

## *A Review of Fitter, Happier: The Eugenic Strain in Twentieth- Century Cancer Rhetoric*

*Reviewed by*

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*Fitter, Happier: The Eugenic Strain in Twentieth-Century Cancer Rhetoric.*

Lois Peters Agnew. Tuscaloosa, AL: University of Alabama Press, 2024. 188 pages, \$34.95 Paperback, \$120 Hardcover, \$34.95 eBook.

Publisher webpage:

<https://www.uapress.ua.edu/9780817361341/fitter-happier/>

*“A major challenge facing those who care about public health lies in the need to make people aware of issues that they would prefer not to think about” (p. 1)*

In *Fitter, Happier: The Eugenic Strain in Twentieth-Century Cancer Rhetoric*, Lois Peters Agnew asserts that twentieth-century arguments about cancer reveal and reinforce ableist, eugenic American cultural assumptions about public health that persist to this day. She supports her argument by synthesizing extensive archival materials from prominent American cancer societies and figures of the twentieth century while framing her study in terms of disability studies, rhetorical studies, and the public health disparities revealed by the COVID-19 pandemic. The book's primary audience is rhetoricians interested in ableist rhetorics, public health, and medical rhetoric; the project uses, in Agnew's words, "rhetoric as a lens for understanding cancer is not only a medical condition but also a cultural preoccupation with strength,

control, and the performance of a body that comes into being through language about cancer” (p. 131), and this commitment to understanding the interplay between language, culture, and cancer is evident throughout the analysis and explanations she provides in the book.

Agnew focuses specifically on cancer rhetoric from the twentieth century because the twentieth century heralded a cultural shift away from the ways cancer was hidden from public view in prior centuries. She quotes historian Walter Ross in saying that, prior to the 1913 founding of the American Society for the Control of Cancer (ASCC), cancer “was not named in polite society” (p. 26); however, as Agnew explains, “a society grounded in science and modernity demanded a new response, one that would bring cancer into public view without disrupting confidence in the people’s capacity to pursue a more nearly perfect society” (p. 25). In the spirit of progress, then, cancer had to be knowable and controllable rather than mysterious and shameful—and thus was cancer rhetoric born in the twentieth century.

In her study, Agnew identifies three main topoi in twentieth-century cancer rhetoric—that cancer is a battle and patients the brave soldiers; that cancer patients must maintain a cheerful outlook; and that individuals are responsible for preventing cancer in themselves through their own behaviors. She demonstrates how such public arguments reflect eugenic assumptions—specifically that cancer, “like all other dangers, can be conquered through the unique American qualities of strength, self-sufficiency, intelligence, and progress” (pp. 5-6). For Agnew, American individualism and the privileging of progress and productivity undermine collective well-being at the expense of society’s vulnerable members—in this case, cancer patients. In other words, she argues that cancer rhetoric reinforces the notion that individual actions, like “fighting,” staying cheerful, and getting regular medical screenings, are enough to control cancer; systemic or societal overhauls aren’t necessary. Twentieth-century cancer rhetoric, shaped by eugenic assumptions, focuses on reassuring the American public that life remains “normal” and that business can continue as usual, prioritizing economic productivity over the well-being of vulnerable populations. How this is accomplished is detailed throughout the chapters of Agnew’s book.

Chapter One, “Publicizing Cancer: Eugenic Visibility,” provides historical context for the emergence of both public arguments about cancer and eugenic thought in cancer rhetoric. In this chapter, Agnew describes the “eugenic gaze,” which “normalizes the abnormality of cancer by elevat-

ing the qualities of courage, cheerful positivity, and the proactive pursuit of better health” (p. 27), and provides a variety of excerpts from news articles and speeches from the founding of prominent cancer societies in the early twentieth century.

Chapter Two, “Battling Cancer: Heroism and Eugenics,” details how twentieth-century cancer rhetoric starts to incorporate metaphors of war, with cancer as a personified enemy. Included in this chapter is discussion of metaphor’s role in medical and scientific rhetoric; demonstrating how eugenic ideology functions in cancer-as-war metaphors, Agnew points out, “While the personification of cancer as enemy assumes different forms across decades of the twentieth century, the call for a militant response consistently constructs a people who are capable of meeting the challenge of cancer with courage and determination” (p. 50).

This dynamic also downplays the impact of aggressive treatments on patients’ bodies, framing the harm caused to healthy cells by chemotherapy and radiation as a minor risk compared to the primary goal of defeating the true enemy. In other words, characterizing cancer as an external enemy elides the lived experience of the cancer patient in the interest of demonstrating American science’s control over the disease. While providing copious examples from the archives, Agnew goes on to argue, “The rise of public cancer rhetoric in the twentieth century reflected a modern determination to assert the power of science and industry to resolve social problems” (p. 51). Again, the effect on vulnerable individuals is secondary to the illusion of progress and control.

