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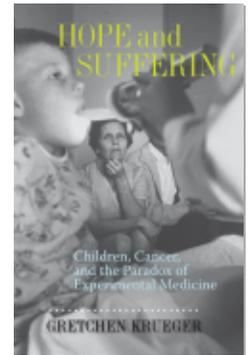
Hope and Suffering

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Death Be Not Proud

CHILDREN, FAMILIES, AND CANCER
IN POSTWAR AMERICA

In 1947, Johnny Gunther, a seventeen-year-old boy, died of cancer. *Death Be Not Proud*, a best-selling memoir written by his parents, recorded his fifteen-month fight against a fast-growing brain tumor and eventual death. Excerpts in the *Ladies' Home Journal* and *Reader's Digest* gave readers a glimpse into the medical management of children's cancers in the 1940s. When medical specialists assigned to Johnny Gunther's case admitted to knowing little about the boy's rare brain tumor, its course, and effective therapies, his father, John, and his mother, Frances, carried out a relentless and ultimately fruitless search for more information and new treatments. Hoping to find a cure for their teenage son's rare cancer, the Gunthers consulted more than thirty physicians in their desperate quest. In *Death Be Not Proud*, his story and his parents' experiences reached millions of Americans, and private illness entered the public realm. In the late 1940s, Johnny's story joined that of "Jimmy" and other children in alerting parents that cancer was no longer solely an adult disease but rather was one that threatened people of all ages. Shockingly, their own child could be struck by cancer.

Death Be Not Proud had its most profound effect through its content and wide readership. In the book's opening pages, John Gunther described the book as "a story of what happened to Johnny's brain."¹ Yet, this was only one thread of the narrative. Gunther's portion of the book provided a detailed chronological record of his son's illness. Gunther documented Johnny's diagnosis, the rapid progression of the disease, Johnny's repeated hospitalizations and procedures, and the family's search for effective cancer therapies but focused on Johnny's protracted struggle to continue living while hovering so close to death. "I write it," Gunther explained, "because many children are afflicted by disease, though few ever have to endure what Johnny had, and perhaps they and their parents may derive some modicum of succor from the unflinching fortitude and detachment with which he rode through his ordeal

to the end.”² Gunther’s story told of a “long, courageous struggle between a child and Death” by firmly placing his son at the center of the narrative. He quoted Johnny frequently and described his daily activities and accomplishments in detail. By including selected entries from Johnny’s diary and excerpts of letters written to his parents, Gunther further established his son as the book’s protagonist and authorized his voice.

Death Be Not Proud and the overwhelming reader response that followed demonstrated how the plight of one boy could influence the public’s awareness of cancer’s menace to all ages, but the Gunthers’ poignant story had a larger impact. At a time when Americans embraced the promise of conquering disease through scientific and medical methods and championed the child-centered family, letters sent to the authors of *Death Be Not Proud* suggested that incurable diseases, especially those that affected children, threatened these postwar ideals. The memoir also created an unprecedented forum for parents to share publicly their personal feelings about rarely discussed topics—illness, loss, and grief—especially with regard to their children. Through their correspondence, parents exchanged advice, regained hope, and found solace in their common experiences.

John Gunther

Death Be Not Proud received widespread attention because of the literary reputation of its primary author, John Gunther. A Chicago native, Gunther graduated from the University of Chicago in 1922 and began working as a foreign correspondent for the *Chicago Daily News*. Reporting on events in Central Europe, he found he preferred to provide “human rather than purely political portraits” of current events.³ Cass Canfield, an editor at Harper and Brothers, persuaded Gunther to apply this unique approach to an extended examination of the European continent.⁴ Gunther traveled rapidly through urban and rural areas, interviewing dignitaries and common citizens along his route. In 1936, Gunther published *Inside Europe*, the first of his best-selling “Inside” series that described the economic and political climates of various countries and continents. Following the success of this volume, he published *Inside Asia* (1939) and *Inside Latin America* (1941). Although some critics dismissed his treatments as “superficial,” his work was praised by reviewers and widely translated.⁵ Gunther expanded his readership and funded the travel required to research the series by publishing short book excerpts in *Reader’s Digest* and other popular magazines such as *Look* and *Collier’s*.



Johnny Gunther, *Death Be Not Proud*. This formal portrait, taken two years before Johnny's illness, faces the title page of *Death Be Not Proud*. While the book is a detailed retelling of the Gunthers' experience with cancer, the placement of this photograph identified Johnny as the center figure on whom the memoir was based. Reprinted with permission of the Schlesinger Library, Radcliffe Institute, Harvard University.

In the years 1944 to 1947, Gunther researched and wrote *Inside USA*. Employing a research method similar to that of his previous books, he undertook a state-by-state survey of the country, conducting approximately a dozen interviews each day. Because of the popularity of his earlier work, newspaper writers in the Midwest and South reported on Gunther's activities and his presence in several towns was printed as front-page news in the advent of *Inside USA*'s publication in March 1947. Gunther recalled, "Harper's advance sale was, I was told, the largest in its history for a trade book, and one piquant

detail is that Macy's in New York did 90 percent of its book business with this single title on one day shortly after publication."⁶ The book topped the best-seller list by the summer and became one of the best-selling works of nonfiction in the history of American publishing up to that time.⁷ Gunther had worked months past his publisher's deadline to complete the book by March 1947. In his short autobiography, he recalled, "Most of the writing had to be done under the pressure of acutely difficult and painful circumstances: my son Johnny's long illness."⁸

In *Death Be Not Proud*, Gunther chronicled the events of his son's prolonged illness. The slim volume resembled his "Inside" series in that it revealed the in-depth research Gunther single-mindedly pursued to find a treatment or cure for his son. The book's title, the first words of a holy sonnet composed by the English poet John Donne, suggested his motivation for publicly sharing these personal events. Donne's poem (c. 1610) robbed death of its power, concluding, "One short sleepe past, wee wake eternally, / And death shall be no more; / Death, thou shalt die."⁹ Through *Death Be Not Proud*, Gunther hoped to lessen death's grip over himself, his family, and other cancer sufferers. In the book, he immortalized his son and contributed to cancer research by raising awareness of the disease and by donating the publisher's profits and his own royalties to cancer research.¹⁰

"A Word from Frances"

John Gunther's name appeared on the title page, but *Death Be Not Proud* was a collaboration between John and Frances Gunther, his ex-wife and Johnny's mother. A short section titled, "A Word from Frances" followed John's detailed chronology in which she contributed a personal view of Johnny's illness and her family. John and Frances had married in 1927 and Frances joined her husband in the professional world of journalism and politics. She assisted John with the first two "Inside" books, covered Central Europe and the Balkans for the *London News Chronicle* from 1930 to 1935, and published a collection of writings about India based upon extensive travels in the Middle East and Asia. Amid her professional career, Frances became pregnant with their first child, Judy. Before she turned one, Judy died from a condition called "thymic death." After the sudden loss of her child, Frances sought professional advice from L. Emmet Holt, an eminent pediatrician at Johns Hopkins Medical School. Holt replied that physicians knew little about the cause or nature of thymic death.¹¹ In 1930, the Gunthers' second child,



The Gunther family. Family correspondence reveals that John Gunther was initially critical of Frances's contribution to the book, but their respective sections—and Johnny's words—demonstrated that each had a strong relationship with their son and made distinct imprints on his life. Readers' letters applauded the parents' individual efforts to provide the best care for Johnny in his final months. Reprinted with permission of the Schlesinger Library, Radcliffe Institute, Harvard University.

