BOOK REVIEWS

William C. Cockerham (Ed.)

The New Blackwell Companion to Medical Sociology.

Wiley Blackwell, 2009, £110 (hardback)
616 pages

Reviewed by Yves Laberge, Université Laval Québec, Canada

This impressive New Blackwell Companion to Medical Sociology will soon take the place of the previous Blackwell Companion to Medical Sociology (2001) with a totally different list of topics and renewed contents. While the older version (also edited by William Cockerham) focused mainly on the regional perspectives of medical sociology in five continents, this new interdisciplinary book provides 24 cutting edge chapters on core topics: social inequalities, social relationships, health and disease, health care delivery, new developments in bioethics, genetics and neuroscience. Like any handbook, we get in every chapter some basic notions, ongoing debates, current ideas, and some quotes from recent publications in each sub-field. Therefore, this new edition is not just an ‘updated version’ of the previous Blackwell Companion to Medical Sociology (2001) (which must not be seen as obsolete in any sense), and both should not be confused one with another, despite their common editor, same publisher, similar title and format.

In their efficient ‘Introduction’ chapter which concentrates on ‘Medical sociology and sociological theory’ (3-26), editor William Cockerham and Professor Graham Scambler argue that ‘sociological theory allows medical sociology to remain unique among the health-related social and behavioral sciences’ (3). They reaffirm and demonstrate the fact that medical sociology is not atheoretical, even though this discipline was often understood as such in the past (3). As all sociologists should do, the two scholars also reflect on the sources of funding for research in medical sociology, noting that most agencies were looking for the immediate usefulness of research and efficiency and not for theoretical demonstrations in medical sociology (3). The main portion of their chapter situates medical sociology in the traditional theoretical paradigms on social sciences: functionalism, symbolic interaction, conflict theory; according to the thought of Max Weber, critical theory (the Frankfort School and Jürgen Habermas), and some most recent trends like social constructionism, postmodern theory and critical realism. Although it is a dense piece, this opening chapter is essential to fully appreciate the whole book, especially for non-sociologists, because it explains what sociological thinking can bring to health sciences in its conceptual and theoretical dimensions.

The second chapter is as important as the first. Focusing on ‘Health and culture’, Stella Quah highlights the links between a predominant culture and individual behaviour. The discussion mentions classic authors like Erving Goffman, but whenever some particular aspects were overlooked or later completed by another sociologist, the text clearly provides the related research on values, beliefs, symbols, and the institutional aspects of medical care (31). One clear example quoted here about the relationship between health and culture is the 1999 study of Germaine Greer on the dramatic female genital cutting (FGC) that is prohibited in Western
countries but still preserved in some African communities because of this rite’s symbolic and traditional meanings (31). On similar themes, the third chapter is about the sociology of the body; chapter 7 links health and religion.

Many sections of this handbook are innovative in their focus and approach, or are simply useful because they provide clear updates. Introducing Pierre Bourdieu’s concept of ‘habitus’ in just a few pages (175-7), Professor William Cockerham’s chapter 8 on ‘Health lifestyles’ is full of valuable data and accurate observations, like these results of a study which confirms that ‘married women, for example, were found to adopt the same drinking patterns of their husbands, unless they were in an older age group or had children’ (165). I would however disagree with Professor Cockerham and bring more nuances to the previous observations regarding the healthy sides of moderate, daily wine drinking for health (177). Elsewhere, some chapters, like Fred Stevens’ piece on ‘The Convergence and Divergence of Modern Health Care Systems’, keep a comparative approach as in the previous Blackwell Companion to Medical Sociology (2001), offering an overview of the organisations of health care services for North America (Canada and USA), Latin America, Europe, Asia and South Africa (434-54). Because institutionalisation and legitimation are important sociological concepts, Hans Baer devotes an entire chapter on alternative medicine and alternative therapies, understood as a part of ‘medical pluralism’ and ‘holistic health’; he provides a typology of complementary and alternative medicine (CAM) (373-90).

Many contributors do not hesitate to acknowledge and discuss the previous and ongoing frictions between disciplines, and sometimes dare to oppose medical sociology with social sciences and health sciences; for example in chapter 22, providing ‘A Sociological gaze on bioethics’, Kristina Orfali and Raymond Devries argue that ‘The sociology of bioethics has thus mostly been a critique of bioethics’ (499).

This comprehensive New Blackwell Companion to Medical Sociology will be instructive for graduate students in social sciences (especially sociology of science), but also for undergraduates in health studies. Scholars, scientists and personnel from laboratories will surely learn from this handbook. The extensive bibliographies at the end of every chapter always include many recent works (that is, from 21st century). However, one question appears: should physicians and surgeons read this heavy handbook? If they do (as they should), they will probably find the explanation in conceptual and theoretical terms of what they might have experienced in their surgeries in terms of ethnicity, the possible challenges of the physician-patient relationship (see chapter 16), and the recent mutations of the medical profession. As in any handbook, the subdivision into 24 thematic chapters (instead of regional sections as in the older Companion), plus the two indexes will make easier the quick consultation on a specific topic or question for those professionals who lack of time. Incidentally, most contributors of this Companion are not working in hospitals; they are rather sociologists teaching health studies in universities.

