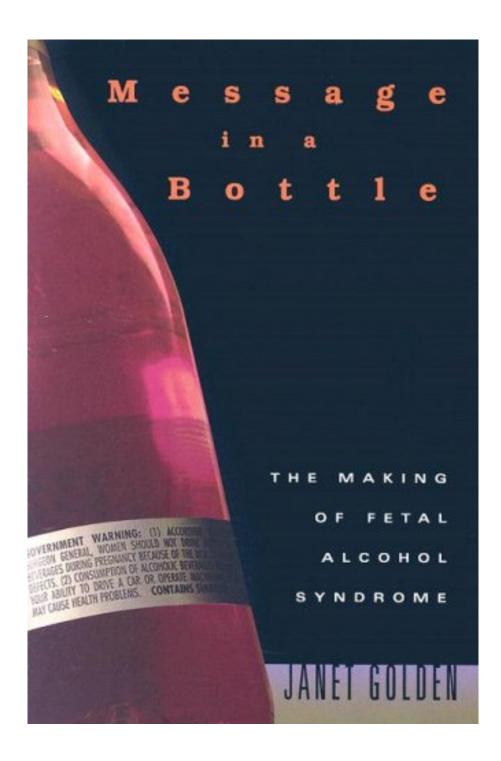


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A generation has passed since a physician first noticed that women who drank heavily while pregnant gave birth to underweight infants with disturbing tell-tale characteristics. Women whose own mothers enjoyed martinis while pregnant now lost sleep over a bowl of rum raisin ice cream. In Message in a Bottle, Janet Golden charts the course of Fetal Alcohol Syndrome (FAS) through the courts, media, medical establishment, and public imagination.

Long considered harmless during pregnancy (doctors even administered it intravenously during labor), alcohol, when consumed by pregnant women, increasingly appeared to be a potent teratogen and a pressing public health concern. Some clinicians recommended that women simply moderate alcohol consumption; others, however, claimed that there was no demonstrably safe level for a developing fetus, and called for complete abstinence. Even as the diagnosis gained acceptance and labels appeared on alcoholic beverages warning pregnant women of the danger, FAS began to be de-medicalized in some settings. More and more, FAS emerged in court cases as a viable defense for people charged with serious, even capital, crimes and their claims were rejected.

Golden argues that the reaction to FAS was shaped by the struggle over women's relatively new abortion rights and the escalating media frenzy over "crack" babies. It was increasingly used as evidence of the moral decay found within marginalized communities--from inner-city neighborhoods to Indian reservations. With each reframing, FAS became a currency traded by politicians and political commentators, lawyers, public health professionals, and advocates for underrepresented minorities, each pursuing separate aims.

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A near-complete misunderstanding of alcohol's effects on humans

By O Chachipen

This book does what it promises to: it gives a cultural history of FAS and its reception in American society. Unfortunately, it is skewed by two faulty assumptions. The first, deeply entrenched among laypersons, is that a baby is essentially either born with FAS ("healthy," as she terms it) or "without risk." The author barely - and weakly - mentions Fetal Alcohol Spectrum Disorders as a diagnostic category, let alone questions of alcohol's potential contributions to the incidence of conditions such as ADHD. The other strange notion is that people involved in the debate are pitting women's rights against the rights of fetuses. FASDs, from a practical perspective, have little to do with fetuses (unless the result is miscarriage or stillbirth) and everything to do with a lifetime of disability. For example, citing obstetricians who delivered X percentage of "healthy babies" born to alcohol-drinking mothers means absolutely nothing except that those infants did not show obvious signs of FAS at birth. (The author never even mentions that FAS itself often cannot be diagnosed until well after birth!) Golden's arguments would make more sense (and would have to be modified) if she understood that Fetal Alcohol Syndrome is the tip of the iceberg, since most effects of prenatal alcohol exposure (not just levels consistent with alcoholism) are far more subtle, yet still potentially quite harmful to susceptible individuals.

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