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

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rise of human behaviour genetics, and the history of research on familial dysautonomia, the role of social organization and technology in both creating and eliminating a genetic disease.

Organizing the book around five quite disparate cases could have resulted in something of a hodgepodge. However, the studies are linked by several themes. Thus running through the discussion of each case are reflections on the question of how nearly all disease came to be understood as genetic disease. Lindee explores how this idea became crystallized during the 1960s and 1970s in texts, scientific and clinical practice, and public policy, and she considers what it meant and continues to mean for researchers, patients, and the public at large.

In general, I found her arguments convincing, but I have a small quibble with the effort to fit the newborn screening case into this periodization. In the 1960s and 1970s, as Lindee herself notes, PKU was generally characterized as a treatable form of mental retardation, with genetics barely figuring in legislative and other debates surrounding screening, nor were many geneticists initially enthusiastic about efforts to mandate the test. It was only in the 1980s that PKU came to be commonly viewed as a success of *genetic* medicine, a reframing that in my view followed and served to validate the trend described in this book (a trend encapsulated by Abby Lippmann's term "geneticization").

A second theme uniting the individual cases concerns the varied types of work and workers involved in medical-genetic research. Thus Lindee argues that the production of scientific knowledge is a community project involving not just researchers, but also research subjects, patients and their families. She emphasizes that non-scientists have often functioned as active research collaborators, as crucial sources of knowledge and funds, and sometimes as validators of researchers' claims. Thus, in her account, scientific authority is more dispersed than it is often assumed to be and forms of labour not usually characterized as "scientific research" are shown to be integral to the enterprise and made visible. The resulting insight into the structure and organization of contemporary biomedicine is one of the chief contributions of this original and important new book.

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Stanley Finger, *Doctor Franklin's medicine*, Philadelphia, University of Pennsylvania Press, 2006, pp. xiii, 379, illus., £26.00, $39.95 (hardback 13-978-0-8122-3913-3).

Benjamin Franklin and medicine was an excellent idea for a book, and Stanley Finger has executed the project admirably. As patient, advisor, author, publisher, inventor, and inquisitor, medicine permeated Franklin's life. Franklin was a quintessential Enlightenment figure, an optimist who considered that medicine (along with printing, the study of electricity, and the designing of spectacles and stoves) was among the best practical pursuits through which the human lot might be improved. Franklin took on new medical interests throughout life thus making him a perfect subject for the historian.

Franklin's changing concerns mirror innovations in eighteenth-century medicine and allow Finger to tell a chronological tale weaving together medical developments and biography in a most unforced fashion. In 1733 the young printer in Philadelphia published *Poor Richard*, an almanac full of maxims and medical advice. He promoted smallpox inoculation with characteristic relish and good sense—that is he never seemed to let any medical novelty blind him to its deficiencies. He experimented with electricity as a cure for palsies and his natural scepticism prevented his embracing it with the sort of enthusiasm that fired John Wesley. He studied lead poisoning and music therapy. He conducted an investigation into mesmerism which he viewed with the same steely doubt that marked all he did. In his old age he suffered from gout and experimented unsuccessfully with cures for it.

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