

## Book Reviews

devote so much of the text to initially amusing but gratuitous and eventually tedious recitations of what the author regards as bizarre therapeutic agents. We hear far too much about such remedies as crocodile dung, dried earthworms, and mummy powder. The overall effect is to trivialize the question why, for example, a practice like bloodletting persisted in use for so long. The reader is invited to smile at past ignorance more than to ask what made such therapies—odd to our eyes—meaningful to healers and sufferers alike.

*A history of medicine* may well entertain students, but it is unlikely to bring them the deeper and more lasting exhilaration of historical understanding. Despite their shortcomings, Andrew Wear's edited collection *Medicine in society* (1991) and even Erwin Ackerknecht's *Short history of medicine* (1955; revised edition 1968) offer much sturdier narrative frameworks upon which instructors and students can lean.

John Harley Warner, Yale University

MARQUE-LUISA MIRINGOFF, *The social costs of genetic welfare*, New Brunswick, NJ, Rutgers University Press, 1991, pp. xvii, 210, \$35.00 (hardback, 0-8135-1706-0), \$12.95 (paperback, 0-8135-1707-9).

The New Genetics is very topical. Considerable resources are being expended on a project to map the genetic structure that makes us what we are and the technological achievements seem to increase day by day. But in practical terms, what the technology has produced is not the ability to change human genetic material by sophisticated intervention, but by the rather more basic, and old-fashioned, technique of removing "impaired" material from the genetic pool. This latter approach has become possible as the ability to identify certain gene carriers has improved: this leads to the possibility of either selective abortion or persuading against reproduction. For example, it is now possible to screen a population for cystic fibrosis gene carriers, identify the one in two hundred who carry the gene, and advise them that if they reproduce with someone with a similar genetic make-up one in four of their children is likely to have the disease. But should this be done? And at what economic, psychological and social cost? And if for cystic fibrosis, what about other diseases? These are the real dilemmas of the new genetics.

But there is another strand to examining the psychosocial implications of the new genetics and that is the literature—mainly popular—which talks wildly of the possibility of engineering our own futures. This book belongs to that genre. It ignores virtually completely the current problems associated with the possibilities of genetic screening and instead addresses hypothetical futures. But as it deals with speculation it is rather light on evidence; indeed, the book's idea of "evidence" seems to be to quote someone else's opinions. For example, a certain Linda Bullard is quoted approvingly, "If the present trend continues, genetic engineering will soon permeate every facet of human activity. . .". Wow! To which the author adds "Few doubt the momentous changes that are to come". Few? Do not imagine for a moment that this claim—and hundreds like them in the book—is supported by a shred of evidence. This is exclusively argument by hearsay: if enough people write about it and cite each other it must be true.

The book is an embarrassment to those social scientists concerned to develop a proper research basis for the social impact of the new genetics. Perhaps you might like some science fiction written in the style of the *Reader's Digest*, but you will learn nothing about the social aspects of the New Genetics from this book.

David Armstrong, Guy's Hospital, London

ADA ROMAINE-DAVIS, *John Gibbon and his heart-lung machine*, Philadelphia, University of Pennsylvania Press, 1992, pp. xxii, 251, illus., £35.00 (0-8122-3073-6).

Here is an account of the inventor as great man that contains much to interest more sociologically minded historians of technology and medicine. Ada Romaine-Davis seeks her insights into the invention of the machine that became the basis of modern cardiac surgery largely in the character and immediate, often family, circumstances of its inventor, the thoracic surgeon John Gibbon. The