The high cost of this hardcover book (£110.00) — compared to, say, a paperback version that would be priced about half of it — will probably make it difficult for most graduate students to afford it. Therefore, this New Blackwell Companion to Medical Sociology will be more appropriate for university libraries.

Bibliography

Lisa Arai  

Teenage Pregnancy: The Making and Unmaking of a Problem  
Policy Press, 2009, £22.99 (pbk)  
ISBN: 978-1-84742-074-9  
177 pages  

Reviewed by Deborah Morgan, Cardiff University, UK  

In Teenage Pregnancy: The Making and Unmaking of a Problem Arai explores the research and policy context of teenage pregnancy over the last few decades. The aim of the book is to critically explore the way teenage pregnancy has been depicted as a social and public health issue and to explore how policy makers, academics and the media have responded to the issue. The author notes that policy makers’ interest in teenage pregnancy is a relatively recent phenomenon and argues that broader social changes have been the main driver for the change in attitude, which in turn has resulted in teenage pregnancy being socially constructed as problematic in public perceptions.

Arai’s book is divided into two parts; the first addresses the making of a problem. The first part of the book begins by exploring the policies of successive Governments which have framed adolescent pregnancy as a problem that requires intervention before moving on to critically examine the data on both teenage pregnancy and teenage fertility which the author notes is an important distinction that needs to be made.

In the second chapter the author explores the broad patterns around the question Who has a Baby as a Teenager? The chapter begins with three broad caveats; acknowledging that although broad patterns do exist in relation to teenage pregnancy they are not exclusive. Secondly that the factors associated with teenage pregnancy are not the same as those associated with teenage fertility, and finally that the chapter is based on recent research and therefore does not seek to make comparisons with teenage mothers from previous decades. It is these caveats that make Arai’s work interesting as throughout the book Arai seeks to make the distinction between teenage fertility rates and teenage pregnancy rates. In addition while she acknowledges that broad patterns do exist in relation to teenage pregnancy, her analysis challenges the stereotypes that exist around young mothers.

The chapter then goes on to explore the literature on the factors associated with teenage pregnancy in the developed world. These factors are broadly defined as structural, demographic and psychosocial.

A particular strength of Arai’s work is that she addresses the often forgotten young fathers, noting that fathers are often irrelevant in both policy and research. Arai notes that men who father children with teenage mothers often are older and are from a similar socioeconomic background as the mother. The author also addresses another serious omission in the research literature, that of children and young people who have been in the care system. Arai notes that many of the factors that are associated with teenage pregnancy, such as low socio-economic background and low educational attainment are experienced by children and young people who have been through the care system, placing them at greater risk of early parenthood.

In the third chapter Arai explores the way teenage pregnancy is depicted in contemporary media. Through close scrutiny of media stories and the data that form the basis for media depictions, Arai unpacks the relationship between media representations of teenage pregnancy and the policy
response as well as public perceptions of teenage mothers. In the fourth chapter Arai explores in depth New Labour’s approach to addressing the problem of teenage pregnancy by reframing teenage pregnancy as a consequence of external factors and social exclusion. This is achieved by a critical exploration of New Labour’s seminal policy document *Teenage Pregnancy*.

The second part of the book *Unmaking a Problem* begins by examining the consequences of teenage pregnancy. This is achieved by giving an overview of the literature in tabular form on the socioeconomic and health related outcomes of teenage pregnancy.

This is followed by a discussion in chapter six of the context of teenage pregnancy. In this chapter it is argued that discussions of teenage pregnancy are often decontextualised as an issue because these discussions bear no reference to the unique social, demographic and economic landscape in which teenage pregnancy is experienced. The decontextualisation of teenage pregnancy is also evident in the use of international comparisons, which it is argued has implications for cross-national transferability of interventions because the context in which teenage pregnancy takes place will vary across nations and even neighbourhoods.

Chapter seven focuses on two political periods; the Conservatives and New Labour and considers how policy and social attitudes are informed by social norms and anxieties. This is achieved by a critical exploration of social constructionist and other related ideas and the relationship between these and the policy making process.

The final chapter draws together Arai’s key points and makes some recommendations for both policy makers and researchers.

Arai’s book is a thoughtful and insightful look at the issue of teenage pregnancy. It clearly highlights the unhealthy relationship between the media and policy and demonstrates how this relationship can distort the research evidence and lead to the marginalisation of a vulnerable group of young people. This book has a wide appeal and will be of interest to policy makers, academics and students in sociology, health policy and social policy.

Joanna Latimer and Michael Schillmeier (Eds.)

