

The book provides a major contribution to sociology for three reasons: (1) it focuses on AIDS activism as an understudied social movement within the United States, (2) it infuses critical feminist insights on interlocking forms of oppression into sociological theory, and (3) it attempts to bridge gaps between social movement theory and activism, thereby appealing to both scholarly and activist readers. Although the book is ethnographically thin and could have been significantly enriched with the inclusion of some humanizing case profiles of AIDS activists, the book will nonetheless appeal to ethnographers studying AIDS. It is also important reading for upper-division undergraduate and graduate courses in women's studies, ethnic studies, American history, public health, and public policy. Ultimately, it is one of the few books to apply intersectionality theory empirically, thereby charting new directions for the study of multiple oppressions within U.S. society.

Social Lives of Medicines. By Susan Reynolds Whyte, Sjaak Van der Geest, and Anita Hardon. New York: Cambridge University Press, 2002. Pp. viii+200. \$58.00 (cloth); \$21.00 (paper).

Jonathan B. Imber
Wellesley College

Anthropologists of medicine are among a handful of observers who have reported for some time on the less noticeable, but perhaps most significant, processes of globalization. These include the reinvention of folk medicine by corporations, the distribution and marketing of new and expensive drugs, and the institutionalization of health planning on a worldwide scale. The authors of *Social Lives of Medicines*, from Denmark and Holland, provide a fascinating route through these processes by focusing on the "careers" of various medicines as they are adapted and used in very different places around the world.

By examining medicine in terms of its *materia medica* (i.e., medicines, drugs), the authors mean to revive something of a lost art of inquiry, once deeply established as a part of medical learning but now an enterprise in the hands of multinational behemoths. The legendary Harvard physician Oliver Wendell Holmes, Sr., famously remarked that "if the whole *materia medica*, *as now used*, could be sunk to the bottom of the sea, it would be all the better for mankind,—and all the worse for the fishes." Holmes saw the break emerging between, on the one hand, practices and beliefs that held out little hope in terms of treatment and cure and, on the other hand, an "objective" medicine based on research founded in replication and efficacy. What this primer of contemporary anthropology of medicine offers is a healthy skepticism about whether this break has achieved either what its most fervent opponents or advocates have intended. It introduces

a middle ground of lived experience in which neither science nor ignorance is paramount.

In a series of chapters about how people who are ill determine to make themselves better, the authors report from various ethnographies (some their own) to explain how what may appear irrational to an outsider is habitual and a matter of common sense to the person who is ill. Sociologists familiar with the tradition of medical sociology may be struck with how ethnography of urban poor communities in the Philippines reaffirms what Talcott Parsons observed about the sick's role a half-century ago. The "efficacy" of medicine is not simply that it "works" but that it enables children to play again and adults to go back to work. In other words, even in the absence of contact between a doctor and a patient, the medicine itself is a promise of social restoration, which is the social meaning of "cure."

In an important chapter on what the authors call "incipient cultural politics," they describe the kinds of skepticism that have grown up in response to Western pharmaceuticals, which are sometimes seen as "harmful, too powerful, aggressive and in conflict with local concepts of health and healing" (p. 75). The conceptual resurrection of the local/cosmopolitan conflict is fascinating up to a point. The appearance of recent diseases, such as AIDS and SARS, is itself a *consequence* of cosmopolitanism among populations. It would appear to have very little to do with the globalization of pharmaceuticals per se. And the movement of peoples and products across borders has given rise to diseases that call for powerful, aggressive responses if large numbers of people are not to die or become ill. Here the anthropological lens, focused on incipient cultural politics of resistance, seems to miss the bigger picture of cause and effect, if not blame and responsibility.

As for providers, the authors make a strong case for the greater "efficacy" of informal, even illegal, providers of medicines, as distinct from formal agencies, including public health services. These latter services do not function well and are underfunded and understaffed. Accounts of organizational incompetence lend themselves to objective kinds of measurement, something fortunate for the "efficacy" of social science. The underground or informal markets of health services in such places as Cameroon are shaped by the real experiences of illness among poor populations. Such depictions mirror in reverse the extraordinary selfishness and self-harming behaviors reinforced by the underground markets for illicit drugs among wealthy populations. In the former case, government fails to be proactive and protective of minimal standards of health and well-being. In the latter case, government cannot possibly afford to monitor in any effective way those already well enough but restlessly addicted to licit and illicit drugs. The ethnography reported in this volume of strategies of self-help in confronting illness in the face of poverty shows no simple correlation between wealth and common sense.

The book concludes with an ambitious approach to bringing ethnog-

raphy of patients and illness into the realm of complex processes of health politics and large-scale formal organizations, such as pharmaceutical companies with their research and marketing agendas. Little new ground is broken, with much falling back on the nearly ancient complaints of unjust distribution of resources on a worldwide basis. Oddly enough, anthropological skepticism is most compelling when it depicts how resistance to innovation may also be a form of self-preservation, when iatrogenic harm, in particular, can only be accounted for long after the harm has occurred.

A Diagnosis for Our Times: Alternative Health, from Lifeworld to Politics. By Matthew Schneirov and Jonathan David Geczik. Albany: State University of New York Press, 2003. Pp. xi+230. \$54.50 (cloth); \$17.95 (paper).

Michael Calnan
University of Bristol

The favored sociological explanation for the recent upsurge in the supply of and demand for complementary and alternative therapies (CAM) and remedies, at least in the United Kingdom, tends to adopt a neo-Weberian approach to occupational control and professionalism (e.g., Michael Saks, *Orthodox and Alternative Medicine* [Continuum, 2003]). Developments in CAM are explained within the context of orthodox medicine's attempts to retain its professional dominance and cultural authority. The rise in the popularity of CAM is reflected in the demise of scientific orthodox medicine as the public increasingly looks for alternatives that may have more to offer. Thus, the development of CAM is seen within the context of shifting relations with the state, users, and biomedicine, and as an embryonic occupation in a subordinate position within a larger system of medical pluralism.

Schneirov and Geczik, while acknowledging the merits of such a perspective derived from medical sociology, suggest that the emergence of alternative health cannot be adequately explained in terms of changes in provider-consumer relations. They adopt a broader approach and conceptualize alternative health as a social movement. They argue that "this perspective allows us to explore alternative health's connections outside the sphere of health, to other social movements and subcultures. Our analysis will show that alternative health provides a cultural laboratory or site of experimentation from which social movements draw their energy, purpose and orientation" (p. 39).

The more valuable sociological analyses tend to involve theoretically informed empirical studies. The research presented in this book represents a good example of this approach, although the zeal with which the authors argue for the theoretical case and for a new paradigm derived from it suggests that the theory drove the empirical work rather than vice versa.