League, urged parents to rely on their physician's opinion when in doubt. It is clear that these prominent laypersons put their trust in medical authority, despite experts' lingering uncertainty.

As in the earlier case, commentators' perception of the blind helped shape

their view of the alternatives. While several interviewees felt that the disability would be an unnecessary burden on the child, his or her parents, and society, most agreed that blindness was preferable to death. Residents of an industrial home for the blind told the Colans that schools for the blind would train their daughter for a useful life but cautioned that achieving self-sufficiency remained a difficult challenge. On a more positive note, Helen Keller telegraphed the Colans personally to urge them to give their child the chance to live and assure them that Helaine could overcome her disability. Although Anna Vasko had feared that her daughter's sight would be impaired, it was clear that Helaine would lose her sight completely with the removal of both eyes.

The *Tribune* published stories and photographs of the Colans and others coping with "glioma," illustrating the number of families facing the same disease and hard decisions. In the Chicago area alone, four other cases were diagnosed within a few days of the Colans. One, in particular, captured readers' attention. The parents of Richard Edmark also refused to consent to the removal of their twenty-two-month-old son's eyes, declaring simply, "We are doing it for his own good."<sup>48</sup> The newspaper also profiled several local survivors. Triumphant tales were told of young women who had partially or completely lost their sight from retinoblastoma but had survived and successfully gone on to work or marry and raise children.

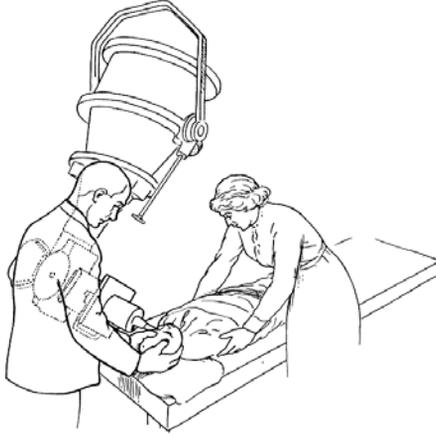
Assailed by these differing views, the Colans organized a secret late-night conference with their parents, siblings, and a lawyer to make a final decision. The proceedings, described as "a mixture of science, parental love, and emotion," lasted until the early hours of the morning, yet the participants were not able to reach a consensus.<sup>49</sup> The family concluded that the "problem was one too difficult for those so intimately and personally concerned to decide" and opted to leave the final decision to a jury of medical specialists.

The Colan case topped the local news for three days straight as a jury of physicians from local hospitals, two "brain specialists," a pathologist, an x-ray specialist, three rabbis, and the attorney serving as a spokesperson for the family met under the direction of Irving S. Cutter, dean of the Northwestern Medical School and regular health columnist for the *Tribune*. On the recommendation of Robert Good, a physician at the community hospital, they agreed on an option that had not yet been considered: the sightless, left eye would be removed and then studied in the laboratory to determine whether the other eye should also be excised or whether a series of x-ray or radium

treatments could replace the second radical surgery. As soon as the family approved the decision, Helaine was wheeled into the operating room.

This last-minute option garnered consensus from the expert panel and appeased the Colan's concerns, but whether it was a viable alternative or supplement to surgery was questionable. The discovery of x-rays, radioactivity, and radium in the late nineteenth century supplied new tools against cancer. While the responsiveness of skin cancers to x-rays first gave credibility to "radiotherapy," serious concerns remained. Could doses be calibrated that were both safe and effective? How would they change as more powerful roentgen and radium therapy devices were developed or as physicians targeted tumors located more deeply in the body? In the United States, unlike Europe and Canada, surgery—not radiation—continued to be used as the primary mode of cancer treatment after World War I.<sup>50</sup> The organization of hospitals and physicians, the role of the governmental funding, and the priorities of voluntary cancer associations all influenced therapeutic practice in different national contexts. Without the creation of a central agency to purchase and distribute radium supplies or to standardize the use of x-ray or radiation therapy, these modalities remained secondary in America. Despite this variation, by the 1930s, preliminary evidence had demonstrated that the radiation therapy had a measurable affect on cancers of the eye, thus Good and his colleagues accepted it as a more conservative option that would prod the Colans toward action. Helen served as a well-publicized test case for the modality.

The young baby and her family remained in the spotlight after the operation. An official bulletin reported that the baby "whose fight for life is being watched by all the nation" was in stable condition.<sup>51</sup> In a separate statement, the Colans expressed their appreciation for the jury and their role in the process: "My wife and I are satisfied that the doctors' committee has done everything to minimize our worry, and we are eternally grateful to the doctors for their decision."<sup>52</sup> Even so, they selectively ignored other forms of expert guidance as their daughter's condition improved. Based on their rabbi's counsel, the couple had agreed to postpone visiting Helaine until she had made definite progress and to institutionalize her if the surgery caused brain damage. Despite this pledge, Estelle rushed to visit her daughter immediately after the operation had ended. She also amended some of her earlier statements, claiming that she now wanted to save her baby's life at any cost, even if it meant complete blindness. She insisted, "All the time all I wanted was to save her life. That was my first thought, and I didn't change."<sup>53</sup>



Administering radiation to children. Observation and treatment of children with cancer was dependent, in large part, on whether the child's behavior could be managed by practitioners or parents. During radiation therapy, the child's body was immobilized with a sheet. One parent held the child's body, while the other steadied the head. The authors of the article explained that the risk of x-ray exposure should be assumed by the family of the child, not a staff member who would be affected continuously if called into service for every case. Source: Hayes Martin and Algernon B. Reese, "Treatment of Bilateral Retinoblastoma (Retinal Glioma) Surgically and by Irradiation," *Archives of Ophthalmology* 33 (June 1945): 435. Reprinted with permission of the *Archives of Ophthalmology/AMA*.