**Un/knowning Bodies**

Wiley-Blackwell, 2009, £17.99 (pbk)

ISBN: 978-1-4051-9083-1

272 pages

Reviewed by Lorraine Ritchie, *University of Otago, Christchurch, New Zealand.*

This book forms part of the Sociological Review Monograph Series and brings together a collection of papers originally presented at a research meeting held in Cardiff in 2007. These papers have now become chapters and all are authored by leading international researchers on the topic of body and embodiment. The contributors are drawn from a diverse range of disciplines including management, psychology, anthropology, nursing and sociology. A useful section: ‘Notes on contributors’ at the end of the book gives the reader details on the authors’ backgrounds and research interests.
In her introduction, Joanna Latimer explains that the main intention of the book is to present research on the ‘lived’ body as a ‘knowing’ entity rather than the body as an object of knowledge. Arthur Frank (1990) is credited with bringing the lived body ‘back in to vogue’ and Latimer tells the reader that there has been an increase in social science writing on the body over the years, although she cautions that not all researchers agree on how they view the body. The body as a source of study has moved from object to subject, to lived body, and finally to a knowing/unknowing body performing in its own context. The way bodies are viewed has evolved over time and bodies can be viewed from a wide variety of perspectives and meanings, as Latimer describes: thin bodies once meant hard work; ‘consumer’ bodies now exist as a type of body worthy of study; Bourdieu wrote of ‘collective bodies, that is, groups of bodies within cultures. An aim of the book is to recognise the body as more than just a means or a conduit. Each chapter contributor helps illuminate a different kind of knowing/unknowing body.

Topics of each chapter are assorted and cover the body in relation to: Persistent vegetative state (PVS), burns, dementia, deafness, mastectomy, old age, amputation and death. While in my reading of this book I found each focus and interpretation of the body fascinating, I was particularly attracted to two chapters in the book and will focus on these.

The book is divided into four sections: ‘Opening up the body’, ‘Moving worlds’, ‘Bodies & Technology’ and ‘Absences and Presences’. The second chapter of section three is written by Kraeftner and Kroell and is entitled: ‘Washing and assessing: multiple diagnosis and hidden talents’. The authors describe an experiment which they conducted in a neuro-rehabilitative care setting where ‘physically dependent, medically vulnerable and cognitively impaired people spend many years of their lives’. The experiment occurred when the researchers convinced the nurses caring for this PVS group of patients to add another therapy to one which they already performed daily, the full body wash. The new assessment used a tool called The Sensory Modality Assessment and Rehabilitation Technique (SMART). As opposed to the hour long full body wash performed by the nurses, a researcher (assessor) observes the reactions and response of the PVS patient to certain stimuli such as loud noise, and documents these. Nurses also observe patients during their body wash but their observations are more intuitive and subjective; they thus have a different way of knowing the unknowing bodies in their care and the chapter occupies itself with debate and discussion over these two differing world views on how to observe, touch/not touch, approach the unknowing body. The authors achieve an admirable level of insight and reflection into their own behaviour, the impact that their experiment has on the neuro-rehabilitative ward and the consequences of conducting an experiment on the health professionals, their patients and ultimately the body.

The second chapter of section one is authored by Joanna Latimer and is entitled: ‘Unsettling bodies: Frida Kahlo’s portraits and in/dividuality’. In this chapter Latimer examines the self-portraits of the Mexican painter Frida Kahlo. Kahlo painted many self-portraits throughout her life which were painted in the ‘naïve’ style of art and are influenced by family, tragedy, politics, illness and romantic relationships. She was of German, Jewish and Mexican heritage and experienced many challenges throughout her life including polio and debilitating pain due to a traffic accident. Latimer discusses the unsettling nature of Kahlo’s paintings which mix foetuses, body parts, breast milk, and blood among other symbols and motifs from her life events. Latimer’s main thesis in her paper is that although Kahlo’s ‘subject-self’ paintings offer us a different vision of embodiment, they are not one of a divided self (although her paintings sometimes display a multiplicity of Fridas), but rather perform an idea of ‘dividuality’. Latimer borrows the concept of ‘dividuality’ from the work of Strathern (1992) and applies it in this context to describe how Kahlo’s paintings ‘perform an idea of ‘dividuals’ whose relationality is what makes them up as always in ‘partial connections’, who can never be entirely settled into wholes…’ (Latimer, 2009: 58). Latimer’s interpretation of Kahlo’s work and bodily presentations is convincing and intriguing and is accompanied by colour prints of two of Kahlo’s

www.medicalsociologyonline.org
paintings.
Each of the authors in this book identify that bodies are hard to define. Bodies are discussed, theorised, examined and viewed from multiple perspectives. The book offers refreshing and challenging intellectual stimulation by pushing boundaries and moving into new directions as to what the body means to different people in different contexts, not only how the body is observed, but how it is felt and performed in society.

