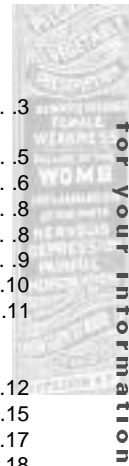


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Editorial

Erratum

First, an apology for the wrong issue number on July's issue, which should have been Volume 28, issue 2 (Not number 3).

New Editors?

This is the real issue 3, and LSHTM editorial team's last issue of Medical Sociology News. As yet, we don't know who will take over – do get in touch if you have been thinking about it, but haven't made your mind up yet! It's an enjoyable job that ideally needs a small team at either the same institution or who work near each other. MSN is highly valued by the medical sociology community in the UK and overseas as the main route for exchanging information and sharing ideas. Articles may not be 'high ranking' in terms of impact factors, but they reach a wide audience (many of MSNs readers do read the whole issue cover to cover) and some are cited frequently. Editors have ex-officio representation on the BSAMedical Sociology Committee, and an allocation of free places at the annual conference. The current editorial team is willing to do the first issue of next volume to allow for a hand over period, and we will collect subscriptions for 2003.

Subs due

If you didn't pay your 2003 subscriptions with your conference registration, please complete the form enclosed with this issue to continue receiving Med Soc News and email notices from the JISC mail list.

In this issue...

The September BSAMedical Sociology conference in York was a great success, with two well received plenary addresses from Marina Bernard and John McKinlay. Abstracts of their talks are reprinted here, and the conference is reviewed by Tim Rapley.

In this issue we also have reports from the ASAconference in Chicago, notices of forthcoming meetings, calls for journal articles, news from the national and regional groups and the usual book reviews. Congratulations to Tim Stokes and Geraldine Barrett for PhD awards - abstracts of their theses are reprinted in this issue. A short article from Warthog and Peccary, of the socio-pathology school, suggests that Prof Custard's malign influence is, worryingly, on the increase.

And finally ...

Finally, the editorial team would like to extend many thanks to all of those who have reviewed books, asked Aunt Marge, helped her out with answers and sent other copy over the last three years. Academic jobs are increasingly pressured, with little time left for non-RAEable output, and we really appreciate the effort you have put in to helping maintain the medical sociology community. We would also like to thank Kelly Lawless, our administrator who has, with remarkable efficiency and diplomacy, organised both the newsletter and the editorial team over the last two years.

The Editorial Team

University of Manitoba Canada Research Chairs

Department of Community Health Sciences

Faculty of Medicine



Tier I and Tier II Canada Research Chairs

The University of Manitoba is seeking applications or nominations for outstanding candidates for both a Tier I and a Tier II Canada Research Chair (www.chairs.gc.ca) in areas that complement existing and strategic interests of the Department of Community Health Sciences at the University of Manitoba. The Canada Research Chairs were established by the Government of Canada to enable Canadian universities to foster world-class research excellence.

Community Health Sciences is a leading department in the Faculty of Medicine and the University of Manitoba, attracting over \$15 million in research funding for the year 2000/01. The Department houses major research, policy and service groups, including the Manitoba Centre for Health Policy (MCHP), the Centre for Aboriginal Health Research (CAHR), the J.A. Hilde Northern Medical Unit, and the Aging in Manitoba Study. An emerging strategic research area is the development of the International Centre for Infectious Disease (ICID).

We are seeking candidates who have demonstrated expertise in one or more of the core disciplines of epidemiology, biostatistics, or the social sciences in health, and who can contribute to at least one of our strengths in the areas of population health, health services and policy research, aboriginal health, aging and health, or international health. The Department has excellent relationships with many external agencies such as Manitoba Health, Regional Health Authorities, First Nations and Aboriginal Organizations, and Health Canada. These offer new and exciting opportunities for developing policy relevant research programs. The candidate will also have the opportunity to participate in our teaching programs aimed at graduate students, community medicine residents, and medical undergraduates. Additional information about the Department is available at www.umanitoba.ca/faculties/medicine/chs/.

The successful applicants will possess doctoral level training in a field of study associated with the Department's mission, and in accordance with the goals of the Canada Research Chair program, be recognized as outstanding scholars with a strong research record. For the Tier I Chair, candidates should be internationally-recognized leaders in their chosen area of research. For the Tier II Chair, candidates must have outstanding potential to play a leadership role in a chosen research field. The successful applicant for the Tier I Chair will be appointed as a tenured or tenure-track Associate or Full Professor and the Tier II Chair will be appointed as a tenure-track Assistant or Associate Professor. All Chairs are subject to review and final approval by the CRC Secretariat.

