

Book Reviews

Richardson gives a very fair account. The literature is cited comprehensively and this book is an indexed source of references. I found little that I would dispute in fact or interpretation.

But another criticism of his and Hurt's method of searching and reading the literature is that it finds the footsteps in the sand pointing our way, while in truth, at the time the source papers were written, the "way ahead" was not evident. Footprints in the trampled ground of trial and error lead to all points of the compass. It reaches faintly ludicrous proportions in the fable of the third-century Saints Cosmas and Damian and the swapping of white and black men's legs. This has become an obligatory opener to many review articles and theses on organ transplantation, as if it has any real bearing on the history of science or the ideas of Vladimir Petrovitch Demikhov, Alexis Carell, Willem Kolff, Peter Medawar, Norman Shumway, and Christiaan Barnard.

Richardson faced the difficulty of including events occurring right up to the time of going to press. I recognized the difficulty of describing current practice as "history" when I was commissioned to write the chapter on cardiac surgery for the book *British cardiology in the twentieth century* (London, 2000). For instance Richardson records the cardiac transplants of 1967 and 1968 in the first edition of 1969. This latter part of the book is more journalism than historiography but it is here that it came to life for me. For remote events outside his immediate knowledge and experience Richardson does no better than provide a very well ordered and well referenced description of what surgeons did and how the practice he saw in the 1960s was built up. The 1950s and 1960s he describes with the immediacy of a man who was there and knew the debates. He did not know that there was to be a moratorium on transplantation for about ten years and then that it would become part of established practice, so his story is fresh and

vivid, untrammelled by a knowledge of subsequent events, interpretation of which sometimes interferes with his accounts of more remote history where he sees the need to explain "why they got it wrong". In summary, this is a well indexed and well referenced overview of the perceived landmarks in heart surgery, with good explanations of the medical terms and implications, which will be a useful resource for anyone interested in this area.

Tom Treasure,
Guy's Hospital, London

Keith Wailoo, *Dying in the city of the blues: sickle cell anemia and the politics of race and health*, Chapel Hill, University of North Carolina Press, 2001, pp. xi, 338, illus., £29.50, \$34.95 (hardback 0-8078-2584-0), £14.50, \$16.95 (paperback 0-8078-4896-4).

This is a complex book that can be read on several levels. On the surface it is a book about the history of sickle cell anaemia (SCA) in Memphis, Tennessee, the "city of the blues". But it is much more than that. Wailoo tells us about Memphis' sickle cell history in the context of the disease's twentieth-century national history. That national history, and therefore the local Memphis history, is not, in Wailoo's telling of it, just a story of scientific developments and medical care for those with the disease. As the book's subtitle suggests, Wailoo shows how the changes in scientific and medical understanding of SCA were part of a larger story that includes issues of race, politics, and economics. Claiming that "conventional histories of disease tend to follow only the professional scientists and physicians who, it is assumed, played key roles in shaping the lives of the infirm" and that "the traditional narrative for sickle cell disease dwells on the search for scientific understanding" (p. 4), Wailoo wishes to

Book Reviews

look more deeply into the impact of SCA on those who suffered from it and on the group most identified with SCA—African Americans. Putting a human face on the history of SCA means, for the author, focusing on one locale. He chose Memphis because of its richness of sources, its large African-American population, its record as a city of medicine in the twentieth-century, and its connection to SCA through patients, hospitals, and a nationally recognized white medical scientist, Lemuel Diggs, whose life and long career in SCA research spanned much of the century.

Dying in the city of the blues is not narrative history, though it is roughly chronological. The book works its way through the twentieth century from SCA's discovery (to Western medicine) in Chicago in the first decade, through the development of tests for the disease, to Linus Pauling's mid-century announcement of SCA as a molecular disease, to the recent attempts to find a cure and a treatment for the pain associated with SCA. During this time SCA was transformed from an invisible disorder with little public recognition in the white or black communities to a commodified condition that served as a vehicle to obtain funding for academic medical centres, and a politicized disease that became the centre of controversy over genetic screening and black fears of genocide. Wailoo interweaves descriptions of SCA's medical milestones with descriptions and analyses of politics, race issues, economics, medical history, and society.

Sometimes the book tries to do too much and the text wanders, losing the thread of a discussion point, as, for example, when offering details about local Memphis politics. Paradoxically, Wailoo presents his information so dispassionately that even the local story in Memphis at times loses its human face. The author distances himself perhaps too much from the subject in trying to work together the many layers. Also, Memphis is not a perfect fit for telling the entire story of SCA as he wants to tell it.

He must fill in gaps that did not occur in Memphis, again occasionally losing the thread of the local history narrative. Still, *Dying* makes an important contribution to American social and medical history. When one finishes the book and reflects back on its contents one realizes just how rich Wailoo's approach to his subject is, how much he has covered, how skillfully he has informed, and how nicely he has used the story of SCA to tell the stories of race, politics, and health in twentieth-century American society.

Todd Savitt,
East Carolina University

John Harley Warner and Janet A Tighe (eds), *Major problems in the history of American medicine and public health: documents and essays*, Major Problems in American History Series, Boston and New York, Houghton Mifflin, 2001, pp. xix, 538, \$34.00 (paperback 0-395-95435-5).

Recently, the American Association for the History of Medicine's committee on Education and Outreach began to re-examine strategies to increase the visibility of medical history in the undergraduate curriculum. Houghton Mifflin, with the release of *Major problems in the history of American medicine and public health*, has delivered a truly outstanding product that will greatly aid in meeting the Association's goal. John Harley Warner and Janet A Tighe, editors of this book, have culled a series of choice readings from the annals of United States history, drawing upon myriad aspects of both continuity and change within health care and its delivery. The editors have also led readers, by including lucid and lively essays, toward a better understanding of the range of historiographical approaches used to interpret primary documents.