Johnny, was born while the couple was living and working in Paris. Although the couple divorced in 1944, they shared responsibility for Johnny's care before and during his illness.

In her section, Frances, like John, selectively documented aspects of her son's last months. Complementing John's section on their son's medical care and his prolonged hospitalizations, Frances recounted the time she and Johnny had spent together at her home in Madison, Connecticut. She fondly recalled her son's zest for reading, attempting chemistry experiments, identifying and collecting rocks, and discussing philosophy and religion. Much of Frances's essay addressed Johnny's death and her profound sense of loss that followed. Frances's private papers recorded her sorrow. On New Year's Eve, six months after Johnny's death, she wrote, "Johnny'd be 18 and nearly 2 months and home for Xmas holidays from Harvard and out dancing tonight—and sleep late in the morning—and get up at noon, fuzzy and towering in his bathrobe—and I'd hug him—Dear God, how I'd love to hug you, Darling."¹² In May, a diary entry revealed Frances's intense feelings of self-blame for her children's untimely deaths. She wrote, "Oh, I let Johnny die and I let Judy die—your great gifts to me, O God, I let them die—How could I let them die?"¹³ Although Frances concealed such private writings from public view, her essay shared her intimate anxieties about the responsibilities of parenthood and the anguish of losing a child. She directly addressed other parents, both those who still had their children and those who had lost children to illness or war.

In private notes, John Gunther called Frances's section "beautifully, movingly, exquisitely written," but he also criticized its contents.¹⁴ He summarized the two sections: "I tell a story and she tells of a relationship and how you stand it when a relationship is broken by something external."¹⁵ He opined, "It's so much by a *woman*. Women *are* different from men. It's so *warm*. But mine is *strong, solid*."¹⁶ Despite Gunther's complaints that Frances's section was too personal to be published, the publishers included it in the volume for its added perspective on Johnny's illness.

Johnny

In constructing *Death Be Not Proud*, Gunther relied on his copious notes and his son's letters and diary to make Johnny's narrative an important part of the memoir. These sources enabled him to insert Johnny's lively dialogue throughout the account. "I am quite a guinea pig!" exclaimed Johnny when

faced with the initial onslaught of diagnostic tests and medical procedures.¹⁷ Gunther also included Johnny's constant demands to be told about the dire nature of his condition and prognosis despite his physicians', nurses', and parents' attempts to hide the truth.¹⁸ Frances's words animated him in readers' minds. She wrote,

An open fire with a broiling steak, a pancake tossed in the air, fresh nectarines, black-red cherries—the science columns in the papers and magazines, the fascinating new technical developments—the Berkshire music festival coming in over the air, as we lay in the moonlight on our wide open beach, listening—how he loved all these!¹⁹

Johnny's diary entries and letters also contributed to the reader's view of Johnny. Excerpts from his brief diary entries informed the reader about his daily activities. His letters to friends and teachers revealed his concerns about his schoolwork and his progressing illness. Johnny's voice and experiences, like those of Jimmy, Robert deVilliers, and others, alerted a broad audience of cancer's effects on young sufferers. The inclusion of Johnny's experiences also makes *Death Be Not Proud* an exceptional source for an historical examination of a child's experience of illness.

Historians have explored topics related to children and childhood, child health, and childhood diseases, but few have captured the experiences of children themselves.²⁰ A literary genre commonly labeled illness narratives has aided historians in examining the patient perspective of those suffering from childhood diseases.²¹ Through autobiographical or biographical accounts, patients document and derive meaning from their experiences of illness, treatment, or recovery and rehabilitation. Illness narratives have been written about a variety of diseases in children, including hemophilia, mental illnesses, and polio.

Several scholars have used illness narratives to supplement institutional records and to study and compare polio sufferers' experiences.²² Rather than focusing on national events such as the March of Dimes, published polio narratives, interview transcripts, and letters sent to President Roosevelt reveal sufferers' experiences of illness and rehabilitation. From these sources, patients' own words help provide insight into patients' daily physical and psychological struggles, their family's concerns, and their hope for recovery. In listening to children's words, Kathryn Black found that their explanation of their experiences differed significantly from the descriptions recorded by their adult caregivers.²³

Like polio narratives, *Death Be Not Proud* is a valuable historical tool. It serves as a starting point for a study of childhood cancer narratives published from 1949 through the present, a narrow window into an examination of the postwar child and family, and a way to gain insight into one patient's and family's experience of illness in the late 1940s—a time when cancer in children began garnering the attention of physicians, cancer institutions, the American Cancer Society, and parents, but few effective treatments were available for curing childhood cancers. Conflicting themes of despair and hope pervaded *Death Be Not Proud*—the Gunthers' initial shock and fear about Johnny's diagnosis, their search for therapeutic options, their desire to preserve their son's life in the face of his shattering illness, and their faith that a medical breakthrough would save Johnny's life or those of other young sufferers.

Johnny's Diagnosis and Treatment

The opening pages of Gunther's account focused on the physicians' difficulties in properly diagnosing Johnny's brain tumor. In March 1946, during his junior year of high school, Johnny left Deerfield Academy, a boarding school in Massachusetts, and traveled to his father's apartment in New York City to enjoy a busy spring break. In the midst of attending Broadway shows and academic lectures with his parents, he received an eye exam and a "clean bill of health" from his family physician at a regular checkup.²⁴ Upon his return to school, a persistent neck ache coupled with the worrisome news that a classmate had been diagnosed with polio prompted Johnny to visit the school infirmary. The school physician advised rest, aspirin, and an electric pad to alleviate the pain. The relief proved only temporary, and the school physician became concerned about Johnny's symptoms. He sent him to a neurologist in nearby Springfield for a second opinion. A spinal tap revealed increased intracranial pressure, a dangerous situation requiring further tests. The physicians notified Johnny's parents, who contacted Tracy Putnam, an eminent neurosurgeon and director of neurosurgery at the Neurological Institute of Columbia-Presbyterian Hospital. Along with John and Frances Gunther, Putnam traveled to Deerfield to discuss Johnny's health. Everyone agreed that Johnny should be transported to New York City for further evaluation and, perhaps, emergency treatment. Upon his admission to the Neurological Institute, he underwent a complete set of neurological and laboratory tests. The test results confirmed that Johnny had a dangerous amount of

pressure on his brain but could not supply definitive information. An accurate diagnosis could only be made after surgery and a pathological examination of the tissue.²⁵

Johnny's unexpected tumor diagnosis illustrated the tensions between the prevailing messages about cancer in children and the grim reality of the disease. Experts declared that increased awareness, prompt diagnosis, and immediate treatment could reduce mortality rates from childhood cancer, but, without a distinct set of symptoms or standard diagnostic test for cancer detection, it was difficult for parents or physicians to make a correct cancer diagnosis during the disease's initial stages. Unlike other sufferers, Johnny did not initially experience the excruciating headaches, visual impairment, vomiting, imbalance, or paralysis that could signal a brain tumor. Neither the family physician, John, Frances, nor Johnny had any warning, and in their case, like many, early detection was virtually impossible. At Johnny's first operation, the tumor had already grown to the size of an orange.²⁶

