

Lynne Curry, *Religion, Law, and the Medical Neglect of Children in the United States, 1870-2000* (Palgrave Macmillan, 2019).

In this important and fascinating study, Lynne Curry provides a well-researched and lucid account of the conflicts between faith healing and medical science in nineteenth and twentieth-century America. As she explains, this was not just about conflict between doctors and religious healers, but also involved lawyers, coroners, judiciaries and juries, ordinary citizens and above all, children, and especially those children who died.

Curry tells many sad stories of parents who followed a particular faith and failed to seek conventional medical aid, leading to their child's death, when evidence suggests that in all probability medical intervention would have saved them. A strength of Curry's study is its impartiality in telling that story; it does not blame or censure, but rather sets out the differing worldviews between conflicting sectors within the healing professions which led to these outcomes.

Curry shows a good grasp of medical history and medical developments, especially in the field of paediatrics. The focus of the study is rightly on infectious diseases, the main killers of children in the nineteenth and into the twentieth century, which were also, significantly, the beneficiaries of the most major medical advances at this time, owing to the new science of bacteriology of the late nineteenth century.

We learn that, despite a western-worldwide child welfare movement around the turn of the twentieth century which recognised the rights of children as separate from their parents, religious groups in many parts of America managed to get their rights to deny their children medical treatment accepted within the legislature. Religious exemptions from childhood immunisations form part of this story. This was facilitated by the uncertainties that continued to shackle western medicine, despite medical developments, allowing space for alternative views to arise and thrive. Christian Scientists in particular argued that they did not neglect their sick children because they employed the services of metaphysical healers, trained and certified by their church. As Curry explains, many of those drawn to the new healing religions objected to scientific medicine's privileging of physical over spiritual concerns in child-rearing and also worried that the growing social influence of doctors and the State undermined parental authority in the home. In part, the new healing religions that emerged in the late nineteenth century were a reaction to the growing social and cultural dominance of science in society.

Two particular religious movements are central to Curry's study. One was the Christian Science movement, set up by Mary Baker Eddy in Massachusetts in 1879, whose healing practices were taught through the Massachusetts Metaphysical College. Curry explains the philosophical basis of the movement, with its focus on spiritual rather than physical health. Eddy attacked conventional medicine, arguing for instance that the very act of attaching names to diseases such as diphtheria caused more harm than good by fostering fear. Christian Scientists even entered 'sin and fear' as causes of death on official death certificates.

The other major movement was that established by divine healer John Alexander Dowie, which presaged the emergence of Pentecostalism in the early twentieth century. Dowie argued that the origin of sickness lay in sin, and that failed cures reflected insufficient faith on the part of the sufferer. He set up an International Divine Healing Association, which became the Christian Catholic Church in 1896. We learn that his 'noisy crusade' against medical science in Chicago led to clashes with local health authorities that brought attention to this movement far beyond that city.

These spiritual healing movements contributed to broader libertarian movements, such as the National League for Medical Freedom, set up in 1910, which lobbied for individual autonomy and religious liberty overriding a child's right to receive medical attendance. The philosophies underpinning such movements, Curry argues, 'proved to be a powerful, and persistent, counterargument [to medical intervention], one that lingered in the background of American life for the remainder of the twentieth century.' (p.149) Curry's study provides important historical background to Americans' present-day unwillingness to embrace the human rights orientation of the United Nations' Convention on the Rights of the Child, an international treaty the United States has not ratified.

My sole criticism of the book is that, in my view, Curry spent too long on expounding eighteenth and early nineteenth-century health and childrearing manuals, and too little on events of the twentieth century, with the early twentieth century to the present crammed into a single chapter. Within that chapter, she also strays from her central focus on the fractures between faith healers and their followers and medical science, to discuss other inequalities in American healthcare. Nevertheless, this is an important study showing the vulnerability of children when their rights are subsumed by other considerations, and reveals lessons to be learnt from history.

Linda Bryder  
University of Auckland