

**Walloch, Karen L.**

***The Antivaccine Heresy: Jacobson v. Massachusetts and the Troubled History of Compulsory Vaccination in the United States***

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Walloch's work offers an intriguing study of the history of vaccination in the United States, based on a rich corpus of sources ranging from government documents to newspaper reports, legislative proceedings, judicial records, church papers, and pamphlets. The central objective of the book is to develop a precise and nuanced characterisation of antivaccination in Massachusetts by interrogating both public anxiety and medical uncertainty about vaccination (p. 2-4). The first two chapters outline the complex trajectory of vaccination in nineteenth-century United States. Vaccination was introduced in America soon after its inception in England and was readily accepted by the medical elite. Initially, vaccination seemed promising since it induced a much milder disease than variolation, the older way of inoculating smallpox, which in spite of conferring immunity and reducing mortality was unable to prevent periodic resurgence of epidemics. However, cheap and easy availability of the vaccines to the masses was impeded by the absence of state sponsorship, lack of infrastructure and commitment on the part of the responsible authority, and, additionally, personal and proprietary disputes. While primary vaccination was accepted, at least in the wake of outbreaks, a general apathy and even downright hostility persisted with regard to revaccination. Such widespread abhorrence of vaccination, combined with insistence by physicians and public health experts, compelled some states to enact strict laws to exact compliance.

The second chapter tracks the different substantial changes which vaccination underwent during "the course of its first one hundred years, as physicians tinkered with various sources for vaccine lymph and tried out all sorts of techniques and instruments" (p. 215). In the next chapter, Walloch undertakes a thorough investigation of the 1901-02 smallpox epidemics in Boston and Cambridge. In both cities, the health departments responded with utmost immediacy to subside the outbreaks, but given the civilians' poor status of vaccination, their efforts were ineffective. As the situation deteriorated, there was growing cynicism among the masses about the competence of the health department and the validity of vaccination as the best preventive measure. A strong

public opinion was built in favour of the older sanitary methods, but the health authorities remained adamant in their refusal to adhere to quarantine. Chapter four gives a vivid description of how people, who were not antivaccinationists, resisted vaccination using “all sorts of wily tactics” which involved women invoking gender to avoid inspection of vaccination scars (p. 79). Public confidence in vaccination was severely undermined by stories about infection, injury and death from vaccination, which were publicised by antivaccinationists. Reports of a sharp rise in cases of tetanus after vaccination puzzled even the medical experts and urgency was felt for state control of vaccine production.

Antivaccination featured as one of the most important controversies of America at the turn of the twentieth century. Around this time, a loose network of antivaccinationists in Boston consolidated themselves in a well organised society to lobby for the abolition of compulsory laws, and to advocate the harmfulness of vaccination. In the fifth chapter, by closely reading the personal histories of a number of antivaccination activists, Walloch assembles the varying motivations that brought them together to fight what they perceived as a ‘scientific dispute’ (p. 113). These thoughtful and socially reputed antivaccinationists, whom Walloch prefers to call populists, were not antigovernment libertarians. They supported traditional public health measures like quarantine, segregation, and surveillance, and wanted the state to ensure better living and working conditions (p. 102). State intervention in the personal realm of health matters was not the only point of contention for the antivaccinationists: they also questioned the legitimacy of the scientific authority of a selected few over medical issues like vaccination. In Walloch’s analysis, the antivaccinationists were actually critical about the entire gamut of medical reform and the research agenda promoted by a privileged class of physicians who sought to monopolise American medicine (p. 113).

Compared to the provaccinationists, the Massachusetts antivaccinationists held a fundamentally different outlook on health and disease that was grounded in mid-century therapeutic nihilism. They saw “disease as a manifestation of systematic imbalance or distress” and “thus argued for therapeutics that sought to restore the balance by nurturing the body’s innate powers to resist disease” (p. 114). This signified the transition that the conceptualisation of disease causation was undergoing within the domain of medical science around this time. Although the antivaccinationists were harshly criticised by their opponents as irrational cranks lacking the faculty of reason, they were successful in garnering a considerable amount of public sympathy since legal compulsion was viewed by many as a subversion of the democratic ideals of personal liberty. Throughout the rest of the book, Walloch presents in great detail how the conflict between the two contending groups unfolded and intensified. During the fall of 1901, the strife took the form of a one-to-one crusade between Boston’s leading antivaccinationist, Dr. Immanuel Pfeiffer, who campaigned for absolute personal liberty over one’s medical decisions, and Durgin, Boston’s supreme custodian of public health. Each personified “two important strains of reform that had emerged in the late nineteenth century, populism and progressivism” (p. 127). The failure of Pfeiffer

initially strengthened the provaccinationists who used him as an “object lesson for vaccination” (p. 144) but his case didn’t yield much credit to them in the long run.

In the seventh chapter, Walloch documents the little success which the antivaccinationists achieved in bringing up the issue of mandatory vaccination to the floor of the Senate. Although they ultimately didn’t succeed in amending the statute to allow a medical exemption for adults in the same way as that accorded to schoolchildren, the voting pattern, according to Walloch is revealing in terms of giving “an unique opportunity to gauge the extent of sympathy for Antivaccination in Massachusetts” (p. 146). Here Walloch also tries to map the public fervour created on this occasion, pointing at the united will of the people over the matter. She even makes visible how history had failed to register the intricacy of this legislative process, obscuring the fact “that nearly one-half of the legislature initially supported modification of the law” (p. 162).

Although no law mandated forced vaccination, health officials often sought coercion to vaccinate people when persuasion alone did not work. They cracked down more upon men of colour, homeless, and immigrants, who were deemed to pose a threat to public health. The eighth chapter explores, in Walloch’s words, “the ways in which health officials used their legal authority to limit opposition to vaccination” (p. 164) and even made the antivaccinationists undergo criminal prosecution. While the relatively well-off people with the appropriate nexus could afford to avoid vaccination by seeking legal protection, the poor had no choice but to comply with the stringent vaccination sweeps. The final chapter deals with the landmark 1905 judgement of the Supreme Court of the United States, which upheld the rightful discretion of the state to exercise police power for the sake of the greater good in a well-ordered society. However, the decision did not resolve the controversy over compulsory vaccination. In the ensuing years the antivaccinationists concerted their opposition with yet more vigour, and at a later point of time, even the Massachusetts State Legislature started reverting against its hitherto unwavering stance.

The book is a notable contribution to the history of public health in America and the history of science at large. Its most distinctive feature is Walloch’s in-depth assessment of the antivaccinationists, who for so long had been noted only in passing by historians of medicine. Walloch, who approaches the problematic nature of vaccination at the intersection of civic affairs and municipal politics, brilliantly argues how the civilians who refused to get vaccinated were actually reacting “both to local events and to a controversy that had been a century in the making” (p. 10). Yet given that the book seeks to understand vaccination primarily from the perspective of the population who were on the receiving end of public health policies, Walloch could have engaged more with the category of ‘public’ itself. Nevertheless, Walloch successfully highlights that the division of the contending groups was not aligned to simple prejudices: instead they both attempted to appropriate distinct scientific paradigms of thought.