

how social responses to 'failing biologies' are always historically and ethnographically contingent and as a result always entrenched within certain epistemic, socio-cultural, economic and juridical *dispositifs*. Reading in pairs is a really productive way of getting the most out of the, frankly, overflowing contemporary medical anthropology-medical STS scene. There are so many great books out there! Comparative reading is generative and helps you see things in books that you might not immediately have thought about.

These days I am in between a number of projects, or more accurately I'm reading, researching and teaching in parallel worlds – reproductive medicine, onco-genetics and chronic disease. There is a red thread, which is my endless fascination with how knowledge of life intersects with knowledge of living when the regulatory mechanisms within DNA, cells, tissues and organs go awry thereby shaping daily living in particular ways and vice versa. When biomedical researchers and professionals collaborate with anthropologists they meet exactly at the epistemological and practical intersections of life itself and daily living. Reproduction, predisposition and chronicity are temporal, they generate orientation and they can result in particular kinds of living characterized by specific rhythms and forms. The top of my heap is currently shaped by these three temporal fields. Here are 5 pairs that I'm either working my way through or looking forward to doing so.

Reading Ilana Löwy's [*Imperfect Pregnancies: A History of Birth Defects and Prenatal Diagnosis*](#) together with Gareth Thomas' [*Down's Syndrome Screening and Reproductive Politics: Care, Choice, and Disability in the Prenatal Clinic*](#) is exactly the kind of pairing that I enjoy as it brings historical and ethnographic contingency into relief. We need to understand the history of how particular medical technologies come into being over time, just as we need to relentlessly attend to the often unintended effects of their roll out and routinization. Selective reproduction can be found in all corners of the world, which means that historians and anthropologists have plenty to attend to. When it comes to prenatal screening and testing, biology, history and anthropology/sociology intersect in fascinating ways and the knowledges that result are equally important.

We are indeed in an after genome era, and although much has been made of the inflated hype that has surrounded genomic research for the past many decades and the dearth of translated 'real clinical' applications, there can be no question that genomics (and the various spin off areas molecular biological research that surround it) is here to stay. I have Barbara Prainsack's [*Personalized Medicine: Empowered Patients in the 21st Century*](#) and Jenny Reardon's [*The Postgenomic Condition: Ethics, Justice, and Knowledge after the Genome*](#) on my heap to help me in my attempts to understand how genome-led data intensification shapes

political agendas as well as self-understandings. Whether in the field of reproductive genetics, surveillance of the genetically predisposed or tailored treatments, social science into research participation as well as the experience of personal engagements with genomics remains as urgent as ever.

Chronic diseases are everywhere, not just in a prevalence sense, but also in a political sense. Healthcare systems are transforming under the pressures wrought by chronic conditions, and in my current ERC-funded project entitled “The Vitality of Disease” we are examining how daily living has emerged alongside the biological body as a crucial object of therapeutic intervention. Every disease – e.g. dementia, diabetes, chronic kidney disease, cancer, heart disease – brings with it different forms of disruption and constraint which emerge out of biological, social and economic entanglements. I have a bunch of books on my heap that are helping me immensely to think about such entanglements. I am reading Des Fitzgerald’s [*Tracing Autism: Uncertainty, Ambiguity, and the Affective Labor of Neuroscience*](#) together with Priscilla Song’s [*Biomedical Odysseys: Fetal Cell Experiments from Cyberspace to China*](#) to gain insights into the uncertainties and ambiguities that chronic and at times degenerative conditions generate for scientists, clinical practitioners and patients. Julie Livingstone’s [*Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*](#) and Alice Street’s [*Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital*](#) are hospital ethnographies that have helped me understand how the daily rhythm of ward life profoundly shape patients’ and families’ daily lives and illness trajectories. And finally, Mara Buchbinder’s [*All in Your Head: Making Sense of Pediatric Pain*](#) and S. Lochlann Jain’s [*Malignant: How Cancer Becomes Us*](#) have helped me articulate the ways in which families and patients’ living chronically often struggle for acknowledgement in medical systems that are organized around patient flows and high volume, routinized treatment.

So there you go, read in pairs! Comparative reading brings the best out of already fantastic reads in often unexpected ways.

Photo credit: Ayo Wahlberg

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