With a population of more than 650,000, Winnipeg (www.city.winnipeg.mb.ca) is a major multicultural center with world-class cultural amenities including ballet, theatre, and

symphony, and professional sports. Winnipeg has a reputation for having the most restaurants per capita in North America and the most affordable housing in Canada. Winnipeg is also located close to some the finest outdoor recreational opportunities in the world with a wide variety of lakes, beaches and wilderness areas within an easy drive from the city.

Review of applications will begin on January 1, 2003 and continue until the positions are filled. Appointments can begin as early as July 1, 2003. The University welcomes diversity in the workplace, and encourages applications from qualified women and men, including members of visible minorities, Aboriginal peoples, and persons with disabilities. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.

Informal, confidential inquiries are welcomed. Applicants should submit a curriculum vitae, a statement of research interests and future plans, and the names and addresses of at least three references to:

Dr. John O'Neil,
oneilj@ms.umanitoba.ca
Head, Department of Community Health Sciences
Faculty of Medicine
3905
University of Manitoba
750 Bannatyne Avenue
Winnipeg MB
Canada R3E 0W3

email:
Tel: (204) 789-3434
Fax: (204) 789-

British Sociological Association Annual Conference 2003 Social Futures: Desire, Excess and Waste

Friday 11th – Sunday 13th April 2003

at the University of York

The Plenary Speakers will be:

George Ritzer (University of Maryland)

Beverley Skeggs (University of Manchester)



Dominant social discourses within western societies emphasise 'progress' and 'freedom'. This often leads to a celebration of recent global developments, technological change and contemporary cultural experience. The aim of this conference is to question simplistic representation of contemporary social life, and thereby re-assert the importance of a critical and reflexive sociology for a social future.

Papers, posters and other forms of presentation will be structured around themes, which include:

Belonging and Isolation

Consumption and Waste

Winners and Losers

Technological Dystopias

Escape Strategies

Teaching and Learning

Booking details available from:
2003 BSAC Conference, The British Sociological Association
Units 3F/G, Mountjoy Research Centre
Stockton Road, Durham DH1 3UR, UK.
Tel: +44 (0) 191 383 0839 Fax: +44 (0) 191 383 0782
E-mail: Conference2003@britsoc.org.uk
Website: www.britsoc.co.uk

Ethnicity & Health

Announcing new editors from 2002

**Dr Kate Gerrish, School of Nursing and Midwifery, University of Sheffield,
Sheffield, UK**

**Dr James Nazroo, Department of Epidemiology and Public Health, UCL,
London, UK**

Supported by an International Advisory Board

INTRODUCTORY COMMENT

Ethnicity & Health is an international academic journal designed to meet the worldwide interest in the health of ethnic groups. It Embraces original papers from the full range of disciplines concerned with investigating the relationship between 'ethnicity' and 'health' (including medicine and nursing, public health, epidemiology, social sciences, population sciences, and statistics) The journal also covers issues of culture, religion, gender, class, migration, lifestyle and racism, in so far as they relate to health and its anthropological and social aspects.

READERSHIP

Ethnicity & Health is directed at the international community. Its audience includes: academics, health and social care practitioners, those who train practitioners, and those in the policy and voluntary sectors. The journal aims to:

Deal with practice and policy in a thoughtful and critical way;
Present empirical material in a way that considers theoretical issues (in addition to implications for policy and practice), given the contested nature of both 'ethnicity' and 'health'; and Address the methodological problems that face both qualitative and quantitative studies in multi-cultural societies.

CONTRIBUTIONS

Ethnicity & Health welcomes original contributions from all parts of the world on the understanding that their contents have not previously been published or submitted for publication elsewhere. Manuscripts may be in the form of: (i) long articles (not exceeding 10,000 words); or (ii) short reports (not exceeding 2,000 words).

Four complete copies should be sent to:

Dan Trinder, Taylor & Francis Ltd, 4 Park Square, Milton Park, Abingdon, Oxfordshire,
OX14 4RN, UK
Email: Daniel.trinder@tandf.co.uk

SUBSCRIPTION DETAILS

Ethnicity & Health, Volume 8, 2003, 4 issues per year
Print ISSN 1355-7858
Online ISSN 1465-3419

Institutional Rate	
US\$401	£242
Personal Rate	
US\$145	£89

For further information on this journal please visit www.tandf.co.uk/journals and search for the journal title. Alternatively you may email Justine Sansom - Justine.sansom@tandf.co.uk



Foundation for the Sociology of Health and Illness

Call for proposals for symposia/ workshops

The Foundation for the Sociology of Health and Illness wishes to support symposia and workshops dealing with important issues in the field. These may be on any topic, but the Foundation is particularly keen to support dissemination, discussion and debate on interdisciplinary themes with wide public relevance. For example, events that bring together University-based researchers, teachers in higher, further and school education, and those working outside the educational sector will be welcomed as will proposals with an international or comparative dimension.