David J. Hunter

The Health Debate
Policy Press, 2008, £12.99 (pbk)
240 pages

Reviewed by Edwin Griggs, Birmingham University, UK

This book offers an introduction to a number of recent issues in UK, or perhaps more specifically English, health policy. It is one of a series of short books, each devoted to specific social policy areas; earlier volumes have included texts on pensions and education. The material is divided into seven chapters, amounting to 200 pages of main text. Two are concerned with ‘policy challenges’ and meeting these challenges; there is a chapter on ‘models’ of health system reform and then three more specialised chapters are devoted to choice and competition, priority setting, and public health. A concluding chapter summarises Hunter’s views of present developments and sets out his preferred alternative, so the text aims at policy recommendation and prescription as well as description and analysis. There is an index and a list of references. The aim of this and the other texts in the series is to provide a lively and critical commentary on current developments and to acquaint readers with the main issues at stake in contemporary debates.

Hunter’s is certainly a critical account of recent health policy developments, at any rate in England; he is deeply unhappy with the course taken by policy makers at least since the 1980s. The real problem with the system, it might seem form reading this book, is the insensate desire of politicians to meddle with it. Politicians have apparently, according to Hunter, behaved in a destructive, or at least unhelpful, way towards the NHS in recent decades. They have ‘reformed’, they have meddled, and they have interfered. They listen, for policy advice, to the wrong people; they are influenced by wrong ideas and policy prescriptions, principally what Hunter refers to as ‘neo-liberal’ ones.

Insofar as one can discern any sort of causal paradigm underpinning Hunter’s view of things, other than heavy reliance on Alford’s ‘structural interests’ model, it seems to be about the dominance of ideology and of a particular hegemonic ideology, ‘neo-liberalism’. But this just provokes further questions. Where does ideological hegemony come from? Why should ‘neo-liberal’ ideas, if that is what they are, have been influential in recent decades? And how important are ideas anyway, as opposed to a desire on the part of politicians to win and retain office? Concepts such as ‘neo-liberalism’ and its derivatives are never examined in any detail.
The term becomes a kind of talisman, a symbolic marker that some kind of political position is being staked out.

Hunter is almost entirely concerned with UK, more particularly, English, developments. It would be interesting, in this context, to know more about, for example, the German, Dutch and French health systems, which have substantial private components both in terms of funding and provision, appear to permit significant consumer choice and some degree of public participation, while at the same time being strongly public in terms of values and regulation and apparently achieving successful outcomes. Where does ideology come in all of this? These continental systems are, arguably, more decentralised and market-like than the UK systems, but ‘neo-liberal’ ideology, whatever that may be, has played no role.

It is hard to see how Hunter reconciles his belief in ‘neo-liberalism’ as a dominant ideology in relation to UK, or at any rate English, health policy with the facts about recent trends in health service funding. Instead of cutting health service funding, or allowing it to languish, governments since 2001 have substantially increased funding to around the European average. Health service funding suffered more, if anything, in earlier periods when the dominant ideology was presumably anything but neo-liberal – the 1950s (under Labour and then under the Conservatives after 1951) and 1970s (under Labour), for example.

Hunter’s conclusions might appear to be: nothing works. Markets, choice and competition are no good, for familiar reasons, and according to authorities cited by Hunter, people don’t want choice anyway. But hierarchy and top-down governmental bureaucratic control, with its authoritarian culture of centrally-imposed targets, are no good either. And certainly professional control, with its associated culture of paternalistic dominance, will not do, as such episodes as the Bristol Royal Infirmary paediatric cardiology scandal of some years ago and the Shipman case seem to bear witness. Nor does Hunter seem much interested in a greater degree of local democratic accountability as a means of overcoming some of the dilemmas - a major theme of the NHS Commission study of 2000, chaired by Will Hutton. One might think that these exhaust the universe of possible modes of health service organisation. Hunter is optimistic, however, suggesting that there are as yet untried ways of running a health service, and he places faith in what he calls ‘responsible professionalism’, talking of patients and members of the public as ‘co-producers’ of health, citing, amongst other authorities, Julian Tudor Hart and the example provided by his practice as a GP in a South Wales mining community. For the ideologically-motivated Communist GP Tudor Hart, ‘public spirit’ or the ‘public service ethos’, in the sense of a desire to serve the health needs of the proletariat, was incentive enough. How far might such motivation be generalisable to the rest of the profession?