Gunther described Johnny's first hospitalization at the Neurological Institute in great detail. Admitted on April 26, 1946, Johnny underwent his first operation only three days later. Surgeons cut a large flap from his scalp and skull to facilitate observation and removal of the tumor. Hindered by profuse bleeding and the size and location of the tumor, the surgeons removed only half of the large mass. Macroscopic observation and pathological analysis determined that he had an astroblastoma that was undergoing glioblastomatous transformation. Such a fast-growing tumor represented a particularly grim prognosis.²⁷ The bone flap was completely removed to relieve dangerous compression that could build at the tumor site. Johnny had an elevated temperature during recovery, but by the seventh day after surgery the wound dressing was removed and he began his first cycle of x-ray therapy. During this time, the decompressed area bulged and physicians measured the amount of pressure on his optic nerve, known as the papilledema. His second course of radiation began on the thirty-second day after the brain operation. In the postwar era, the British focused more effort on radiotherapeutics, but American research was still at the forefront of new therapeutic device development. The cobalt bomb, cyclotron, betatron, linear accelerator, and the nuclear pile, a key source of radioisotopes, all provided new methods for delivering radiation.²⁸ Without a course of chemotherapy to offer Johnny, radiation was used after surgery to shrink portions of the tumor that remained and to try to reduce dangerous swelling. At the time of discharge, Johnny's medical record noted that he was "listless and drowsy, but alert mentally," had an un-

steady gait, displayed a weakened muscle tone and a reduction of reflexes, but retained normal speech.²⁹ He completed his remaining x-ray therapy sessions as an outpatient.

During his initial hospitalization, Johnny became inquisitive about his tumor and relentlessly demanded truthful answers from his physicians, nurses, and parents at each step of the treatment process. The “truths” about the cause of his tumor, however, remained obscure. In the comprehensive text *Cancer in Childhood* (1940), Harold Dargeon theorized that physical irritants were the primary cause of childhood cancers but encouraged further research into a range of antenatal and postnatal factors, including heredity, embryonic factors, hormones, and biological mechanisms regulating cell growth. In an effort to discover clues to the rare tumor’s origin, physicians questioned Johnny about any unusual blows to the head. Johnny suggested that the strain of “holding himself back” at school could have caused the abnormal growth. He also recalled a specific accident when his chair tipped backward during a chess game and he hit his head on an iron radiator.³⁰ The physicians acknowledged the possibilities but admitted that if they could determine an exact cause it would revolutionize medicine. On the subject of etiology, his father concluded, “Cancer causation is the greatest and most formidable of all the unknowns of modern science.”³¹ Thus, the Gunthers focused their attention on finding treatments, not determining etiology.

As Johnny’s physical condition deteriorated, the Gunthers intensified their pursuit of possible medical options. Over the course of his illness, the Gunthers continually consulted physicians to confirm Johnny’s diagnosis and to assess his condition. A physical examination by Lester A. Mount, Putnam’s junior associate at the Neurological Institute, followed his second five-day cycle of radiation. Mount found that Johnny’s fatigue was less marked, his strength and walking had improved, the swelling had decreased and softened, and his neurological tests gave mixed results. He concluded that Johnny had improved since he received his second course of x-ray therapy.³² An examination on July 15, however, revealed that the tumor had resumed its growth, increased the intracranial pressure, and resulted in a thinning of Johnny’s scalp.

Although a series of neurological tests demonstrated that the tumor’s progression had impaired Johnny’s movement, he was able to continue his normal daily activities.³³ In late July, Wilder Penfield, an eminent Canadian neurosurgeon, confirmed the diagnosis and approved of the previous surgical intervention, saying it had prolonged his life and preserved Johnny’s physical

and mental abilities. After conducting a physical exam and reviewing the pathology slides, he bluntly informed the Gunthers, "Your child has a malignant glioma, and it will kill him."³⁴ In his written report, Penfield noted that a radical amputation of the occipital lobe would not prolong the boy's life, but it might maintain his ability to function throughout his final days.³⁵ Facing the tumor's rapid growth and the fragile tissues at the decompression area and the lack of therapeutic options, the Gunthers suddenly felt helpless. Every physician they consulted pronounced a death sentence. Masson compared Johnny's brain to an apple with a bruised spot on it. Within a couple of months, he predicted, the organ would be consumed by the fast-growing tumor.³⁶ Two physicians suggested constructing a cap in Johnny's skull that would inhibit the tumor's outward growth and, rather, drive the tumor inward and speed his inevitable death.³⁷ Unwilling to concede defeat, the Gunthers explored other options.

John Gunther began pursuing an in-depth investigation similar to those he had conducted for his "Inside" series. Using his journalistic skills, Gunther educated himself about brain tumors and became determined to find other promising treatments or cures. At his wife's suggestion, he looked to the wartime work of physicists and atomic scientists, hoping that there were possible medical applications. He composed a standard letter that he sent to physicians and scientists at hospitals and universities across the country, including Ernest O. Lawrence, director of the radiation laboratory at University of California at Berkeley, Robley Evans, a professor at Massachusetts Institute of Technology, and Robert Maynard Hutchins, president of the University of Chicago.³⁸ He described Johnny's condition and the extent of his son's conventional treatment and then conveyed his unwavering determination to find other treatment options: "The war has, we all know, produced a vast intensification of research in fields like atomic fission, nuclear energy, and the like, and I am told that some specific medical developments are possible and in fact are in the experimental stage."³⁹ Desperately, searching for a last resort, he pleaded, "What my wife and I are wondering is whether by any miraculous chance you have come across any hint or trace of something *new* in the therapy of tumors in general, or this kind of cranial tumor in particular."⁴⁰ Gunther received replies, but they offered little hope. Spurred on by newspaper articles about intravenous mustard gas, a chemotherapeutic substance developed by military scientists, he also contacted the University of Utah, American Cancer Society offices, an experimental station in Maine, and Joseph Burchenal, a leading investigator interested in the development of chemo-

therapeutic agents at Memorial Hospital. Burchenal supplied experimental mustard gas for two series of treatments, but the therapy lowered Johnny's white blood cell count to dangerous levels and seemed to have little effect on his tumor.⁴¹

Gunther's intense search for additional treatments suggested an unwavering belief that medical science would cure his son. In *Death Be Not Proud*, he raised "a salute to all doctors" even as he acknowledged "there is much, even within the confines of a splinter-thin specialty, that they themselves do not know."⁴² Calling some aspects of his son's illness complete mysteries, the Gunthers still hoped for a medical miracle for their son. Frances's words reflected this hope:

Perhaps we tried to do too much. But Johnny loved life desperately and we loved him desperately and it was our duty to try absolutely everything and keep him alive as long as possible . . . always we thought that, if only we could maintain life somehow, some extraordinary *new* cure might be discovered. We thought of boys who died of streptococcus infections just before sulfa came into use.⁴³