It is expected that the symposia/workshops will typically be one-day events, although the case for a two-day meeting will be considered. While it is expected that in some instances speakers will be by invitation, attendance should generally be open to anyone with an interest in the workshop theme.

The call for proposals will be issued once a year in the autumn/winter issue of Medical Sociology News. The number of events supported in any year will be at the discretion of the Trustees, and a maximum of £1500 will be available per event for expenses related to speakers' travel, hiring a venue and hospitality. The Foundation will welcome bids that include other sources of funding to which the Foundation grant could be a contribution.

Proposals of no more than two pages, containing a detailed description of the content of the symposia/workshop and an outline budget should be sent to the Chair of the Foundation, Professor Roisin Pill, for consideration by the Trustees:

Professor Roisin Pill
9 Westbourne Crescent
Whitchurch
Cardiff CF14 2BL

Applications should be received by Friday 28 February 2003

Applicants will be notified of the Trustees' Decision by Friday 28 March 2003.

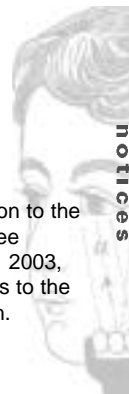
Sociology of Health and Illness Book of the Year

Nominations are invited for the SHI Book of the Year, 2003. Full details plus application form are available on:

www.britsoc.org.uk/about/shilrules.htm

We are looking for books that you think have made the most significant contribution to the sociology of health and illness, and which have been published within the last three years. The decision will be announced at the BSAMedical Sociology Conference, 2003, and the author(s) of the winning book receives £1000. There are no restrictions as to the nationality of authors or the topic covered, but the book must be written in English.

Closing date 10th January, 2003.





Call for papers Social Movements in Health

Outline proposals for contributions are invited for the tenth monograph in the series published by Sociology of Health and Illness, in conjunction with Blackwell Publishers, in the year 2004. The monograph aims to bring together the fields of social movements and medical sociology in a collection that is both theoretically informed and research based. Possible areas for contributions are:

- 1) Social movement effects on access to the health care system and to specific services
- 2) Social movements and the social discovery of illness
- 3) Illness experience and advocacy movements
- 4) Citizen participation in creating scientific knowledge
- 5) Social movement theory and health social movements

Potential contributors should send an outline proposal for papers (up to 800 words) to co-Editor of the monograph, Phil Brown, Department of Sociology, Brown University, Providence RI 02912 by November 30th 2002. Email submission is encouraged (phil_brown@brown.edu) and all eventual paper submissions must also be in electronic form. International contributions are particularly encouraged. The monograph will appear both as a regular issue of the journal and in book form.

All proposals will be reviewed and notifications of the outcome will be given by 14th January 2003. Those invited to contribute to the monograph will be asked to submit articles of between 6,000-7,000 words by July 1st 2003, following the journal's stylistic guidelines, so that they can be refereed in the usual way. It is planned to publish the monograph in September 2004.

Sociology of Health and Illness 25th Anniversary Conference to be held on 25th April 2003 at the London School of Hygiene & Tropical Medicine

A conference reviewing the last 25 years of theory and research in the field of medical sociology; identifying the contributions of the journal to sociology, health care and health policy and looking to the future.

Conference registration fee is £60.00, with 10 free student places. Further information and registration forms from <http://www.lshtm.ac.uk/eph/ecph/shiconference.htm>

Experience of health and illness

Janine Pierret, Centre de Recherche Médecine Science, Santé et Société, France
Julia Lawton, Research Unit in Health, Behaviour and Change, University of Edinburgh
with commentary from Mike Kelly, Health Development Agency, London

Professional and lay knowledge

Lindsay Prior, Cardiff University School of Social Science
David Armstrong, Department of General Practice, King's College London
with commentary from Mildred Blaxter, School of Medicine, Health Policy and Practice,
University of East Anglia

Technologies in health care

Christian Heath, Marcus Sanchez Svensson and Paul Luff, Work, Interaction and
Technology Research Group, King's College London
Stefan Timmermans, Department of Sociology, Brandeis University, MA, USA
with commentary from Mary Ann Elston, Department of Social and Political Science,
University of London

Social structures

David Blane, Department of Social Science and Medicine, Imperial College of Science,
Technology and Medicine.
Gareth Williams, Cardiff University School of Social Science with commentary from
Waqar Ahmad, Office of the Deputy Prime Minister, Division of Research, Analysis and
Evaluation