As an introduction to current debates about health care organisation and delivery in the UK, this book falls short. It is as if we have dropped in on an ongoing conversation amongst a bunch of policy insiders who are familiar with the issues and who already have a shared point of view about it all. The book’s material is poorly-organised and its mode of argument relies heavily on repetition. There is a general sense of going round in circles and of endlessly revisiting the same points. This is a shame, because there is a worthwhile case to be made. Hunter is not (necessarily) wrong in his feeling that current policy, for England at any rate, is misguided. As a critique of government hyper-activism in health policy, it has merit.
Cancer and Death: a love story in two voices

Hampton Press, 2008, $23.95 (pbk)


163 pages

Reviewed by Ruth Bridgens, independent researcher, UK

Cancer and Death: a love story in two voices by Leah Vande Berg and Nick Trujillo is a cancer narrative written jointly by a married academic couple at Sacramento State University about the wife's 14 month struggle with ovarian cancer. It is a personal narrative, not a straightforward academic book. There is no sociological analysis, perhaps because it was thought that this might detract from the immediacy of the experience. The couple have also ignored the enormous symbolic significance of cancer in our society, and the concomitant plethora of self-help books, websites, alternative treatments, self-help groups, psychological theories and biographical writing. The two stories cover remarkably the same ground with no contradictions or confusions, but the narrative styles vary enormously. It might have been helpful for the reader to have had an explanation of how the book was compiled, as it is mentioned that Leah taped her story, and there are also group e-mails to friends, and comments by friends and relations, interspersed between Nick and Leah's stories. Although on one level the book is very much about two people, love and death, it is, on another level, Nick's book, completed several years after Leah's death, with several chapters on his grieving process.

For me, the importance of this multivocal story lies in the imbalance between Nick and Leah's authorship of the book and the remarkable differences in the two narrative voices. Reminded of Susan Sontag's kingdoms of the well and the sick, I felt that these two narratives were coming from very different places, one related by someone who was still living in this world and one by someone who had already left (Sontag, 1990). Leah had been told in October 2003 that she had ovarian cancer which had already spread to her liver and possibly to her heart. She died 14 months later. However positive she was about her chemotherapy, she seems, in her sparse, to-the-point style of telling the story, to be separating herself from her past, her family and friends, who describe her as an immensely lively, sociable person. In contrast to this, her writing often seems emotionless. When she mentions her mother's death in the 1980s she only writes 'I flew home that day, but unfortunately my mum died while I was on the plane. She was only 55 years old' (Vande Berg and Trujillo, 2008: 34). Unmentioned is that her mother's death from heart failure, diagnosed the year before, mirrors what happened to Leah, who was also 55 when she died. This brevity could partly stem from her very strict and stoical Midwestern small-town Calvinist upbringing. Her belief that everything was God's will may also have made introspection difficult, but it seems that from the moment she realised she only had a short time to live, she was already in another world. When she first heard the diagnosis she said, 'I was absolutely frozen in time as the doctor went over the diagnosis. It seemed like I was outside of my mind and my body and this was happening to someone else, except it very clearly was happening to me' (Vande Berg and Trujillo 2008: 42). Sadly, her belief in God's will led her to feel that she was dying because she had not led the life God wanted her to lead, and instead of concentrating on teaching and helping others, she should have focused more on religious growth.
itself.

In the final chapters, Nick describes how grieving affected him, his attempt to grieve in ways that friends suggested to him, and his annoyance that people often told him how he must feel rather than asking him how he felt and listening to his reply. He might have explored more fully the meaning of the question 'How are you?', whether it invites a reply, and whether ill or grieving people want to reply, sometimes or ever. In an article on resonance, the anthropologist Wikan quotes from a newspaper interview with a Norwegian poet grieving for his daughter, who interprets 'How are you?' as a message of empathy and explores the answer 'Fine':

‘How are you?’ people ask. It can be a gentle way of approaching, a light brush across the cheek, words that wish to remove bandages gently so the wound will not start bleeding again. And I could have answered with long explanations, I could have told of all the rents in the fabric we call life, I could have told everything. But I answer: ‘Takk, bare bra -- Fine, thank you.’ Each in our own way we know it so well. And it is good to have everyday trivialities to cover it with. (quoted in Wikan, 1992: 477)

An interesting comparison with Cancer and Death is another multivocal cancer narrative, Ruth Picardie's Before I Say Goodbye (1998), which is a compilation of e-mails to and from friends, her Observer columns (the last finished by her sister), readers’ replies to the articles, and an introduction and conclusion by her husband. Ruth was 32 when she was diagnosed with metastasised breast cancer, had one-year-old twins, and died one year later. In her e-mails and newspaper column, Ruth tries, sometimes with extreme black humour, to remain in this world, but also faces her unknown future and the future after her death. ‘I think life will continue just fine. It's just that I'll miss it so’ (Picardie, 1998: 59). One of her readers writes, ‘Your words pack no mean punch and leave the reader in no doubt as to the utter horribleness of your illness, but you do so in such a way as to remind us that this is happening to a real flesh-and-blood human being, and not one who has been mysteriously transformed into some serving apprentice angel with a foot in two worlds’ (Picardie, 1998: 55-6). On the other hand, her husband writes, ‘Cancer changed everything: it put us on different tracks, stretching our grasp of one another to the limit and eventually forcing us apart. In the end, I could not reach her, and it felt like a failure in me. And then she was gone’ (Picardie, 1998:103-4). Reading these two books side-by-side suggests a possible undeveloped theme in the sociology of dying, implied by Leah's matter-of-fact style and Ruth's husband's conclusion: that of the continuum negotiated by dying people between the two worlds of flesh-and-blood human and 'apprentice angel'.

