BOOK REVIEW

Drawing Blood: Technology and Disease Identity in Twentieth-Century America. BY KEITH WAILOO. Baltimore, Md: Johns Hopkins University Press, 1997. 228 pages. \$39.95 hardcover.

The relationship between new diagnostic technology and new categories of disease often seems direct and simple, but it is such a fundamental element in medical knowledge that it rarely becomes the focus of explicit inquiry. In the hands of a skilled historian like Keith Wailoo, such an inquiry becomes engagingly concrete and productive. In his new book, *Drawing Blood*, Wailoo explores the history of new technologies for blood analysis during the 20th century, and asks how blood analysis helped physicians to formulate their diagnostic categories of anemia. Beginning with early 20th-century diagnoses like chlorosis and splenic anemia, Wailoo takes us up through the first work on pernicious anemia and aplastic anemia, to modern debates on sickle cell anemia, and the formation of modern oncology. His narrative charts the changing relations between new diagnostic technologies and medical nosology, the classification of disease.

Medical readers and social scientists interested in the problems of nosology will find this book powerfully engaging. For physicians, especially, the book offers some of the prideful attractions of an earlier style of medical history that placed doctors front and center in the historical frame. Wailoo's hematologists, however, share their scene with a large cast of politicians, reform-

ers, entrepreneurs, and the like. Relying on the best methods in modern social history, Wailoo investigates the complex interweaving of changing technology and social influence for physicians in the creation of specific diagnostic categories. New science interacts at many different levels with the interests, roles, and obligations of American physicians as they create, abolish, and redefine their diagnoses of anemia.

Wailoo's sustained focus on American hematology over the last century draws attention to the remarkable changes in the role of medical diagnosis in our culture. It was one thing for physicians to debate in turn-of-the-century medical journals the definitions of female chlorosis in 1900. It was quite another matter for hematologists and public health advocates to argue the connection between benzene toxicity and aplastic anemia among chemical workers in the 1930s. Wailoo's broad reading in American social and political history permits him to draw out the manifold ways in which the changing context of these debates influenced medical opinion on blood diseases. We can also glimpse in Wailoo's analysis the rising profile of medical nosology in our culture. By the time we have reached the vigorous debates on screening tests for sickle cell anemia in the 1970s, what is at stake in medical diagnosis is recognizably altered. The different social interests in diagnosis have become larger, more widely recognized, and more assiduously contested. Physicians have begun to speak about the meaning and definition of a condition like sickle cell anemia with a self-conscious social power that they had previously only angled for.

It is worth noting the continuing trajectory of this issue in the late 20th century. New diagnoses constantly appear in medicine and in the broader culture, from AIDS to multiple chemical sensitivity. It may be tempting to reduce the success or failure of a particular medical diagnosis to the success or failure of its corresponding diagnostic technologies. Wailoo's subtle and compelling analysis cautions us that new technologies are only one element in a range of complex forces contributing to the creation of nosology.—CHRISTOPHER CRENNER, MD, PhD, Department of Social Medicine, Harvard Medical School, Boston, Mass.

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