Health care organisations

Lesley Griffiths, School of Health Science, University of Wales
Celia Davies, School of Health and Social Welfare, The Open University with
commentary from Mick Bloor, Cardiff University School of Social Science



SHORT REPORT: UTILITY OF TRADITIONAL HEALTH CARE PRACTICES IN A CONTEMPORARY SURGICAL WARD — PROFESSIONALS' VIEWS

Introduction: Traditional health care practices such as acupuncture, naturopathy, reiki, aromatherapy and shen have enjoyed a resurgence of interest in recent years, and their use is widespread. There has also been growing interest in religious and para-religious aspects of healing. Integrating these diverse practices into conventional biomedicine has been hindered by the scepticism of the medical profession. The failure of conventional bioscientific studies to find explicable mechanisms for some therapies has also been a significant problem. Despite the longstanding failure of conventional medical practice to take up the challenge of traditional therapies on a large scale, pockets of interest do exist where their practice has been fully integrated into NHS care. Over the past three years, we have conducted a study, using a variety of ethnographic techniques, into the practice of integrated traditional health care in one district hospital.

Methods: We collected data by observation, key informant interview and textual analysis. Data was analysed by discursive estimation and the approximation of meaning from non-emergent thematic categories in field notes and interview transcripts [1]. A full account of this study may be found in our forthcoming book [2].

Context: While many traditional health care practices exist, not all have achieved the range and depth of public support found for aromatherapy and reiki. Some still operate on a very small scale, often in concert with para-religious practices. Murki, for example, is a traditional form of healing that draws on Aztec scripts found in the Yucatan by Sir Reginald Manatee during the 1930s, and finally translated by the eminent Soviet historian Myra Coelacanth in 1967. In summary, Murki combines tropical herbalism with religious practices connected with the Aztec Jaguar God. A small Murki population exists in the UK, largely focused on rural communities within 10 miles of Taunton. Another may be found in Edgar Street, Newcastle upon Tyne [3].

Participants: The principal area of the hospital in which Murki was deployed as a set of therapeutic practices was the 32 bed mixed surgical ward. The range of patients here reflected the norm for rural general hospitals: ranging from minor abdominal surgery to complex neurosurgical transplants. Permanent ward staff normally included a charge nurse and four staff nurses, three nursing assistants, and two (rotating) student nurses. Medical staff were itinerant. Ward layout was organised in a series of four bed bays, built into a traditional Victorian Nightingale ward during the 1970s.

Results: The practice of Murki is largely nocturnal. Night staff and patients would collect in the day room for brief periods first to meditate, and then to employ specific herbal remedies known to assist in post-operative healing. This would be followed by para-religious practices. Induction into these would be necessarily brief for patients, who rarely stayed on the ward for long enough to develop self-care skills using these techniques. But nursing staff quickly accepted it, and rapidly developed high levels of expertise. Not all were enthusiastic at first, as one of our interviewees suggested:

SN2(32)B: *Frankly, I didn't like it and I didn't fit in. I didn't mind taking the*

mushrooms, although I did get a bit dizzy and see visions. It was just that the kind of model of nursing that I'm interested in really focuses on getting to know the patient, but not getting too familiar with them. There have to be boundaries, and I just don't see how appropriate clinical relationships can be maintained if you're all having hallucinations and involved in an orgy of satanic bloodlust three nights out of seven. Plus, it really interrupts the ward admin, there's so much paperwork. The undead generate a lot of paperwork you know.

The problem of boundaries and their disposition runs through our field notes. Appropriateness, of course, is socially constructed through strategic discourses of professional identity, as another of our interviewees observed.

CN1(53)G: First of all, I think we really have to move towards a more patient centred kind of nursing. I talked about it with the consultants, and we decided that the way forward was to really integrate it into our nursing practice, get it written into our care plans, and work it through the activities of daily living model that we use here. We ran the two models in parallel. During the day we worked to what I call the medical model, lots of treatment, antibiotics, wound care and so forth – very rewarding nursing work if it's done properly. But we'd use this to identify the patients who'd most benefit from the other model. Then, at night, we get the obsidian knives out, do our chants, and rip them to shreds. Fantastic – real nursing at it's best. When you hold their kidneys up to the moon, it's a big buzz.

Interviewer: In the name of all that's holy, please, keep that thing away from me.....

Integration of traditional and contemporary health care practices, our interviewees argued, permitted them to develop a professionally valid new mode of conduct. The 'science' of this set of practices was most evident to interviewees in its obvious cost effectiveness.

