Across Western countries the increase in the average age of childbearing is leading to an increase in the per-birth risk of Down’s Syndrome. This is based on the statistical probability that the likelihood of Down’s Syndrome born children rises from over 1 in 1,000 for women under the age of thirty to approximately 1 in 100 for women over forty (p. 184). Based on these numbers and the countervailing trend that people are having children later in life, David Wright argues that “the social reality for the next generation – at least in the West – may well be the greater social presence of adult and aged individuals with Down’s Syndrome” (p. 184). Even though the medical and societal understanding of the disability has changed significantly since its discovery almost 150 years ago, it is still an underdeveloped area of historical examination. However, historian David Wright changes that with his monograph, *Downs: The History of a Disability*.

Wright’s work is praiseworthy for the fact that it is both comprehensive and accessible; the book was meticulously researched by mining archival sites in both the United States and the United Kingdom. While constructing the history of Down’s, Wright carefully navigates his subject matter and ensures that the individuals examined are not overshadowed by the medical syndrome. He argues that “Down’s Syndrome is a genetic anomaly, a lived experience, and the invention of the society within which it is framed.” Therefore, his main thrust is to investigate the genetic syndrome as both a medical and social history (p. 15). By doing this he is able to highlight its scientific history, from discovery to our present conceptions, while ensuring that readers understand that his subjects of inquiry are “unique individuals who are both informed by, and transcend, their genetic inheritance” (p. 15).

The book is divided into five chapters. The first charts the development of the concept of learning disabilities in medieval Europe, where early individuals were classified as ‘fools’ and ‘idiots,’ to the
beginning of state and charitable care. One of the most interesting chapters focuses on the work and rise of Dr. John Langdon Down, for whom the syndrome is now named. Wright explains that while working at the Earlswood Asylum in Surrey, England in the 1860s Down created a new taxonomy for classifying individuals that suffered from present-day Down’s Syndrome; he called it Mongolism and referred to his patients as ‘Mongoloids,’ as his reasoning was informed by Victorian ideas about anthropology and race. For the next 100 years, Down’s ethnic classification of the syndrome would be the dominant interpretation of the disease. Moreover, with the rise of eugenics movements in the 1920s and 1930s (discussed in chapter three) the implication of racial degeneration had serious and insidious consequences for individuals with ‘Mongolism’ ranging from segregation and institutionalization in the United States and England, to euthanasia in Nazi Germany under Hitler’s T-4 program. In the fourth chapter, Wright discusses French geneticist Jérôme Lejune’s discovery of an extra or partial chromosome in Down’s patients. This discovery voided the racialized interpretation of the disease and led to its renaming as trisomy 21 in France and as Down’s Syndrome in an Anglo-American context. Despite this new scientific understanding, it was not necessarily a watershed moment for those affected by the disease, as societal perceptions were slow to change. Wright explores these issues in the final chapters as he examines the debates over prenatal screenings, abortion and institutionalization versus community-based and family care.

In terms of the wider historiography, *Downs* breaks significant ground as there have been very few formal publications on the subject matter; Wright’s work is actually the first book-length treatment of the history of Down’s Syndrome. For the most part the early histories of what was then called “mental retardation” were generally written by and for practitioners in the field and were devoid of any historical analysis. Wright’s work is monumental in these regards because he not only analyses the syndrome in terms of its development as a scientific and medical issue, but he also traces how society’s understanding and views of the disability have changed over time. His work elucidates some
important considerations about disability in respect to how it is perceived by those within the medical community and society at large and also those living with Down’s Syndrome themselves. As outlined in his prologue, it is important that historians and readers alike approach the history of Down’s Syndrome from these three angles, as a simple medical history of the subject matter would have been incomplete as it is as much a social construction and a lived experience. Wright’s mission to highlight these themes is ultimately successful and all the more important as his younger sister Susan has Down’s Syndrome.

For neophytes to medical and disability history, the greatest quality of the book is its accessibility. Wright’s arguments and chapters are so clearly laid out and well organized that readers from all disciplines should have little difficulty wading through the material. More than that, this is simply a superlative piece of historical writing. This book is definitely a must read for those interested in the history of disability, and I would encourage historians and readers from all walks to pick up this fascinating and insightful study.