Bibliography

Ida Susser

AIDS, Sex and Culture: Global Politics and Survival in Southern Africa

Wiley – Blackwell Publications, 2009 £20.99 (pbk)
ISBN: 979-1-4051-5587-8
277 pages

Reviewed by: Keerty Nakray, Queen’s University, Belfast, Northern Ireland

Ida Susser makes an important contribution to the growing research on gender and HIV/AIDS in Southern Africa. The author develops a theoretical framework for an understanding of the culture and politics of gender with respect to AIDS. According to her, HIV/AIDS in Southern Africa is an effect of the deadly paradigm of globalisation and it is closely linked to the social processes of migration and violence of rape and general disruption of communities. HIV/AIDS epidemic has led to the repetitive portrayal of African women as passive, ignorant, suffering and stigmatised. This book seeks a departure from this portrayal and focuses on the avenues of hope by reflecting on the small changes that poor women have introduced in their households and communities and the links between their actions and global politics.

Chapter one reflects on the historical invisibility of women in HIV/AIDS epidemics. As initially, ‘gay men’ or ‘patients with haemophilia’ were at the centre of the Western epidemic. The exclusion of women was not merely representational; they were excluded from the initial drug trials because of their possibility of becoming pregnant, which eventually led to the neglect of treatment possibilities for women and infants. Another area of neglect was the ‘mother-child dyad’; the author highlights the fact that only recently has it become clear in many African countries that exclusive breast feeding, allowing mother’s immune responses and hormones to be transmitted to the baby, has saved more babies over time than the provision of formula.

Chapter two examines how President’s Emergency Plan for AIDS Relief (PEPFAR), has a direct impact on women in Southern Africa. The policies have minimal orientation to ‘harm reduction’ and promote the idea of ‘Abstinence Only, Be Faithful and Use a Condom’ (ABC) which focuses on heterosexual relations in spite of increasing evidence demonstrating that marriage is a risk factor for women. PEPFAR’s ABC strategy is instrumental in shaping Uganda’s AIDS policy and also it shares links with religious institutions. Several women’s groups are fighting against this conservative agenda.

Chapters three and four focus on South Africa and the effects of racism, colonialism, modernity and ‘millennial capitalism’ on the perception of women’s sexuality in society. The end of apartheid created a hope of transformation. However it also saw the emergence of contradictory forces of fundamentalist religious beliefs and accusations of sorcery which added grist to the culture of suspicion and repression which further undermined women in the tribal areas. The onslaught of structural adjustment programmes for the economy had a detrimental impact on women in the context of HIV/AIDS. On a positive note, structural reform programmes led to reduction of international debt and also in 2007, through the National Strategic Plan, new efforts were made to roll out highly active anti-retroviral treatment (HAART).

Chapter five is written by Sibongile Mkhize and it presents a poignant picture of HIV/AIDS
based on her personal experience of losing a sister and a brother and being witness to a sobbing father who lost seven of his nine children to HIV/AIDS. She concludes the chapter with a reflection that one can be overwhelmed with hopelessness; however there is glimmer of hope when young children are testing negative bringing cheer to the lives of their grandparents or other relatives.

Chapter six and seven describe the possibilities for transformative action among women coping with the epidemic. The author notes the role of ‘organic intellectuals’ like Zanele, instrumental in the formation of a child support group where children of those affected could come together to deal with their situation. An insightful and charismatic grassroots leader she was able to transform the situation for a few parents and children.

Chapter eight examines how female condoms were launched in April 2001 and were sold in unprecedented numbers in Namibia. Susser describes women’s struggles to manifest ‘practical sense’ about condoms and AIDS and provide advice to their children in the face of contradictory messages, sometimes promoted by institutionalised religion. She also traces the roots of the concerted demand for the female condom by non-governmental organisations (NGOs) and grassroots women’s groups.

Chapters nine and ten discuss an interesting case-study of Ju/'hoansi women, a linguistic group amongst the Sans people, who live in the Kalahari Desert that crosses the borders of what are now Namibia and Botswana. An egalitarian society, Ju/'hoansi women enjoyed autonomy over their work and also shared child rearing with their husbands. The onslaught of eco-tourism, migrant workers, lack of investment in public transport threatened the well-being of women. Intervention by women and men in positions of power resulted in a positive change in the community. The author concludes that the adverse effects of privatisation could be reversed by a long term cooperative investment from the community itself.

Chapter eleven affirms that globalisation is not a one way process of oppression; individuals and communities have campaigned against corporate interests. For example: pharmaceutical companies have had to permit lower pricing for poor countries and allow the manufacture of some drugs outside of world patent laws. South African AIDS policy has also been challenged and the government forced into concessions as a result of a powerful combination of local and international protests. The author concludes in chapter twelve with reflections on the invisibility of women and the argument that women’s experiences should be conceived in their broader social framework either in the treatment or prevention of AIDS.