NA4(29)H: The way I see it, we are really contributing to a major reduction in the cost of care. Our drugs budget was under real pressure before we started, but once we had the system going, we had a lot more room for manoeuvre. Especially because we were able to select the most cost-ineffective patients for the new model. But, and it's a big but, we did have to have additional training because this is a really physically demanding way of working. We're all trained to lift patients now, but we weren't well trained in holding them down while we're chanting and performing a human sacrifice. Honestly, it's hard and heavy work. They struggle a lot and they scream horribly – which is stressful – but the therapeutic benefits are tremendous in the end. We had to get help there from the staff training people, and now there's an ENB module for it.

The major threat to the integration of traditional and contemporary health care practices in this way actually arose from staff health and safety issues. A rotating student nurse was accidentally sacrificed and was off work for three months before returning to the ward in a new and entirely unexpected capacity. This put both nursing and medical staff under increased pressure which was resolved only after hospital managers became more involved in planning the new model of care. One interviewee commented that: *"anointing Barry as our lead ritual planner was the best thing we ever did, and the whole*

management team really bought into the model once they'd tasted blood". This fits well with the shift to clinical governance.

Conclusion: In this paper we have shown that traditional and modern health care practices can be bought effectively together within the NHS. In this case they improved teamwork and brought hospital managers effectively on-side while also reducing costs and improving therapeutic outcomes. A limitation of this study is that we did not interview medical staff, but this was because of the terror that their bizarre appearance inspired in our contract interviewers. Para-religious practices involving human sacrifice do have health and safety implications, but these can be resolved with effective training and planning.

References

1. Brie, Pierre. (1996) Qualitative research for the plumbing and allied trades. In: Parmesan, B. (ed) Discourse analysis and its application to domestic improvement. Jarlsberg, Helsingfors.
2. Warthog, Rod & Peccary, Susan (forthcoming) The social construction of human sacrifice in a district general hospital. Lecter, Boston.
3. Mitochondria, Persephone (2000) Move any mountain? Unexpected revival of the Shamen in North Tyneside: an Althusserian perspective. SociopathyPress

Rod Warthog and Susan Peccary: University College, Aldershot

London Medical Sociology Group 2003 Programme

Venue

King's College London, Room 1.16, Franklin Wilkins Building, Stamford Street, London SE1 8WA.

Nearest tube and rail: Waterloo

MEETINGS 6PM - 7PM

Everyone is welcome to attend LMSG meetings - the group has no formal membership. At each meeting there is a presentation by a speaker, followed by discussion that continues over drinks and supper in the local pub.

8 January

Rethinking the health paradigm: Brazil landless movement challenges the medical establishment

Sue Branford City University

12 February

Critical incident reviews after patient suicide in primary care: extending blame or absolving guilt?

Kathy Kendall & Rose Wiles University of Southampton

12 March

The new genetics and citizenship

Alan Petersen University of Plymouth

9 April

Managing mortality in cystic fibrosis.

Karen Lowton King's College, London

14 May

Canada is killing the Innu: The costs of separating nomadic peoples from their lands.

Colin Samson University of Essex

11 June

If human races don't exist, why do geneticists use them?

George Ellison South Bank University

9 July

Envisaging the embryo, framing the fetus: media reporting of the stem cell debate

Clare Williams King's College, London





10 September

Mandatory Reflection? The constitution of the competent nurse
Sioban Nelson University of Melbourne

8 October

'Happy, healthy and here'. Constructing responsibility for employee health.
Russell Jackson Sheffield Hallam University

12 November

The social construction of telemedicine
Carl May University of Newcastle

10 December

Christmas special event (everybody welcome)

For further copies of this programme please contact Paul Godin 020 7040 5933. To receive details of all LMSG meetings by e-mail contact Mark Newman, m.newman@mdx.ac.uk or visit the BSAwebsite: britsoc.org.uk/about/msregstud1.htm
Joint LMSG Organisers: Richard Compton, Paul Godin (Convenor), Rachel Grellier (Ents. Officer), Chris McCourt, Mark Newman, Susan Robinson (Treasurer) & Margaret Rogers.

Scottish Group

On the 11th October the group hosted a panel session in conjunction with the History Group of Glasgow Caledonian University on the topic of 'Data archiving: What do historians and sociologists think?'. Three presentations were followed by a lively group discussion. Dr Odette Parry, University of Edinburgh, presented a sociological perspective on issues and challenges posed by archiving data and the subsequent secondary analysis of these data.