Chapter Three, “Thinking Positive: Progressing beyond Cancer” illuminates the dark underside of cancer rhetoric that asks patients to stay positive about their prognosis. “As is the case with the topos of cancer as war,” Agnew observes, the emphasis on maintaining cheer shifts attention away from the needs of cancer patients, catering instead to a societal desire for reassurance that progress remains possible, despite the reality that debilitating illness can affect anyone unexpectedly (p. 85). Agnew again provides ample archival evidence of this topos while questioning the “imperative of cheerfulness,” which once again, subordinates the needs of cancer patients themselves in favor of able-bodied people’s comfort in the face of disease.

Chapter Four, “Knowledge, Power, and Cancer Prevention” discusses how emphasizing individual responsibility for cancer prevention can reinforce eugenic ideology. Agnew points out that the link between environmental factors and cancer has long been established; she cites an example from

1775—which she gets from James Patterson—which proved that chimney sweeps suffered from increased rates of scrotal cancer due to workplace contaminants (that is, soot) (p. 99). Nevertheless, twentieth-century public arguments about cancer—including those put forth by major American cancer societies—tend to focus on individual rather than collective prevention. As Agnew puts it:

Thus, the threats caused by civilization are offset by a eugenic emphasis on cultivating the characteristics available to ‘civilized’ individuals—intelligent, forward-thinking, and proactive—that will position them to devise strategies for countering the negative features associated with society’s progress. (p. 105)

Again, Agnew argues, this is eugenics, as it depends on the notion that individuals with the ‘right’ qualities and behaviors will be fine and ignores the most vulnerable.

Lastly, Chapter Five, “Eugenic Reverberations: What Rhetoric Tells Us about Cancer—and Ourselves,” again connects cancer rhetoric to COVID-19, disability justice, and American public health more broadly. In it, Agnew acknowledges that the topoi she has identified are not entirely problematic. She writes:

If this book has a lesson, it is not that we can eliminate problematic rhetorical frameworks about cancer but that we can benefit from understanding the complexity of the language and images we use. The cancer topoi examined here are challenging not because they are problematic, but because they aren’t entirely so. (p. 135)

Here, Agnew makes clear that she is not arguing against courage, cheerfulness, and prevention for cancer patients—but, rather, that such topoi should not be used to erase vulnerable individuals’ experiences for the sake of economic and societal progress. As Agnew puts it, “Truly acknowledging the complexity of cancer can offer care as a substitute for the careless expectation that people with cancer will respond to their disease in a manner that reassures everyone else that there’s nothing to worry about” (p. 136). Aptly, Agnew connects both this line of thinking and her archival research of cancer rhetoric to the American response to the COVID-19 pandemic, arguing that there is an American “tendency to define the public good not according to measures that support vulnerable individuals, but according to standards of productivity and economic growth that are assumed to benefit everyone equally” (p. 128)—a tendency she links to political resistance to mask mandates and vaccines and which, I would contend, is also exemplified by back-

to-normal measures like eliminating mask requirements or, more recently, banning mask-wearing entirely. As Agnew demonstrates throughout this book, such rhetoric reflects an ideology that tells us that, while it is pitiable to be vulnerable to disability and disease, it isn't something "normal" people need to worry about.

In this book, Agnew is addressing the problem that marginalizing ideologies—specifically, eugenic ideologies—can function through seemingly innocuous public rhetoric. The book's major strengths are legion: copious examples from both archival research and relevant scholarship; nuanced analysis of examples in light of historical and cultural context as well as relevant scholarship; fascinating content that manages to be both historical and extremely relevant in its contribution to discussions of ableism in public health rhetoric. Throughout the book, Agnew masterfully synthesizes the work of countless rhetorical and disability scholars, putting her work in conversation with decades of important scholarship. The emphasis on the constitutive power of eugenic rhetoric reminded me of James L. Cherney's (2011, 2019) analysis of ablest rhetoric, which similarly traces the historical development and ideological underpinnings of language about disability.

*Fitter, Happier: The Eugenic Strain in Twentieth-Century Cancer Rhetoric* is an important contribution to the rhetoric of health and medicine (RHM) for the way it bridges rhetorical and disability studies with thorough archival research and current events. It is an elegant, timely, and important book that brings thoughtful scholarly attention to phenomena all too familiar to those of us touched by cancer, chronic illness, and disability.

## References

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