At a follow-up conference, the medical jury reviewed the pathological report before concluding that it was best to try to shrink the remaining tumor and preserve Helaine's remaining sight through supervoltage x-ray treatments. The prescribed regimen included daily eight-minute treatments over a three-week period, a schedule that was later extended. In August, Estelle Colan and her mother brought four-month-old Helaine to New York City for a follow-up appointment with ophthalmologist and retinoblastoma specialist Algernon Reese. Reese observed that the tumor showed a substantial regression and declared that no further surgery was necessary. He advised, though, that additional radium treatments be administered in Chicago.

Tragically, on August 15, 1940, more than two years after her diagnosis, Helaine died from retinoblastoma and its complications. Although the young girl had appeared outwardly healthy for months, she had abruptly and completely lost her sight in the early summer of that year. Newspapers did not re-

port whether the Colans had refused or pursued further medical intervention at that time.

### Beyond Disease

The two "glioma baby" cases illustrate intersections between disability and disease, the perceived rights and responsibilities of parenthood, and the growing authority of physicians and other experts over medical decision making during a decade of marked transition from the provision of medical care in the home to technologically driven hospital care. The increased power commanded by and granted to physicians altered parents' role in their child's health and medical care. For example, pediatricians insisted on the benefits of routine well-child care, public health workers prescribed methods for the prevention of infectious diseases, and in these cases specialists dictated the proper treatment for young cancer sufferers. Whether this intervention was justified at a time of therapeutic uncertainty left ample room for discussion and disagreement about cancer. Little was still known about the cause, course, or effective therapies for retinoblastoma, yet one reporter wrote, "Eyesight, if the doctors enable her to keep it, will be in the nature of a gift from medical science to the child, rather than a birthright."<sup>54</sup> It is clear from this quotation and the outcome of the glioma baby cases that physicians had been granted elevated status among some Americans.

Whether a specific cancer case was resolved by contestation, negotiation, or cooperation depended, in part, on the individual family. As several historians have suggested, the "productive partnership" between parents, physicians, philanthropic social agencies, and the government that contributed to a marked reduction of infectious diseases and infant mortality in the early twentieth century should not be romanticized. In part, success hinged on experts' ability to build relationships with parents or others involved in providing care for children, a task that had to accommodate significant ethnic and class differences, issues related to geography and access to care, and a host of other factors. The Vaskos' and Colans' experiences demonstrated that intervention—even legal intervention—into parents' life-and-death dilemmas related to cancer took many different forms and produced varied results depending on a family's particular circumstances.

Although both the Vaskos and Colans combined medical science, parental devotion, and their religious beliefs when considering their child's condition and future, newspaper reporters described each family quite differently. In

New York, writers set ethnicity and class in the foreground of their articles, frequently referring to the Vasko's Eastern European roots. The Vaskos were characterized as "simple folk" who were criticized for speaking only "broken English" and living in a humble home. One writer lamented, "Every effort to persuade the parents, foreign born and steeped in centuries of superstition, failed. Even a priest, arguing long and patiently, failed to break Mrs. Vasko's stubborn determination."<sup>55</sup> Anna Vasko was framed as an obstacle to the treatment of her young daughter. Serving as a foil to the logical, reasonable medical experts, she was depicted as ignorant and emotional when presented with information about the "proper" care for her ill child, while the physicians who testified in the Vasko case were characterized as "philanthropic" specialists who acted "in the interests of the child" by mandating therapy.<sup>56</sup> The Vaskos' "otherness" and their reliance on the social welfare workers and agencies made them particularly vulnerable to judgment and new forms of state control.

On the contrary, as part of upper-middle-class urban society, the Colan family was well connected to several segments of the Chicago community and relied on the personal and professional contacts of Helaine's grandfather, Morris Hershman, during this period. For example, at the family conference, the attorney who provided legal counsel was a close friend. When the family could not reach a consensus, Hershman personally invited local physicians to serve on the expert jury. Of the religious leaders asked to review the jury's decision, one was leader of a congregation where Hershman had formerly served as president, another was the head of the Chicago Hebrew Theological College, and the third was the executive director of the United Synagogues of America who was in Chicago for a meeting. Although many experts contributed to the deliberations surrounding Helaine Colan, they were, in most cases, asked to be involved in the case and worked under the family's terms. By relying upon, not running from expert guidance, the Colans managed to retain a measure of privacy and control over their family's affairs and the management of their daughter's case.

In their simplest forms, the stories of the Vaskos, Colans, and other families of glioma babies tell a story of events that occurred alongside the child-centered institutional growth that began at Memorial Hospital for Cancer and Allied Diseases and in a new area of research around a small set of childhood cancers in the mid- to late 1930s. Professional attention grew in tandem with popular interest.

More important, however, the stories bring into relief the confluence of many factors that opened the families' personal decisions to scrutiny—factors that proved to be important in every decade of the social and cultural history of cancer. The story of cancer in the young is a story of not only the creation and dissemination of scientific and medical knowledge or professionalization and specialization but also the press' pursuit of disease-focused human interest stories, the legal system and its changing relationship to children and families, and the involvement of individual families as they intimately cared and advocated for their children with cancer from the 1930s through the present. The Vaskos and Colans provide only a starting point for a narrative of negotiation and accommodation.