

goes for calculations of both individual health and corporate profits. For example, Sunder Rajan looks at the visionary statements biotechnology start-ups use to attract investors. What happens when the outcomes do not match the hype?—"A forward-looking venture scientific statement cannot be a failure to calculate correctly, because the futures it promises are precisely *incalculable* (and therefore it becomes even more important to calculate them)" (p 133). He leaves the question of how to reckon with this incalculable future for others to ponder.

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1. Downey G, Dumit J, eds. *Cyborgs and Citadels: Anthropological Interventions in Emerging Sciences and Technologies*. Santa Fe, NM: SAR Press; 1997.

**Genetic Medicine**

**The Troubled Dream of Genetic Medicine: Ethnicity and Innovation in Tay-Sachs, Cystic Fibrosis, and Sickle Cell Disease**, by Keith Wailoo and Stephen Pemberton, 249 pp, \$60, ISBN 0-8018-8325-3, paper, \$21.95, ISBN 0-8018-8326-1, Baltimore, Md, Johns Hopkins University Press, 2006

AS WE STAND ON THE BRINK OF THE MUCH-anticipated era of genetic medicine, we would be wise to consider some crucial questions. Will the practice of genetic medicine—the tests, the therapies, the tailoring of treatments to one’s personal

genetic makeup—be generally acceptable to consumers? Or will this new genetic revolution be received differently and present unique challenges in different religious, ethnic, and cultural settings? In *The Troubled Dream of Genetic Medicine*, medical historians Keith Wailoo and Stephen Pemberton use the tools of historical analysis to attempt some answers.

The authors have developed three main historical case studies and devote a chapter to each one. These are: Tay-Sachs disease, found more often in individuals of Ashkenazi Jewish heritage; sickle cell anemia, a disorder more common in blacks; and cystic fibrosis, often regarded as primarily a “Caucasian” disease. The methodology they use relies on the examination of materials already in the public domain, largely studies from professional journals and articles published in the popular press. While this approach does allow broad exposure to the literature, it can fall victim to the hype and errors that appear too often in press accounts. Wailoo and Pemberton make clear that they have not themselves conducted any primary research (such as interviews) and that, though they do draw on a few published personal narratives provided by individuals from the relevant communities, what they intend is a public history.

The authors should be credited with doing the hard work of producing a com-

parative study that permits the recognition of the differing impacts of genetic innovation. They find that the small, highly religious Ultra-Orthodox Jewish community, with its resistance to abortion, was willing to modify some of its social practices in order to adapt to the availability of testing for the Tay-Sachs mutation. A new mechanism, known as Dor Yeshorim, was created whereby marriage brokers would use the information about Tay-Sachs carrier status to prevent carriers from being matched with each other. As for the white (or Anglo-American) community, the book concludes that here there is a positive regard for genetic advances, including the use of innovations such as gene therapy, to treat the lung problems associated with cystic fibrosis. This high comfort level with genetic research reflects the steady partnership that families dealing with cystic fibrosis have had with the medical community over the years. In contrast, the African American community is much more skeptical of the value of genetic innovation for reasons that include painful recollections of the Tuskegee Study, the high risk and poor outcome of many of the treatments offered for sickle cell anemia, and the lack of access to even basic health care experienced by many in that community.

What is disappointing in this study is that at the same time that the authors are attempting to dissect out and high-



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