Mary M Lay, Laura J Gurak, Clare Gravon, Cynthia Myntii (eds), Body talk: rhetoric, technology, reproduction, Rhetoric of the Human Sciences, Madison, University of Wisconsin Press, 2000, pp. xiii, 308, £18.50 (paperback 0-299-16794-1).

Barbara Ehrenreich and Deidre English were the first to expose medicine's complicity in patriachy. In Complaints and disorders and The sexual politics of sickness (Old Westbury, NY, The Feminist Press), they argued that, in defining women as sick, gynaecology had justified their exclusion from public life; in medicalizing the natural processes of pregnancy and childbirth, obstetrics had marginalized "wise" women and midwives, and male doctors had appropriated their place at women's bedside.

Since these groundbreaking monographs were published in 1973, countless books, articles, and undergraduate and postgraduate theses have rehearsed medicine's role in the social control of women. Foucault's biopower is often cited to add theoretical weight to the argument. Unfortunately, all this work has not prevented things from getting worse: as several contributors to this collection would have it, the new reproductive technologies (NRTs) have provided man-made medicine with even more effective weapons. And, as the editors argue, in "treating" problems like low sperm counts which have been caused by environmental pollutants, medicine is cynically providing technoscientific solutions to problems created by technology itself.

If anyone still doubts medicine is intent on controlling women's bodies through their reproductive capacity then, the editors of this collection claim, an analysis of its "linguistic capital" by feminist rhetoricians will convince them. If cleansed of the "overly masculinist" traits of the classical tradition from which it emerged, then rhetoric's analytical tools can more effectively expose hidden patriarchal agendas in medicine than techniques

hitherto employed. In each chapter, a set of texts such as midwifery books, magazine articles, school archives, advice books to pregnant women, and US state statutes is examined for normative statements about women's reproductive bodies.

Although the most interesting chapters acknowledge political agendas other than patriarchy, they are under explored because the authors lack political nous. In a paper on the FDA hearings on silicone breast implants, Mary Thompson grapples with the politics of health activists including those in the women's health movement. However, if she had situated the hearings in the Reaganite era in which they began, what she calls "humanism" might more appropriately have been understood as neoliberalism. Elizabeth Britt takes medical insurance as an example of biopower, and has interviewed involuntarily childless women who have enjoyed its benefits. What is meant by management in relation to the bodies of people excluded by insurance schemes is not considered. Yet the editors say they want to recapture voices and systems of knowledge that have been silenced within public discourse about women's bodies and the role of reproductive technologies (p. 11). Once again, I am struck by a refusal of many feminists to acknowledge the gross inequalities of health that exist in the United States.

Although the contributors to the book seem to want to substitute medicine's normative messages with their own, with the exception of Robbie Davis-Floyd, a "birth activist" and anthropologist, they don't spell it out. In the "Afterword", she recommends, amongst other things, treating infertility with an "interior exploratory journey". During it, a woman whose soul has decided against bearing children can be reprogrammed to welcome motherhood. On reading this, I searched the book for a reference to a rhetorician's analysis of psychobabble but unfortunately found none.

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