The Gunthers' writings revealed a therapeutic optimism, a faith in scientists or physicians to develop an agent similar to sulfa drugs or penicillin that would target cancer. Their optimistic perspective mirrored the nation's postwar enthusiasm about science, medicine, and technology. During the 1940s, the Office of Scientific Research and Development directed American scientists' studies toward wartime concerns. The success of American wartime projects like radar and the atomic bomb helped position the United States as an international economic and political leader. Penicillin production and other medical improvements related to disease prevention, treatment, and surgery had improved military health. Vannevar Bush, head of the OSRD during World War II, wrote *Science: The Endless Frontier* to summarize scientific and medical accomplishments during the war, urge postwar funding, and recommend guidelines regarding federal support of basic research at independent institutions.⁴⁴ Federal support of scientific and medical research programs continued and expanded in the postwar years as a way to address national security concerns at a time of American prosperity and optimism. Rhetoric used to describe scientific results and possible cures in newspaper and popular magazine articles assured Americans that breakthroughs were on the horizon. Investigators broadened their search for other medical wonder drugs or "magic bullets" to ensure civilian health.⁴⁵ An incurable disease, especially a disease that affected children, tempered the heroic vision of physicians' accomplishments during

the “Golden Age of Medicine,” but the promise of a medical miracle buoyed the Gunthers’ spirits and drove their search for treatments.⁴⁶

By the end of the summer, the Gunthers decided that “there was absolutely nothing to lose” by using alternative methods.⁴⁷ By September 1946, physicians at the Neurological Institute predicted that Johnny had only one week to live, and the Gunthers admitted their son to Max Gerson’s nursing home, Oakland Manor, located in Nanuet, New York. Attacked by the American Medical Association and the American Cancer Society, Gerson offered cancer patients an alternative therapeutic regimen to surgery and radiation. He eschewed transfusions and other medical interventions and, instead, substituted rest, vitamins, frequent enemas, and the healing power of nature. Specifically, he advised a strict dietary regimen of fresh produce, no salt, no fat, and little protein.⁴⁸ Initially skeptical of the healing power of Gerson’s controversial plan, Johnny’s physicians grudgingly cooperated with Gerson on Johnny’s case, conceding the treatment could do little harm at this stage of his disease.

The tension between the Gunthers, Gerson, and the orthodox physicians eventually intensified. In December, Gunther wrote, “So began a battle of the doctors that all but destroyed us.”⁴⁹ Gerson fervently opposed a minor operation to drain an abscess on Johnny’s head, but the Gunthers insisted on the procedure. As a compromise, Mount used the anesthetic of Gerson’s choice and Johnny continued on the Gerson diet at the Neurological Institute. After a second dispute in which Mount insisted that he administer penicillin injections to prevent infection, Gerson wrote, “Dr. Mount’s answer has to be taken as rejection of my opinion and cooperation. It is wise to fix the question of responsibility after my return, January 6.”⁵⁰ The Gunthers elected to continue consulting both orthodox physicians and Gerson because Johnny’s tumor had diminished in size during Gerson’s care. His physicians called the cause of the regression “a riddle,” but Penfield admitted, “In any case, it is encouraging and all we can do is to hang on and hope.”⁵¹ Medical reports from January to May 1947, John Gunther’s notes, and correspondence between the Gunthers and physicians demonstrated that the family simultaneously relied on alternative and conventional physicians and practices for Johnny’s care from the early fall through the late spring.⁵² Despite their faith in the promises of postwar innovation in medicine and science, they pursued and embraced a range of therapies that might help their son.

By the end of February 1947, the tumor again began to enlarge and Johnny’s condition deteriorated. He began experiencing periods of amnesia, paralysis,

and partial numbness in his arms and legs. The Gunthers desperately sought a way to slow the tumor's constant, rapid growth. After another attempt to drain the abscess, Mount said, "Let Johnny do exactly what he wants to do and die happy."⁵³ Penfield, however, urged the Gunthers to halt the Gerson diet and attempt another cycle of therapies—a surgical intervention, x-ray therapy, nitrogen mustard injections, and a diet regimen. After the operation, Mount told the Gunthers that he extracted two handfuls of material from the tumor site but that he had not reached healthy tissue at a depth of eleven centimeters.⁵⁴ John later admitted, "It was simply impossible to let this child die" and recounted the additional phone calls made and letters sent after receiving this pessimistic news.⁵⁵

As his parents continued their search for a life-saving treatment, Johnny became increasingly driven to complete his schoolwork, pass his final examinations, take the college board exams, apply to Harvard, and graduate with his class at Deerfield in June. He spent time at the public library and attended the New York Tutoring School. He traveled to Deerfield to accept his high school diploma and participate in graduation weekend events. On graduation day, he walked up the aisle and personally received his diploma to thunderous applause from his classmates and their parents. Less than a month later, on June 30, 1947, Johnny Gunther suffered a cerebral hemorrhage and died at 11:02 in the evening.⁵⁶

Reading *Death Be Not Proud*

John Gunther noted that he and Frances received an "avalanche" of telegrams and letters following his son's death and the wide distribution of his obituary by the Associated Press.⁵⁷ He wrote,

There were condolences from camp counselors who had not seen him for years and from a barber in a downtown hotel; from the Negro elevator boy in my office building and the proprietors of a friendly restaurant on Madison Avenue; from playwrights, judges, politicians, old Chicago friends whom we had not seen in years, from teachers and doctors and newspaper folk, old schoolmates, several of those who had seen him graduate at Deerfield, movie people, poets, acquaintances from far-off days in Vienna, physicists, his godfather in Washington, the doormen at our apartment building, refugees from Europe, his devoted governess Milla, scores of writers, and above all people who had never met him or us—parents whose sons had also died.⁵⁸

They also received thousands of letters after the publication of *Death Be Not Proud* as a condensed article in *Ladies' Home Journal* and *Reader's Digest* and its release as a full-length book.⁵⁹ The number of letters and telegrams of condolence that friends and colleagues sent to the Gunthers attested to the family's personal and professional stature, but the hundreds of responses from anonymous male and female readers of all ages and geographic regions suggested that *Death Be Not Proud* held universal appeal.⁶⁰

Why did the book attract such a wide audience and why did so many readers feel compelled to respond? Gunther's reputation as a best-selling author contributed to the book's popularity. Favorable reviews printed in popular magazines and local newspapers may have attracted others. Reviewers praised the volume in descriptive terms—heroism, strength, and courage—redolent of the recent war. They compared Johnny's last months to a series of valiant battles in which Johnny was victorious.⁶¹ Another group of readers may have heard about the book from friends, family, or coworkers. Readers wrote passionate letters saying that they had completed the entire article or book in one sitting, reread the story several times in different versions, and felt an irrepressible urge to write to the Gunthers. Americans also encountered the book during religious services, at the doctor's office, or in the classroom as ministers, physicians, and educators read and reacted to *Death Be Not Proud*.

Religious leaders drew on the book for life lessons. In April 1949, the minister at Community Church of New York delivered a sermon titled "Life's Eternal Challenge: A Sermon on John Gunther's 'Death Be Not Proud.'" As he explained to Gunther, Nathaniel M. Guptill, minister at First Congregational Church in South Portland, Maine, delivered a sermon based on human suffering as a key to salvation.⁶² A Unitarian minister in Indianapolis, Indiana, speaking on a similar theme included *Death Be Not Proud* in his Easter radio address.⁶³ Minister Niels Nelson wrote to the editor of the *Ladies' Home Journal* explaining that he had purchased twenty-five copies of the article to distribute to his parishioners and planned to buy more. He referred to the magazine's decision to print the article as a "fine public service" and equated the piece with John Hersey's "Hiroshima" printed in the *New Yorker*. "Because of this account alone Johnny has not lived, or died, in vain," he wrote, "Because of him others will strive toward valiancy."⁶⁴ Ministers saw Johnny's life as a model for their congregations.