The author has successfully encapsulated global and local politics which underpin the ‘feminisation of HIV/AIDS’. However, the most important contribution the author makes is in understanding of the role of women’s agency in mitigating HIV/AIDS in Southern Africa. The author provides excellent pragmatic examples in how the understanding of ‘social determinants’ of health can be applied in communities and in policies.
Ericka Johnson & Boel Berner (Eds)

Technology and Medical Practice: Blood, Guts and Machines.

Ashgate Publishing, 2010. £55.00 (hbk)

ISBN: 978-0-7546-7836-6

214 pages

Reviewed by Casimir MacGregor, Macquarie University, Sydney, Australia.

As part of the Theory, Technology and Society series by Ashgate, this edited collection ‘Technology and Medical Practice: Blood, Guts and Machines’ considers the impact of new technologies on social, cultural, economic and political relationships. The book itself is an examination of medical technologies through the lens of medical practices, but also a study of medical practices as refracted through an examination of medical technologies (p1). The book uses the notion of practices to problematise the idea of medical technologies as universally applicable and bodies and practitioners as neutral users (p1).

In recent years the black box of science has given way to ‘science in the making’: it is against this backdrop that the book theoretically straddles interdisciplinary conversations between feminist science studies and science and technology studies (STS). From feminist science studies the book draws inspiration from theoretical discussions about female body politics and reproductive health, the (ab)normal between medical technologies and practices. From STS the book takes as its foundation that medicine is not a coherent whole, but rather ‘an amalgam of thoughts, a mixture of habits and an assemblage of techniques’ (Berg & Mol 1998:3 cited p3). Also in the spirit of STS the collection utilises a number of methodologies such as ethnography, social history and discourse analysis. The diversity of methodologies provides insight into the differences and tensions around the flexibility of technologies, as well as the practices they influence.

The book is split up into three parts focusing on the three tensions at the heart of technologies and medical practices: the judgement of bodies; the technological simulation of bodies; and the linking of bodies and machines. I will now examine each of these sections in greater detail.

Part 1, ‘Judging bodies’, deals with medical practices and technologies: how they are used to uncover and create knowledge about patient bodies and how they interact and are used to create certainty/uncertainty in medical practice. The first chapter in part 1 by Celia Roberts provides a discourse analysis of how pubescent bodies are defined in contemporary biomedical discourses. Roberts argues that some pubescent bodies understood as ‘pathological’ are becoming sites for biomedical interventions, while those bodies classified ‘normal’ are left to develop without such intervention (p13). Roberts stresses that pubescent bodies are not just biological, but are configured and lived through interactions between a range of actors that are subject to hierarchical circles of significance (p26).

Chapter 2 is written by Kerstin Sandell who undertook an ethnographic study of routine ultrasound screening in Sweden. This chapter focuses on how professional vision in routine ultrasound scanning during pregnancy is attained, with a focus on how midwives learn to see the distinction between the normal and the pathological in their everyday work practices. Sandell argues that negotiating the boundary between normal and pathological and maintaining it is one of the central activities in medicine. As Sandell notes, the pathological/normal is not a contested
distinction, as drawing the boundary between them is a major reason for doing routine ultrasound scans (p30) and suggests that midwives adopt a method of coding as a part of their professional vision. Coding is therefore a way of highlighting what is classified as abnormal. Learning to do ultrasound through the acquisition of a professional vision is about learning to see and accept the boundary between the normal and abnormal (p49).

Chapter 3 is the final chapter of part 1 and is written by Dawn Goodwin and Maggie Mort, who draw upon an ethnomethodological analysis of anaesthesiology practice in order to interpret technological ways of knowing the body. In this chapter Goodwin and Mort examine how accountability is achieved in medical practice and demonstrate how routines and norms signify accountable practice, but also show the complexity and uncertainty of clinical practice. Goodwin and Mort also show how practitioners maintain accountability within a paradigm that expects certainty in knowledge and practice, and how routines and accountability are practised even in the face of ambiguity. (p11). By tracing the different manifestations of ‘accountability communities’ eg policy makers, clinicians and patients, the authors suggest it is possible to discern how and why disunities must be addressed, ‘but in some way be comprehended so that actions can be made accountable’ (p71, original emphasis).

Part 2, ‘Simulating bodies’, examines how patient bodies are represented by medical technologies in various contexts. The three chapters comprising this section all examine the simulation of female reproductive organs and offer three different approaches to analysis. Chapter 4, by Rachel Prentice, is based upon ethnographic fieldwork conducted at an interdisciplinary medical informatics laboratory which built a gynaecological simulator. Prentice’s chapter highlights how studying the construction of a medical teaching technology can reveal aspects of surgical practice that are not apparent when observing operating room instruction. Prentice concludes that the simulator reveals the multiple technical knowledges of human bodies where patients’ and users’ bodies in surgery also integrate knowledge of those relations of surgical skill into the student’s body (p95).

