

## Book Reviews

pharmaceutical use are due to the relative power of the multinationals or to more fundamental “cultural differences” in attitudes to health and healing. Readers are led to believe that western society is destined for a dismal future of market-dominated culture. Healy offers no alternatives for charting a better course: his suggestions for reform would be welcome.

*The creation of psychopharmacology* makes a substantial contribution to the history of medicine with its rich history of psychopharmacological developments and an intriguing analysis of the relationship between culture and medicine over the last two centuries. It is refreshing in its provocative analysis of a western culture that faithfully consumes psychopharmacological treatments as directed by the corporate media. While this book often presents advanced technical and scientific detail—which this reviewer cannot fully evaluate—Healy admirably merges biochemistry and political critiques in an accessible manner. As a trained clinical psychopharmacologist, Healy gives us a rare insider’s view of the tangled web of corporate imperatives and public interests that come into play in the world of modern medicine.

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Jennifer Stanton (ed.), *Innovations in health and medicine: diffusion and resistance in the twentieth century*, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2002, pp. xviii, 232, £55.00 (hardback 0-415-24385-8).

Interest in innovations in health and medicine has been growing in recent years amongst sociologists, economists and a politically interested general public, confronted with high tech medicine and soaring health care costs. This volume offers a welcome historical perspective to these debates and is a useful addition to the two essay collections on the subject published in the early 1990s by John Pickstone (*Medical innovations in historical*

*perspective*, Basingstoke, 1992) and Ilana Löwy (*Medicine and change: historical and sociological studies of medical innovation*, Paris, 1993). Like these earlier volumes, the papers in Jennifer Stanton’s collection argue against the assumption that innovation takes place because the new is always better than the old. Rather, as Stanton and her co-authors seek to persuade us, changes in medical practices are products of their social, political and economic contexts. Practices are what most papers in the volume are focusing on, rather than devices and machines. With many of the authors influenced by the Sociology of Scientific Knowledge (SSK) and the Social Construction of Technology (SCOT), the spotlight is on the diffusion, the uses of and resistance to, new techniques, technologies and organizational innovations, rather than on acts of invention.

Comparison between different contexts, local, regional, national or historical, is a central theme of the book, and most papers deal with recent developments. The focus of papers by Debbie Nicholson, Helen Valier and Roberta Bivins, and Jennifer Stanton is predominantly local, regional and British. Nicholson compares the uptake of obstetrical ultrasound and its adaptation in the 1970s and 1980s in two different hospitals in Scotland, an average size maternity hospital and a small, remote island hospital. She finds that not only the ultrasound machines were reconfigured to match particular demands—portability was a central concern—but also medical hierarchies and the interactions between local actors. Valier and Bivins compare local services established in Manchester for the care of sufferers from three different chronic diseases, diabetes mellitus, sickle cell anaemia and thalassaemia, analysing how the different professional and ethnic identities of promoters, practitioners and patients shaped these services. Stanton studies the diffusion of and resistance to two different dialysis techniques for the treatment of chronic kidney failure in the UK since the 1960s, high tech haemodialysis, and rather low-tech continuous ambulatory peritoneal dialysis (CAPD). She analyses how both techniques configured their users, i.e. practitioners and patients (the configured user is a

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concept adapted from a study by Steve Woolgar and Keith Grint) and suggests how rationalization pressures, government targets and professional interests led to one system being favoured over the other at different points in time. Interest in chronic disease grew contemporaneously with the rise of a new medium, television. Kelly Loughlin's chapter analyses the controversy in the 1950s over a new BBC documentary series on services in provincial British hospitals, explaining changing representations of medical practice in the media with the changing PR policy of the British Medical Association.

The chapters by Aya Takahashi, Roberta Bivins, and Thomas Schlich deal with the uptake of innovations in national contexts fundamentally different from the countries of their origins. Takahashi studies the establishment of a Western-style nursing profession in Japan, and Bivins analyses the uptake of the ancient far-eastern therapeutic technique of acupuncture in Britain, comparing its uses in the nineteenth and the late twentieth century. Both authors find that during the process of translation the imported models were stripped of many of their meanings and that the resulting gap was filled with new contents, informed by the interests of their promoters in the new settings. Schlich looks at the ways in which a system of operative bone fracture treatment, developed in Switzerland, relatively costly and considered to be risky by many surgeons, was adopted in communist East Germany and in the US. Surprisingly, in the GDR, where western currency was in short supply but risks could be controlled well, the system's success was much more rapid than in the affluent American context.

Philippa Mein Smith, Martine Gabolde and Anne Marie Moulin deal with the return of older practices into new contexts. Mein Smith traces the changing fate of midwifery services in the New Zealand health system in the twentieth century, showing how the independent midwife as autonomous birth attendant was re-invented in the 1990s in a complex web of interests of practitioners, consumers and the state, after childbirth had become the domain almost

exclusively of obstetricians and general practitioners. Gabolde and Moulin are interested in the return of living donors in organ transplantation in France. They characterize organ transplantation as a practice at the intersection between the experimental and the therapeutic and locate the causes of change in a context that is shaped—a recurring feature in the volume—by cost pressures and professional interests, but also by changing perceptions of risk and of death.

The collection provides us with interesting case studies, an index and a well-crafted introduction. It will be useful not only to social historians of medicine but also to those involved in the planning and the running of health systems, who want to understand why some changes meet with more resistance and are ultimately less successful than others.

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**J S Cameron,** *A history of the treatment of renal failure by dialysis*, Oxford University Press, 2002, pp. xiv, 353, illus, £45.00 (hardback 0-19-851547-2).

While Professor J Stuart Cameron says that there have been previous histories of dialysis and that there will be more, his own is easy reading and pulls together many issues—professional, technical, psychological, ethical, financial and sociological. The book is structured chronologically and Cameron sets out the halting though steady progress over 100 years with extensive referencing. He deals with his subject from an international perspective, so important in a topic such as this. He points to the changes over time in the conditions producing kidney damage: for example, mercury is not the problem that it was. It would be hard to think of a good reason for producing a further account until new developments remove our ignorance of the pathophysiology and improve clinical care, although I would have welcomed a fuller assessment of the interplay between parallel developments in dialysis and