Physicians, medical students, and nursing students wrote to the Gunthers about the medical portions of *Death Be Not Proud*. Paul B. Hoeber of the medical book department of Harper and Brothers characterized physicians

as a “skeptical lot in their approach to lay writing on medical subjects [who] must harden themselves to the human emotions to which illness and death must give rise” but reported that they had overwhelmingly approved of the book.⁶⁵ Doctors praised the accuracy of the medical sections and acknowledged the excellent care that Johnny received. Walter L. Palmer, professor of medicine at the University of Chicago, credited both the medical staff and the family’s devoted care for his extended survival, saying, “Johnny received the best medical care possible.”⁶⁶ Palmer also approved the Gunthers’ approach toward Gerson’s alternative diet regimen. He noted that “from a strictly scientific point of view the diet was of no value” but did not criticize the Gunthers for employing this unorthodox method as a last resort.⁶⁷ Perhaps predictably, the Gunther’s use of alternative therapy did divide medical readers. Charles Huggins, a researcher in the Ben May Laboratory for Cancer Research at the University of Chicago and later a Nobel laureate for his work on prostate cancer, vehemently disagreed with Palmer’s assessment, urging Gunther to “re-issue your classic omitting all Gersonia.”⁶⁸ He noted that the American Cancer Society could use a revised edition to promote cancer research. Correspondence between the University of North Carolina and Gunther, however, showed that an audio version of *Death Be Not Proud* was broadcast on behalf of the regional American Cancer Society chapter in 1949. The information on Gerson remained. Most physicians who wrote letters commended Johnny’s care and did not note particular disagreement with the Gunthers’ use of alternative therapies.

Letters from medical and nursing students suggest that *Death Be Not Proud* challenged them to question their training and provided guidance on how to approach similar cases in the wards and in the classroom. One fourth-year medical student at Yale University asked whether the Gunthers would have reconsidered their decisions if they had found Johnny’s “basic human qualities slipping away.”⁶⁹ She hypothesized that aggressive treatment may not be the best course for all patients with brain tumors. Recognizing that this decision-making process would be a formidable challenge during her career, she asked hypothetically, “How can one eliminate the statistics and treat the particular?”⁷⁰ Mary L. Davis, a graduate nursing student in California who had accepted a position as a nursing instructor after graduation, hoped to teach her students about their role in times of patient and parental grief. Davis thought it would assist family members if the grieving process began before a child’s death. She asked Gunther how nurses could have been more beneficial to him, his wife, or his son during Johnny’s illness.⁷¹

Educators who wrote to Gunther viewed *Death Be Not Proud* as an invaluable resource for teaching their students about their character and their relationships with others. Jean Kuffner, a high school teacher from Greensburg, Pennsylvania, wrote that she liked the way Gunther revealed Johnny's "personality, selflessness, and devotion to his parents."⁷² She reported that the *Reader's Digest* excerpt held the attention of each member of her high school class. Lois Payne, an English teacher from Sheridan, Oregon, expressed that she wanted *Death Be Not Proud* to be on the shelves of every high school library across the country.⁷³ Mrs. D. B. Hopkins, a resident of Bath, Maine, who had lost her seventeen-year-old daughter Betty to a brain tumor, wrote, "My sister is a book buyer in a large book store in Portland, Maine. She said that the demand for your book is tremendous—that college students especially were coming in to buy it."⁷⁴

Dozens of students from across the country wrote to the Gunthers after reading *Death Be Not Proud* for school assignments or during their free time. Some admired Johnny's determined fight to continue his education throughout his illness, some gleaned life lessons from the story, and others simply chose the book because it featured a boy their age. Betty Jane Sheffler, a student from Greensburg, Pennsylvania, read the article in her English class. She wrote, "I especially liked the way Johnnie [*sic*] thought of his parents and not himself when Dr. Putnam told Johnny about the operation for a brain tumor."⁷⁵ Mary Reilly, a teenager from Toronto, claimed it was the best book she had ever read: "I could almost, well I could see him, feel him, almost as though I had just been talking to him, and then to you and Frances."⁷⁶ She and others said that they had encouraged all of their friends to read it, too. In 1958, teenager Beverly Goodell from Stafford Springs, Connecticut, wrote that *Death Be Not Proud* had challenged her to look beyond her own concerns: "If parents read your book," Goodell explained, "they would get a better viewpoint in which they would realize how teenagers feel toward their parents. Perhaps there would be better understanding between parent and teenager."⁷⁷ Only a few students who wrote could relate personally to the challenges presented by a life-threatening illness, but they shared Johnny's concerns about schoolwork, parents, and uncertainty about the future. Young people identified with Johnny as they might relate to a peer.

Parents as Letter Writers

Parents, the largest group of letter writers, empathized with the Gunthers' experiences and shared their personal experiences with a child's illness, disability, or death. Like John and Frances's sections, readers' responses to *Death Be Not Proud* exemplified the accepted gendered division of parental behavior in the late 1940s. By combining two complementary, gender-specific perspectives, *Death Be Not Proud* appealed to both men and women. One mother wrote, "Neither one of you alone could have accomplished what you have done together. Its message could not have been delivered by one sex without being balanced by the other—like so many things in life."⁷⁸ Another related, "I was as brave as John senior during his account, but when I read through a mother's heart and soul the tears flowed and won't stop even now."⁷⁹ Although many fathers wrote Gunther to inquire about medical treatments and to ask his opinion on the efficacy of the Gerson diet, many more mothers wrote after reading *Death Be Not Proud*. Hundreds of mothers responded to the story's first appearance in the *Ladies' Home Journal* in which John's name was in the byline.

Letters designated specifically for Frances were almost exclusively from mothers. Mothers' letters resonated with emotions expressed by Frances. The same sentiments—those of guilt, intimacy, and maternal love—that John Gunther labeled as too personal moved hundreds of women to write. Mothers addressed "A Word from Frances" directly. Many readers cited Frances's statement, "I wish we had loved Johnny more."⁸⁰ They assured Frances that her child-rearing methods had served as an inspiration for their daily interactions with their own children. Jane Raborg wrote, "I doubt that you will ever know the far-reaching effect upon child-parent relationships which your book, and especially the 'Word from Frances' shall have."⁸¹ Raborg said that she felt newly grateful for her own blue-eyed, blond-haired boy. Mothers also empathized with the uncertainty, frustration, and guilt Frances expressed in her section. Marianne Peters, a mother from Chicago, despaired that her daughter had just been diagnosed with diabetes. She questioned, "How is it possible? She couldn't have had better care! She just had a complete check-up last month!"⁸² Peters illustrated that mothers felt a measure of personal responsibility when their child suffered from serious disease or died. Through their letters, parents assured John and Frances and, conversely, themselves,

that they had done everything possible to nurture, treat, or cure their own child.

Overwhelmingly, parents wrote to share their own experiences of illness and loss with the Gunthers. They frequently attached copies of obituary notices, funeral service bulletins, poems, and photographs of their dead children to their letters. Some made comparisons between Johnny's appearance—illustrated in a photograph printed opposite the title page—and their own children's features. For most readers, correspondence with the Gunthers ended after sending and receiving one letter. John Gunther replied to most letters with a short note that simply expressed his gratitude. Other parents asked for treatment advice or included specific requests for autographed copies of article or book, donations for cancer research programs, financial help to cover medical bills, and tips on how to write and publish their own experiences with illness. In select cases, Gunther tailored his replies to individual requests. In a few instances, though, the original writer sent additional correspondence. In one extended exchange, Elizabeth V. Guthrie, a widowed mother from Brigantine, New Jersey, wrote a series of letters about her daughter Patty after reading about Johnny's illness in the *Ladies' Home Journal*.