In Chapter 5 Jenny Sundén examines a realistic simulator, S575 Noelle ™, a female body that is made of rubber and mechanical parts, can bleed and even pushes out a simulated baby. Sundén’s chapter explores simulations of birth, the appearance and techno-corporeality through a close encounter with S575 Noelle, a primarily blonde, white birthing machine (p99). The focus on the design of the simulator (not its clinical use) was a way to think about design for medical practices and the ways design processes and practices always inscribe and anticipate use and users in certain ways. By closely examining the simulator and looking at historical parallels, Sundén addresses the politics of simulation, against a background of sexual and ethnic politics. As the editors assert, her work is a ‘feminist intervention’ in the sense that it synthesises how the bodies of the simulators are materialised, and stabilised/un-stabilised within medical practice (p76).

Chapter 6, by Ericka Johnson, examines a simulator that physically recreates the female reproductive organs in rubber and silicon, allowing medical students to be trained in giving a specific type of gynaecological exam. Johnson argues that ‘simulators are not reproducing ontologically pre-existing anatomies’ (p76). These simulators are recreating context specific medical practices that allow and create disciplinarily and culturally produced knowledge of the body. Johnson suggests that simulator developers and users may like to think about how these practices are intimately linked to the epistemological and ontological interrelationships with the simulators and medical practices.

Part 3 of this edited volume, ‘Linking Bodies and Machines’, examines how bodies and machines are linked together and the relationships that this creates. A main focus of this section are the everyday attempts to localise artefacts within local networks of tools, practices, professionals and patients in order to make treatment possible in health care (p141).

The boundary between machine and human appears in the analysis of electronic foetal
monitoring by Petra Jonvallen, in chapter 7, the first in part 3. Jonvallen undertakes an ethnographic study within a Swedish hospital birthing centre. Jonvallen seeks to understand how a new method of foetal monitoring, STAN, was introduced into birthing practices, to build an understanding of why its introduction was difficult despite the scientific evidence of its merits (p145). Jonvallen makes visible the emotional work performed by doctors, midwives and parents in order to make the best of a birthing situation. She suggests that when examining new technologies we must also examine them as an emotional practice. The author further suggests that new technologies are merely one element about which information is needed in order to judge a specific situation within the work of doctors and midwives, a process that involves coordinating between different kinds of evidence: the measurable, the sensory, the experimental and the emotional.

Chapter 8, by Corinna Kruse, explores, through ethnographic research in Sweden, how the roles of humanness and machines are played out within a genetic laboratory and are incorporated into the laboratory practices of generating data from samples in genetic research. Kruse argues that humanness and machines are intimately linked to the laboratory’s central concern of producing valid data and that machines are important tools for attaining this validity (p161). Kruse suggests that the laboratory staff incorporate machines into their work in two ways. First, when talking about humans and machines, laboratory staff attributed behaviour to a machine’s individual personality, in effect re-classifying these machines as almost people instead of machines. Second, Kruse highlights the cut between human and machines which makes mechanical objectivity possible. In other words, machines were incorporated into laboratory practices as tools for making the data produced in those laboratories as facts rather than the products of human interpretation (p177).

Chapter 9, by Boel Berner, discusses how the meaning and practice of blood transfusions were constituted within local assemblages of artefacts, practices and people in Sweden from 1915-1950. In this chapter Berner suggests three ways in which the meaning of blood donation as a socio-techno-medical construct was reconstituted. The first of these was the reordering of relationships where early cases of blood transfusion involved the physical and social closeness of the donor to the patient side by side. This close physical and social relationship gave way to a position where the act of blood donation was disconnected from the actual transfusion and mediated through a special donor service and blood banks. The second relates to the changing of donor identities from an initial ad hoc collection to a fully organised system of blood donor recruitment. The third aspect of blood donation that Berner highlights is the shift from the act of donation being thought of as concern of individuals such as surgeons, donors, hospitals etc, to its becoming a Swedish national resource centred on notions of citizenship, solidarity and a wider public policy concern (p198).

The book concludes with an epilogue by Lucy Suchman based upon the issues raised in this volume. Suchman highlights the fact that the coherence of ‘medicine’ is an effect of professional and bureaucratic discourses which enable institutional arrangements, but also obscure the messy contingencies, internal contradictions, affective complexities and practicalities of doing medicine-in-practice (p206). Suchman also concludes that in order to do justice to the realities that are illuminated in this volume, an intimate examination of the entanglement between bodies and machines in contemporary biomedicine is required. This entails an examination of medical technologies and practices in their multiple forms of engagement, from specific locations (historically, culturally and power structures) and a concerted effort to create theoretically informed reflections on conceptual, practical, cultural and political implications (p206).