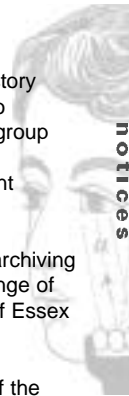
Rob Perks, National Sound Archive, British Library spoke of the development of archiving of historical material and how these data can assist in historical research for a range of purposes. The aims and work of the Qualidata Archive located at the University of Essex was considered by Gill Backhouse.

All three presentations were taped and we hope to provide a fuller presentation of the issues considered in the next issue.

The next meeting of the group will take place in Edinburgh at the Polish Seminar Room, University of Edinburgh Erskine Medical Library on Friday 14th March from 1-4.30pm. The topic will be Families, Violence and Healthcare. This event will be run in conjunction with the Centre for Research on Families and Relationships (www.crfr.ac.uk). Further details will be available from early December from either of the convenors.

Gill Hubbard, University of Glasgow. Email: gh77c@clinmed.gla.ac.uk

Linda McKie, Glasgow Caledonian University. Email: lmckie@gcal.ac.uk



Liverpool Medical Sociology Group

Everyone is welcome to attend the meetings, free of charge, and some refreshments will be provided. For further information, contact Jude Robinson on (0151) 794 5621, or j.e.robinson@liv.ac.uk.

Forthcoming meetings:

Tuesday 26th November, 2002.

Will Medd (University of Salford) and Katrina Stengel (University of Lancaster)

'Not just a bandage, a new way of working: evidence, leg ulcer management and the role of the sociologist'

Josephine Butler Suite, 4th Floor Whelan Building, Quadrangle, University of Liverpool.

Thursday 12th December 2002

Gareth Williams (School of Social Sciences, Cardiff University)

'Iechyd da: health and regeneration in South Wales.'

The Foresight Centre, London Road, University of Liverpool.

North East and Midlands Group

The North East and Midlands Medical Sociology Group held a very enjoyable afternoon at the University of Sheffield on October 9th. Three Excellent papers were presented and followed by lively discussion. Two meetings are planned for 2003: May 7th, at Leicester University, and November 5th at the University of Sheffield. Both meetings will be in the afternoon, from 1.00pm

Further details will be circulated shortly. If you want to be on the mailing list please contact Jane Seymour on j.e.seymour@sheffield.ac.uk

South West Regional Group.

The new convenor for the South West Regional Group is Stuart Mclean (Tel: 0117 344 8783 e-mail: stuart.mcclean@uwe.ac.uk)

FORTHCOMING:

1 DAY EVENT: Saturday 7th December 2002

Venue: Room 1C08
University of the West of England,
Glenside Campus,
Blackberry Hill,
BRISTOL.
BS16 1DD.

Time: 10.30am - 3.30pm

Speakers:

Professor Michael Bloor
School of Social Sciences, Cardiff University.

Title: 'Worse things happen at sea: safety rules and procedures on a merchant cargo ship'.

Dr Ronnie Moore
Queen Mary College, University of London.

Title: 'Post post-modern: Ethnography in health research'.

Cost: £5.00 (tea/coffee, refreshments and lunch provided)

For further information about how to get to the university campus and to book a place on this 1 day event, call or e-mail Stuart McClean:

Tel: 0117 344 8783
e-mail: stuart.mcclean@uwe.ac.uk



West Midlands Group

The West Midlands Medical Sociology group will now run meetings through the Centre for Research in Health Medicine and Society based at the Institute of Health, University of Warwick.

There are two seminar series running throughout 2002/3 (see below)

If you would like to be added to the mailing list, please contact <Nihid.Iqbal@warwick.ac.uk>

First series

CENTRE FOR THE HISTORY OF MEDICINE
and
CENTRE FOR RESEARCH IN HEALTH,
MEDICINE AND SOCIETY

Warwick Seminar Series in the Social History of Medicine 2002-3
'MEDICINE AND THE PEOPLE'

Sponsored by the Wellcome Trust

All seminars take place at 5.00 – c.6.30pm in H402 unless otherwise stated

Thursday 28 November
Simon Williams (University of Warwick)
'Sleep and Health: Sociological Reflections on the Dormant Society'

For those who would like to be added to the mailing list or for more information please contact Mathew Thomson (History),
Ext. 24725, M.Thomson@warwick.ac.uk or Gillian Bendelow
(Sociology), Ext. 24992, G.A.Bendelow@warwick.ac.uk

second series

CENTRE FOR RESEARCH IN HEALTH,
MEDICINE AND SOCIETY AND
INSTITUTE OF HEALTH
SEMINAR SERIES 2002-2003
TACKLING INEQUALITIES IN HEALTH
17.00 – 18.30 hrs
Room RO.3/4 Ramphal Building