Guthrie explained that six years earlier, in May 1943, her fifteen-year-old daughter Patricia (Patty) Guthrie underwent a brain tumor operation at the University Hospital in Philadelphia after physicians detected diminished eyesight and abnormalities in her pituitary gland function. After the surgery, Guthrie carefully selected her daughter's food, encouraged her to rest and enjoy the sunshine, and restricted strenuous exercise such as "riding horseback, tennis or diving or running fast" with the hope that the tumor would not recur.⁸³ Every six months Patty had a regular appointment for a checkup and to test her vision. In 1949, a hemorrhage blinded her right eye and indicated that a tumor was present. On November 18, 1949, Patty had a second operation, but the tumor could not be completely removed due to its position. Physicians predicted that she had two months to live.

Guthrie's other children cautioned their mother not to buy a copy of *Death Be Not Proud*, but she told the Gunthers that she found it comforting to mark every aspect of Johnny's illness that mirrored Patty's experiences. She also felt "so much better after pouring out my soul to someone who understands."⁸⁴ John Gunther responded by letter within a month. Guthrie promptly thanked him for his reply and related that Patty was "thrilled" to hear of the response. Approximately a year and a half later, on June 25, 1951, Guthrie sent a long let-

ter updating the Gunthers on her daughter's declining condition. She wrote that her daughter had vomited nearly every day for a year, suffered from convulsions, memory loss, chills, and fatigue, and relied on morphine to provide relief from her symptoms at night. She reported that Patty also had periods of wellness when she felt strong enough to sit on a deck at their beachfront home, which she had bought for the comfort of her dying daughter. Quoting an earlier letter from Gunther in which he said he "hoped the future would be kind" to the Guthries, she replied, "It has, in a way, as I have Patty and will for a month, or so."⁸⁵ Guthrie soon reported that Patty's health had deteriorated further and that they had hired a trained nurse and acquired a hospital bed and a contoured chair to aid in her daughter's care. She repeated, "I want you to know how much your book has helped me to carry on" and noted, "Somehow I get comfort in talking to you."⁸⁶ Three months later, on October 25, 1951, less than two weeks after her daughter's death, she informed the Gunthers that Patty had died.

Guthrie's correspondence differed from other letter writers in that she sent the Gunthers a series of letters that kept them abreast of her daughter's condition. Guthrie tried to create a dialogue, a two-way conversation with other parents who could empathize with her struggles and her daughter's suffering. Although the number of letters she sent was exceptional, she represented the majority of the parents in that she related closely to the events in *Death Be Not Proud* and looked to the book for guidance in medical matters. In an era before support groups for grieving parents, Guthrie and other letter writers sought the solace of fellow sufferers through their letters.

Etiology

Surprisingly few parents wrote to the Gunthers with questions or theories about cancer etiology. In one exception, Mrs. Martin H. Byrd from Wadesville, Indiana, conveyed uncertainty about the cause of her sixteen-year-old son Kenny's brain tumor. She offered physical trauma as a possible explanation, as had been done in Johnny's case. She wrote,

Whatever caused this to happen we'll never know although he had several small accidents as children do, falls as a small child and was hit by a ball while playing baseball and fell at High School when a freshman and hit his head, or where or when its just hard to believe anything could cause so much damage. Even perhaps when he was borned, an unusual delivery, may be the answer. We'll never know.⁸⁷

After reading an excerpt of the Gunther's story in *Reader's Digest*, Mrs. T. H. R. sent a letter reflecting on her younger brother Albert's death from a brain tumor thirty years earlier. After receiving the diagnosis, their father had taken Albert from their rural home outside of El Paso, Texas, to Boston for a consultation with Harvey Cushing, the leading neurosurgeon of the time. Cushing deemed the tumor inoperable and the boy soon died, but the family remained curious about the cause of the mysterious growth. Albert's physicians had suggested that a severe head trauma could have caused the tumor, but family members could not pinpoint an exact incident. However, Mrs. T. H. R. wrote, "In my brother's case it could have been a kick by a burro which it was a habit of his to ride. But we will never know exactly what."⁸⁸ Explanations that implicated physical irritation or trauma as a major cause of their child's disease may have appealed to parents because they could pinpoint particular incidents that could have caused tumors, making a mysterious, seemingly spontaneous illness more understandable.

For most writers it was the varied causes proposed by investigators, yet a paucity of definitive "expert" knowledge that was the most upsetting.⁸⁹ Losing her eleven-year-old daughter after only a few months of cancer treatment, Mrs. M. J. S. asked, "Why can't medical science start learning how these things develop, where they come from? It seems they just appear very suddenly out of nowhere."⁹⁰ These letters and others demonstrated that during the 1940s and 1950s there was a wide gap between parents' need for information and the scientific evidence available about researcher's prevailing theories of cancer causation.

Diagnosis and Treatment

Most parents who wrote about their children's illnesses touched on two dominant themes in John Gunther's section of *Death Be Not Proud*: diagnosis and treatment. Many described the difficulties they experienced obtaining an accurate diagnosis for their child's cancer. Mrs. Lewis Orrell, Jr., of Klamath Falls, Oregon, expressed frustration with a year-long series of delays that hampered the diagnosis of her fifteen-year-old son's brain tumor.⁹¹ In December 1948, Orrell took her son, George, for a physical examination. The physician recommended that they remove George's tonsils during Christmas vacation. In February, she noticed that her son had an unusual pallor. At this visit, the physician diagnosed a thyroid condition and prescribed medication for him to take for the remainder of the spring. In early fall, George displayed

a strange movement in his right foot. Again, he received a prescription, but strange symptoms continued: George's handwriting faltered, he complained of ringing in his ears, and he felt faint when moving from a sitting to standing position. When he returned to the doctor, the new diagnosis was progressive polio. In the week before Christmas, George suffered from an attack of severe vomiting and headaches. The same physician recommended sulfa drugs to cure a sinus infection. Two days later (and a year since the initial exam) George's mother returned to the doctor's office with her son and asked if he might have a brain tumor. She described the exchange in her letter:

He laughed at me and said to get it right out of my mind—it was the silliest thing he ever heard. I got mad then and told him I thought he was guessing. He said, "Now don't get mad, I think you are over-emotional about this. I think we should have the Child Guidance clinic look at him."⁹²

At this point, Orrell sought another opinion. The second physician found a large tumor and immediately scheduled an operation. Surgeons were not able to remove the entire mass. Upon the physician's recommendation, Orrell read the condensed version of *Death Be Not Proud* in the *Ladies' Home Journal* to help her prepare for the challenges that her son's brain tumor could present. Orrell's experience illustrated that mothers sought to protect their children but were impeded by cancers' vague signs and symptoms and physicians' paternalistic attitudes toward their patients.

