
Textbooks are not only for students. Teachers need them too. I remember, as a novice lecturer in the early eighties, being particularly grateful for the Cambridge History of Science series (to which Professor Bynum would later contribute) for supplying my lecture notes with a breadth and authority that would otherwise have been sadly lacking. Cambridge University Press continued this service to the aspiring pedagogues of our specialty with the publication, in 1995, of *The western medical tradition, 800 BC to AD 1800*. Authored collectively by members of what was then the Academic Unit of the Wellcome Institute (and is now the Wellcome Trust Centre for the History of Medicine at UCL), that major textbook was a product, and an authoritative expression, of the recent surge in the quality and quantity of research in the history of medicine. I therefore opened my review copy of a companion textbook, bringing the period covered up to the end of the twentieth century, with some pleasant anticipation.

The authors have divided up the subject matter neatly between them. There are sections on ‘Medicine in transformation, 1800–1849’ (Stephen Jacyna), ‘The rise of science in medicine, 1850–1913’ (W F Bynum), ‘Continuity in crisis: medicine, 1914–1945’ (Christopher Lawrence) and ‘Medical enterprise and global response, 1945–2000’ (Anne Hardy and Tilli Tansey). The volume ends with a series of short but very judicious bibliographical essays and a full bibliography.

The first sentence of the bibliographic essay for chapter 1 is telling. Jacyna writes that ‘Indispensable to understanding the period is Volume One of K. Marx, *Das Kapital*. The reader is also exhorted not to depend on secondary commentators for his/her understanding of the thought of Michel Foucault, “[n]one of these can . . . substitute for a direct reading of his works” (p. 537). This is not, in other words, a textbook which seeks to pander to the casual, less-than-committed, undergraduate. Jacyna draws extensively upon anthropology and sociology, to sustain a sophisticated engagement with the historiography of the early nineteenth century and its medicine. This section will challenge many, if not most, honours students, but will be ultimately very rewarding for them (and their teachers). Jacyna skilfully deconstructs the ideological role of professional elites and medical heroes, and is tellingly sensitive to the historical significance of the lower ranks of the profession as the “shock troops of the bourgeois revolution”. It is curious, therefore, that he is so lacking in sympathy with the apothecaries, describing them as the “pariahs of medical practice”, and “by far the least interesting” of the medical orders. Uninteresting to whom, one might ask.

The following sections are generally less theoretical but, otherwise, just as broad in conception. Those who already possess Bynum’s previous textbook need have no concern that his section in the current volume merely duplicates what is already on their shelves. While, inevitably, some earlier themes are revisited, the treatment is not only updated but is also both broadened and extended into the early twentieth century. I was pleased to see that Bynum, as befits a former student of Ackerknecht, has no truck with those revisionist historians who have sought to question the link between British anticontagionism and the ideology of free trade. Lawrence explores the great theme of the interaction between medicine and modernity. His account of the impact of the First World War on medicine is balanced and thoughtful; the discussions of specialization and of nosology are very perceptive; and the whole section is peppered with well chosen scientific examples. Lawrence is also instructive on the ideological contexts of medicine between the wars and on the social use of medical metaphors. All the sections effectively summarize the relevant scholarly
literature, but the last (Hardy and Tansey) is particularly welcome, constituting as it does one of the first serious attempts at a comprehensive historical survey of the development of medicine and medical science after the Second World War. The authors have a huge task, for western medicine, in their period, became a global rather than European and American project. They also range very widely in subject matter, exploring scientific, social and economic issues. Their account of the rise of the pharmaceutical industry is particularly useful. Overall it might, however, be said that this section is the least well-organized thematically. This is not, I hasten to add, the authors’ fault—they have more ground to cover and they lack the benefit of the longer and deeper historiographical perspectives enjoyed by the other contributors. Having said that, there is the occasional instance of repetition that a more careful editing might have eliminated.

There can be no doubt that the second volume of The western medical tradition will be an essential addition to the reading list of every honours and master’s course in the history of medicine. The book is handsomely produced and also very reasonably priced, at least for the paperback edition, given the word count. The prospective reader may, however, be warned that it is not as entertaining a read as the volumes in the Cambridge Series nor, indeed, as its older companion textbook. This is partly because historians have, in the meantime, increasingly turned away from the sweeping grand narratives that gave the earlier texts, especially the Cambridge ones, such rhetorical force. It is also because the very comprehensiveness of The western medical tradition 1800 to 2000—its determination to cover all the major countries of Europe, as well as North America—sometimes gets in the way of narrative clarity. Overall, however, that is a price worth paying for what is a genuinely impressive scholarly and pedagogic achievement.

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Susan Lindee, Moments of truth in genetic medicine, Baltimore, Johns Hopkins University Press, 2005, pp. xii, 270, £26.50, $40.00 (hardback 0-8018-8175-7).

Historians of medical genetics have long been preoccupied with the field’s relationship to eugenics. That focus is certainly understandable given the manifest institutional, personal, and ideological entanglements of “reform eugenics” with medical genetics during the 1950s and 1960s, as well as continuing controversies concerning the eugenic content of such medical-genetic technologies as prenatal and pre-implantation genetic diagnosis. Lindee notes that research in the field has resulted in more diagnostic tests than it has effective treatments for disease and indeed claims that selective abortion following prenatal diagnosis remains the “primary intervention” associated with genetic medicine (p. 202). Thus even she can not entirely escape the eugenics issue. Nevertheless, the focus of her welcome new book is on aspects of the history of the field that have received much less attention from scholars, such as the central roles played by patient and parent advocacy groups in setting research agendas, financing studies, and providing critical information.

Moments of truth is not a systematic history of genetic medicine but an analysis of five key developments occurring between 1955 and 1975—two decades during which human genetics was transformed from an institutional and intellectual backwater into a research frontier. Each case study explores a different facet of the field. Thus the routinization of newborn testing for phenylketonuria (PKU) following the 1960 development of a blood test suitable for hospital-based mass screening is used to investigate the rise of public health genetics, and Victor McKusick’s studies of the Old Order Amish, the construction of human pedigrees and rise of mapping studies more generally. Similarly, early research on human chromosomes is used to elucidate how standardization has transformed concepts and practices in genetic medicine, the development of the “twin method”, a variety of issues in the