22 January Alan Dolan, Lecturer, University of Warwick:

Class, Gender and Men's Health: the Importance of Income, Psychosocial Environment and Material Conditions

19 February Professor Peter Beresford, Brunel University
and Suzy Croft, St John's Hospice:

Tackling Health Inequalities: User Involvement in Palliative Care Research

For those who would like to be added to the mailing list or for more information
please contact Eileen McLeod, Ext 23166, email { [HYPERLINK
mailto:E.McLeod@warwick.ac.uk](mailto:E.McLeod@warwick.ac.uk) }E.McLeod@warwick.ac.uk or
Clare Blackburn, Ext 24132, email { [HYPERLINK
mailto:c.m.blackburn@warwick.ac.uk](mailto:c.m.blackburn@warwick.ac.uk) }c.m.blackburn@warwick.ac.uk

All Welcome



Conference Report American Sociological Association 97th Annual Meeting, Chicago, August 16th – 19th 2002

The theme of this year's ASA annual conference was 'Allocation Processes and Ascription', with a wide range of papers addressing 'how ascribed characteristics come to affect people's exposure to societal burdens and benefits'. There were, though, also papers on almost every other topic imaginable, including a stream on responses to September 11th. The ASA is a vast conference, with hundreds of parallel paper sessions, discussion roundtables, meetings, workshops and mini-courses spread out over two hotels a couple of blocks apart, and meetings and receptions for the many sections in the evenings. The conference desk were unable to tell me how many delegates and papers were represented. If the organisers don't know the scale of the conference it is perhaps not surprising that it can be a bewildering experience for a newcomer, especially one who missed the orientation session on day one. It is nonetheless a very useful introduction to US sociology. I tried to go to a range of papers, rather than just those in the medical sociology section. The only common thread was perhaps Detroit. Detroit is clearly the new Chicago, with a depopulated centre full of sociologists studying everything urban: from public transport, social exclusion, stress and, probably unwittingly, each other. Some of the papers, particularly on inequalities and social capital, were fascinating. There is a more genuine collaboration between quantitative and qualitative methods than is usual in UK conferences, and this is an area where the benefits are clear. One of the panels included a beautifully presented (ie I understood it, at least at the time!) social epidemiology paper using multi-level modelling paper on individual level and 'tract' level data to unpack the relative contribution of socio-demographic variables and differential exposure to stress in the Detroit population (from Jason Boardman) and a qualitative paper on Detroit women's perceptions of neighbourhood and health (from Amy Schulz and Lora Lempert). Combining epidemiological, sociological and geographical discourse worked well in pushing forward thinking on social capital, and developing more sophisticated approaches to community development.

Overall, though, much of the qualitative work presented in the general panels was rather under-analysed: thin descriptions of the 'here are 3 themes from 10 interviews' type. These were of passing interest as a glimpse of unfamiliar cultures (high schools, Detroit buses, hip-hop clubs or informal investment networks) but atheoretical and disappointing as sociology. The Conversation Analysts were also well represented, with (in contrast!) some very detailed analysis. Too late in the day, I find out that experienced conference goers interested in qualitative methods spend most of their time at the fringe programmes. The key one is the Society for the Study of Social Interactionism (called 'Triple-S I' by those in the know) – not listed in the main programme handed out at registration, but apparently downloaded from the web.

The Medical Sociology section panels and meetings were, inevitably perhaps at the national meeting, rather inward looking and difficult for a non-US sociologist to participate in. One panel addressed the future for training of medical sociologists in the US – rather like the UK, the senior members of the profession were not trained in 'medical sociology', as it did not exist as a separate discipline at the time, but as sociologists, and the question seems to be how to provide medical sociology programmes that do justice to this generalist tradition, while facing the twin encroachments of an ever more fine division of labour in sociology and the demands of Health Services Research (seemingly less

integrated into the mainstream in the US). Reflecting on the perhaps healthier position of medical sociology in the UK, I did wonder if the strategy of incorporating both the burgeoning arena of qualitative nursing research and HSR, rather than seeking to demarcate the 'unique' contribution of medical sociology, has been a more successful (if opportunist!) strategy.

One major attraction was Chicago itself. The ASA put on a number of tours for conference delegates, including one (sadly already booked up) of the history of the Chicago school. Chicago is easy to get around, with excellent public transport (even to the airport!), fantastic architecture, museums and blues clubs. It was also a friendly city, and .

Next year's ASA annual meeting is in Atlanta, with the call for papers out on the ASA web site* now (deadline is early January). If you plan to go for the first time, my top tips are: Get there early enough to attend the orientation session.