Readers from such disparate locations as New Zealand, Europe, India, South America, Canada, and across the United States from New York to Hawaii were united by common bonds—parenthood and childhood illness. Most shared a hope in the promise of scientific and medical research to treat and cure their child. Letter writers such as Mrs. Cramer from Woodstock, New York, drew close parallels between Johnny's treatment and her own child's experiences.⁹³ Mrs. Cramer's twenty-year-old son, Chico, also endured multiple hospital stays, conferences with experts in the field, an attempt to follow the Gerson method, "mustard" doses, and brief respites at home. In another case, Mrs. Raymond Kaplan wrote, "Just three weeks ago, with no warning whatsoever, my little son was stricken with infantile paralysis and died within 48 hours."⁹⁴ Like John and Frances, she wished for a medical breakthrough. Kaplan wrote that through science "these two horrors, polio and cancer will be under control."⁹⁵ Like the Gunthers, readers combed newspapers and magazine headlines for breakthroughs and surveyed scientists and physicians for promising early developments.

Unlike the physicians who disagreed about the Gunthers' use of alternative therapies, parents admired the Gunthers' ability to find innovative conventional and alternative cancer therapies and pleaded with them to share their findings. Much like John Gunther's letters to experts during Johnny's illness, parents filled their letters with a detailed medical history, provided a summary of the treatments they had already exhausted, and described their desperation. They clearly respected the Gunthers' knowledge of the field and considered them to be lay experts. J. Davis, whose daughter Iris had also been diagnosed with a brain tumor, wanted Gunther's advice. After surgery and radiation, his daughter had slipped into a coma and her left side was paralyzed. Physicians had sent her home to die. Davis—certain that additional treatments existed—told Gunther that he, too, had sent out a worldwide appeal to find a cure. He discovered promising results from a radioactive phosphate research program at the University of Wisconsin and had pressured the British Medical Research Council to contact the U.S. Atomic Energy Commission for a supply. After the isotope injections, her physicians reported that her tumor had been destroyed and part of her brain had suffered permanent damage. After reading *Death Be Not Proud*, Davis eagerly enlisted Gunther in his ongoing search to find advice on isotopes and other promising therapies.⁹⁶ Readers seeking alternative treatments also pleaded with Gunther to reveal his opinion of Gerson's role in Johnny's temporary improvement and asked him to send Gerson's address so that they could contact him and present their child's case.⁹⁷ Readers viewed John Gunther and *Death Be Not Proud* as authoritative, yet accessible resources for learning about medical treatments.

The majority of parents related closely to *Death Be Not Proud*, but some highlighted differences between the Gunthers' circumstances and their own. A few letters underscored financial disparities. One mother wrote, "When people of a limited income have this kind of illness and although a very reliable brain surgeon did the operation, one always feels if money could help, but your experience and your writing has helped so many to know that not too much can be done."⁹⁸ Despite her economic constraints, Roessler found comfort in *Death Be Not Proud*. It placated her fears that additional, expensive medical procedures would not have saved her child. Parents such as Genevieve Christiansen from Boise, Idaho, expressed reservations about enlisting medical science or exhausting all options in a child's medical care, even if it was available and affordable. As the family of a best-selling author residing in New York City, Johnny and his family had privileged access to medical

experts and services. They relied on friends and colleagues to give second opinions on Johnny's case, suggest experimental therapies or promising research, and help them publish their book. Christiansen accused the Gunthers of unnecessarily prolonging Johnny's life:

[You] throw yourself on experts, aha they will solve your problems but with all their reputations of knowing all, they too are human and know very little more of the nature and intricacies of human diseases and cure than you do. Even tho [*sic*] they encourage their practice with a surety and confidence. It all seems a hodge podge of trial and error without consulting the person involved whether he wants all the extra pain inflicted on him. I think we parents get a little bit crazy at such a time.⁹⁹

Christianson regretted that she had submitted her daughter to the medical procedures and hospitalization the girl endured during her last days. Her letter disclosed that her daughter had died of a mastoid infection (related to an inner ear infection) fourteen years earlier and felt that her trust in the advice of medical experts had been betrayed. Her letter expressed the bitterness she felt after the loss of her own child. Christianson concluded her letter, "I sometimes wish folks like us could organize and get together, for there are still so few of us. It would take away the loneliness."¹⁰⁰ Despite their different experiences, Roessler, Christiansen, and others joined other parents in writing letters to the Gunthers. *Death Be Not Proud* created an outlet for all parents to communicate their family's experience of cancer, illness, death, and grief with other empathetic parents at a time when there was little public discussion of such subjects.

Child Loss and Parental Grief

Readers repeatedly declared that nothing was more devastating than losing a child. Why did the death of a child cause parents such profound anguish in the mid-twentieth century? The sentimental value of children, a "reaffirmation of domesticity" and the promotion of distinct roles for women and men that followed World War II set the stage for intense parental grief.¹⁰¹ As women were urged to relinquish their jobs to returning servicemen and focus their attention on motherhood and maintaining a home, "housewife" and "mother" were lauded as rewarding, natural occupations for women. Marriage, family, and the home were praised as secure havens in a prosperous but uncertain time in the United States. A dramatic "baby boom" contributed to

a new culture that formed around motherhood, child rearing, and a growing number of consumer goods promoted as essential for the domestic sphere—a car, television, refrigerator, and washing machine.¹⁰² Children became central to family life and symbolized the promise of the future. Wendy Kozol has shown that images published in *Life* in the 1940s and 1950s consistently promoted the white, middle-class, nuclear family as “quintessentially American” and representative of a national ideal.¹⁰³ The death of a child threatened the structure and stability of this postwar family.

Death Be Not Proud encouraged readers, especially mothers, to reflect upon and express their private grief over losing a child. After the loss of her twelve-year-old son six months earlier, Hieda N. Janovak had been “unable to shed a tear, nor, hardly to discuss it” and she wished that her own life would end.¹⁰⁴ After reading *Death Be Not Proud*, she claimed, she could not help but write a letter. William Rodgers of Ossining, New York, recognized the value of *Death Be Not Proud*’s story of illness and death. He told Gunther that friends, a young couple, had recently buried their son: “I shall give the parents of that little boy my magazine to read. I think it will comfort them, but more than that I think it will enlarge and enrich their view—as it does mine—of all living and dying.”¹⁰⁵ In the mid-twentieth century, few publications addressed child loss or provided an outlet for parental grief.¹⁰⁶ *Death Be Not Proud* helped fill the void in literature about child death and parental grief in the 1940s and 1950s and served as sources of community and comfort in a time of despair. The book and the responses that followed created connections between parents who felt isolated during a child’s illness and after his or her death.

Johnny’s obituary and the story of his death rekindled parents’ memories of young soldiers who lost their lives during the Second World War. Mothers who had mourned the death of their sons identified with the Gunthers’ loss and suggested that losing a son, an only son, or an only child caused parents additional despair. Like the book’s reviewers, they used war rhetoric to draw parallels between a valiant wartime death and Johnny’s courageous death from cancer. Mrs. A. J. Hummel from Utica, New York, wrote, “A lot of people, that is parents, lost an only son in the war and I suppose you’ll say that you wouldn’t mind so much if *he* had died for his country. I think Johnny died as brave as any soldier on a battlefield and perhaps more so.”¹⁰⁷ Loretta Maxwell lamented that she was not able to be at her son’s side “as he suffered and died on a battlefield only a few years older than Johnny.”¹⁰⁸ Helen L. Kaufmann shared that her son was killed in World War II after three years of

imprisonment in a Japanese camp. Unlike the Gunthers, “There were no last months of companionship to create a bulwark against loss. There is no grave to visit or weep over.”¹⁰⁹ She reflected that, perhaps, the Gunthers’ ordeal ultimately had its compensations. Margaret J. Oberfelder of New Rochelle, New York, wrote that she and her husband had lost two sons—one with a mastoid infection and the second in a B-17 crash during the war. She wrote, “The natural order of life is for we parents to live on in our children and it takes great courage for us to keep them alive in us after death.”¹¹⁰ In his fight against cancer, Johnny had acted as a courageous soldier and a hero on a metaphoric battlefield that had caused similar hardships to those that the war had caused their sons, their families, and America.¹¹¹ Like war memorials, *Death Be Not Proud* honored a victory over a formidable, physical enemy, invited public mourning, and confirmed the immortality of the dead.

