LINDENBAUM, SHIRLEY, AND LOCK, MARGARET, EDS. Knowledge, power, and practice. The Anthropology of medicine and everyday life. Berkeley: University of California Press, 1993. xv & 428 pp. $?

The editors describe the intellectual coherence of their volume as based in a common set of questions, rather than in common objects of study. "...all of the contributors attempt to identify the processes that give life to the conceptual frameworks that impose order upon, and give legitimacy to, the voices and beliefs of certain individuals, groups, and institutions rather than others." (p. 304) The editors say that the participants in this book by and large have "...distanced themselves from that large group of medical anthropologists who accept biological and biomedical data as an assemblage of incontestable natural facts." (x) Cultural beliefs, both beliefs about medicine and more generally, "...constitute not only explanations and meanings but also an ideology by which means certain political and economic realities are legitimated." (xii).

Most of the authors view the debates about biology, cultural knowledge and power as ambiguous, contested, contexted, historical, structured, unequal, and unresolved. The book does not feature (though it contains) "findings", "results", "controlled comparisons" of cultural "factors" as over against others. This is because one of the goals of the volume, in the editors' minds, is the task of calling "...attention to the way in which both anthropological concepts and the language of biology are culturally and historically situated...." (xiii).

Another theme of the volume is to end what some authors call the "romanticization" of non-Western cultural practices which are better viewed like those of the West -- namely arising for the purposes of perpetuating difference and power. In Part One, for instance, "The cultural construction of childbirth", Jeffery and Jeffery consider midwifery in Uttar Pradesh, North India as a low status occupation reflecting the overall subordination of women. Kaufert and

O/Neil contrast Inuit women's view of the risk of separation from their local, isolated Canadian communities, and the clinical/epidemiological risks of pregnancy for mother and fetus which are reduced by the removal of the mother to a hospital setting. Rapp depicts the complexities of amniocentesis diagnoses in a highly diverse New York City setting, emphasizing the power relationships revealed in the process.

Good and DelVecchio Good begin Part two, "The production of medical knowledge", with a consideration of the ironies of the new program at Harvard Medical School, "New Pathways", intended to bring back tutorial learning and a more flexible lifelong learning orientation in physician training. Allan Young offers a critical account of Posttraumatic Stress Disorder as it is instantiated in an Institute clinic, resisted by patients and staff, and reproduced by the ideology and discourse of the Institute. Rhodes describes the ideologically fragmented setting of emergency treatment at an inner-city mental health center. It is a "swamp", because the demands of staff are contradictory and crosscutting and resources are impossibly few.

Part Three, "Contested knowledge and modes of understanding", includes a chapter by Tola Olu Pearce contrasting lay medical knowledge among the Yoruba of Nigeria with biomedical, emphasizing that the medical sector in Nigeria is more open to sociocultural and individual experience in constructing medical understanding, including the use of religion, dreams, and social relationships. Fabrega focuses on psychiatry as a field which deals with inherently problematic behaviors which it attempts to control, suggesting that "...members of all types of societies show a natural inclination to medicalize deviant behavior." (p. 186). Lewis describes efforts to treat leprosy and skin lesions in West Sepik Province, New Guinea, and the enormous practical difficulties in providing treatment, as well as the varying beliefs about efficy among biomedical, anthropological, and New Guinea communities. Frankenberg critiques the narrowness of the "risk group" in epidemiology as

well as the narrowness of the "homogenous culture" construct of the anthropologist.

Part Four, "Constructing the illness experience", starts with Estroff describing the perpetuation of patient dependency in chronic illnesses in part by distinguishing illnesses in which the identity of the patient becomes fused with the diagnosis: they don't have an illness (one has cancer), they chronically are it (one is an epileptic). Briceno-Leon describes the treatment of Chagas disease through "treating" the construction of houses, and other practices which create the circumstances for its perpetuation.

Part Five includes three papers on biology, culture and the body. Comaroff presents a sociohistorical portrait of the parallel processes of the development of modern biomedicine, and colonial control of Africa -- not that imperialism determined biomedical science, but that each "...came to verify the other through the categories and metaphors of an underlying vision". (p. 307). Margaret Lock finds that many Japanese women "...do not identify the end of menstruation as a part of menoopause, and the physical symptoms usually associated with menopause in North America...are not a focus of concern." (p.303). In Japan, the local folk biology is less important than concern over women caring for aging relatives, whereas in North America the concern is over loss of reproductive potential and biological changes. Haraway's "The biopolitics of postmodern bodies" ranges across discourses and metaphors regarding the immune system, which she sees as "...an elaborate icon for principal systems of symbolic and material 'difference' in late capitalism." (366).

Although this book offers many valuable studies of the connections between biology, culture and power, with a number of outstanding chapters, the anthropologist (and physician?) are expected to stand "against" biomedicine. Although recognizing the power of biomedicine and biological reality, most chapters typically seek to blur distinctions between biomedical knowledge which primarily offers us tools to alleviate pain and suffering, and promote

health and wellness and prolong life, and those aspects of biomedicine which primarily or exclusively legitimize particular hegemonies. If all medical knowledge is socially constructed yet biomedical reality is acknowledged, there will always remain a choice for individuals, families, and communities as to which practices to use to alleviate suffering and disease. Some chapters take on this issue very clearly; others do not directly address the issue at all, or take on biomedicine seemingly just because it is powerful. The role of an anthropologist who recognizes biomedical reality cannot be a priori an adversary to biomedicine, just as the physician who recognizes the importance of power relationships and culture (as is so clearly presented in this volume) cannot be a priori adversarial to these dimensions of illness and suffering. Many chapters in this book in fact correctly find the adversaries not primarily in the biomedical system of knowledge, but in social division or in the inherent ambiguities and complexities of human adaptation; but others confuse the matter. A more useful role for researchers and practitioners alike would be as a fair witness, helping decide how to respond to our common struggle of adaptation to life.

Thomas S. Weisner, Ph.D., Professor of Anthropology, Departments of Psychiatry and Anthropology, University of California, Los Angeles.