Parents’ responses to *Death Be Not Proud* showed that John’s and Frances’s sections affected parents deeply. On a fundamental level, parents realized that there was a larger community of child sufferers and bereaved parents. Mrs. G. Clifford of Toronto, Ontario, wrote, “I thought at the time our child must be the only child so afflicted.”¹¹² Parents like Lucy P. Gregg of Hastings-on-Hudson, New York, were particularly compelled by the book’s discussion of death. She admitted that death was a topic “so few of us are willing to face.”¹¹³ Expressions of child loss and parental grief found an outlet through the pages of *Death Be Not Proud* and readers’ letters. Gregg also admired the Gunthers’ ability to immortalize Johnny and expose the “potentialities in family life” through their dedication to their son.¹¹⁴ While *Death Be Not Proud* publicly addressed the challenges of terminal illness and death, readers’ responses revealed that they viewed such events as a threat not only to the child but also to the postwar ideal of the nuclear family.

The Gunthers, who had divorced years earlier and only had reunited temporarily to manage Johnny’s illness, were a precarious “family” according to postwar definitions. Readers enthusiastically urged them to restore their marriage and to devote their attention toward another child to cope with their loss. By replicating the ideal postwar family, readers insinuated, the Gunthers could find relief and contentment. Frances Gordon enclosed a photo of her son, Chuck, and included several letters that he had sent home during his first year of boarding school. Upon his mother’s request, Chuck wrote his own letter to the Gunthers, suggesting that they act as honorary “foster parents.” He wrote, “If you’ll let me, I’ll write you both once a week

for awhile in the same vein that I would write my parents (as I do)."¹¹⁵ Chuck sent another rambling letter less than two weeks later, but the correspondence then halted abruptly.

Gertrude Hepworth from Larchmont, New York, suggested that she lend her son Malcolm to the Gunthers for a Saturday or Sunday. She closed her letter with the hope that "many parents will be helped in accepting sickness and sorrow" and, like her, "many might learn the real value of family relationship."¹¹⁶ Other parents who had lost children suggested adoption. Mildred Mize from Bellingham, Washington, urged the Gunthers to support Bill Gunter, a youth from a poor family whose academic interests were in speech and science.¹¹⁷ Mize included a news clipping from the *Seattle Post-Intelligencer* depicting Gunter and his teammates explaining atom smashing in their prize-winning speech at the state oratorical competition. Readers hoped that by adding another son the Gunthers' grief would lessen. The introduction of another child ensured renewed happiness and security after an incurable or chronic illnesses such as cancer threatened the family structure.

Death Be Not Proud became a literary classic.¹¹⁸ Letters from parents slowed, but correspondence sent by students revealed that teachers continued to assign the book in their classrooms. How *Death Be Not Proud* attracted and maintained such lasting attention is a story in itself. The book reached a wide audience through John Gunther's publishing fame and the Gunthers' frank portrayal of their family's circumstances. Although the Gunthers could not accurately be described as representative of an "average" American family in the 1940s, through Johnny's own words and his parents' careful descriptions of their son, he became "every boy" to many readers. A radio script based on *Death Be Not Proud* began,

You've known this boy. You've seen him many times . . . you can see him now. This boy? . . . No. Some other boy perhaps. Some other boy who is learning to ride a bicycle . . . who clutters up the house with treasured "contraptions" . . . some other boy who watches beside a waterfall or catches bullfrogs in a camp . . . some other boy, not this one. For this was Johnny Gunther . . . and he is dead.¹¹⁹

Readers of all ages closely identified with Johnny and viewed him as a model American, student, teenager, son, and patient. Many letter writers proclaimed that they "loved" Johnny. In a recent essay, Viner and Golden wrote, "We must

ask how children's experience of care and treatment and their lives and deaths have changed the practice of medicine" and, more broadly, how their experiences shaped culture.¹²⁰ *Death Be Not Proud* posthumously authorized Johnny Gunther's narrative and publicized his story. Like polio poster children and young cancer patients who wielded the American Cancer Society's symbolic Sword of Hope at annual meetings, Johnny Gunther highlighted cancer's threat to people of all ages. As shown through the examples of Robert DeVilliers, Jimmy, and John Gunther, the stories and voices of individual children were powerful agents to alert and educate the public about cancer.

Johnny's prolonged illness and the Gunthers' ultimately futile search for effective treatments dramatized the need for increased cancer research in the 1940s. John Gunther's narrative resembled a medical record in its chronologically organized, detailed description of Johnny's care. Gunther powerfully illustrated the postwar tension between the hope for a medical breakthrough and the fear that cancer was incurable. A rare and incurable brain cancer threatened to undermine their belief in scientific and medical progress. They nevertheless continued to seek conventional medical treatments and experimental therapies during each stage of Johnny's illness. By writing that they planned to donate the book's profits to cancer investigation, the Gunthers publicly demonstrated their unwavering faith in postwar research to find a cancer cure. Letters from parents mirrored the Gunthers' story. Faced with an ill or dying child, parents exhausted the available medical options. Despite the limits of medicine, parents embraced its promise. *Death Be Not Proud* joined the Leukemia Society of America and the Jimmy Fund in advocating childhood cancer research at a time when national funding for research was increasing dramatically.

"A Word from Frances" resonated with many mothers during the postwar baby boom. Like Benjamin Spock's *Common Sense Book of Baby and Child Care*, Frances's words alleviated mothers' concerns about proper child-rearing practices. Their letters revealed that they admired Frances's methods and planned to replicate them in their own families. Readers struggling with a child's illness or death found solace in Frances's experiences, unresolved questions, and public mourning. In response, parents recounted their own stories of despair and loss. Through their correspondence, they created a dialogue between mourners at a time when there were few forums for expressing parental grief.

A rich narrative told from three perspectives, *Death Be Not Proud* documented the Gunthers' attempts to overcome cancer's menace through med-

ical means and to deal with their child's death. The book also had a profound impact on parents who first recognized cancer and incurable childhood illnesses as a threat to the ideal child-centered family, a safe haven during an uncertain postwar period. *Death Be Not Proud* and its careful recounting of the Gunthers' experiences continued to be relevant for parents facing similar challenges and decisions in the years that followed. In an extended letter to John Gunther, Angela Burns described her daughter Mary Sheila's diagnosis and her short, but intensive treatment by Sidney Farber in Boston. Her letter suggests a range of familial concerns—only visible through personal sources—that accompanied the discovery and administration of a number of new, experimental therapies for acute leukemia in young patients.