Check the ASA web site before you leave to download programmes, especially for fringe meetings

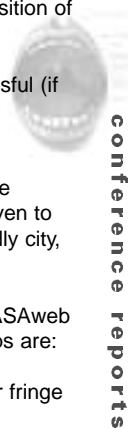
If you are hoping to 'bump into' colleagues during the conference or around the hotel, forget it – make firm arrangements to meet before you leave!

Given you'll need time out from the actual conference, wait until 2004, when it's in San Francisco.

Judith Green
LSHTM

web site address: <http://www.asanet.org/convention/2003>

You can also search and email yourself papers from the last two annual conferences here.



MEDSOC Cult - exposed

Our crack reporter, Tim Rapley, went undercover to give us an *exclusive* behind the scenes expose of the 2002 BSAMedical Sociology 34th Conference.

Back in June, my editor asked me if I wanted to do an in-depth report on a conference he had heard a lot about. Apparently, once a year, a group of what he called “potential subversives”, who go by the seemingly innocent tribal label of Medical Sociologists, meet once a year to discuss the downfall of all that we know as common sense. I had exactly four months to find a way to learn as much as I could about this close knit community, to learn their ways and to be able to infiltrate the inner sanctum of their power base, the MedSoc conference.

I was given intensive training by an old hand in the area, who wishes to remain anonymous. Professor Pierre Brie introduced me to the arcane rituals of passing as a Medical Sociologist. The first piece of my training was to invent a PhD thesis, this imaginary thesis was entitled “You’ll get used to the itching”: Rethinking Embodiment, Intimacy and Sexuality through the History of the Merkin. The hope was that I was now an expert in a topic few would dare to discuss.

Next I was given an odd collection of terms and phrases, including “Disparate, Eclectic, Hybrid Bricolage”, “Hermeneutic Post-Derridian Ampersand Analysis” and “Firstly, I have to say I really liked your presentation, but ...”. I was told to memorise them and learn to drop them, nonchalantly, into all my conversations. Alongside this I had to learn gestures and mannerisms that must be performed whenever specific words are said; for example on hearing the words “Parson’s Structural-Functionalism” I should raise my head slightly to one side and let out a brief, but clearly audible, sigh. Finally, if any one questioned me too much, and may be beginning to penetrate my cover, I was told to mention “My fascination with” something called “Conversation Analysis and Ethnomethodology” – apparently this would bring most conversations to an abrupt end.

My training complete, I arrived in the quiet, unsuspecting, City of York on the 27th of September. As I joined the taxi-rank, I realised that I was surrounded by my fellow conference attendees and most seemed to arrive in small groups. To the untrained eye, it appeared that a lot of these groups of people were just catching up with old friends. However, they have obviously all read their Michael Bakunin, this is a classic Anarchist cell technique – travelling separately in small groups, with one member of your group knowing at least one member of another group. I had my first glimpse of the devastating cunning of this community.

I arrived at York University, pensive about my status as a new comer. I followed the arrowed signs to the Registration. On seeing the volume of name-tags and subsequently reading the delegates list, I realised that this was an extensive and pervasive network covering the UK and beyond. I then read through the abstracts in the programme, expecting to find those dense and impenetrable words that I spent the past four months trying desperately to learn and understand. To my amazement, this community appears to shun those traditional academic practices of opaque nomenclature for a rather more easy going, embracing, language. This was to be the first of many surprises.

I went on to witness a vast collection of papers that covered a mass of topic, ideas and approaches. I overheard one newcomer mutter to a colleague, "I'm generally either bored or really bored at a lot of conferences, but there are actually loads of really good papers here ...". Another noted that "the papers where ... informative, interesting ... clear and well presented". That they actually make these meetings interesting just goes to demonstrate the unscrupulous levels they will stoop to in order to attract new and unsuspecting recruits to their cause. However, my suspicions were confirmed by the large number of presenters using power point - everyone knows that real academics are technically incompetent.

After each presentation delegates would move from room to room in search of more knowledge, briefly congregating in a conspiratorial manner. Whenever I passed close to a group the conversation would immediately change to the topic of "which paper to go and see next". I never got a chance to understand what they were really talking about before I arrived, but I did pick up a fine collection of ways that papers were chosen. They seemed to include: reading and liking the title; reading and liking the abstract; knowing the reputation of the presenter; liking your friends and going with their advice about the reputation of the presenter; liking your friends and just going along with them; choosing a paper at random by closing your eyes; and choosing a paper at random by spotting someone that "just looks interesting" and following them to whichever paper they go to. To the uninitiated this last option may appear as an act of stalking. However, for the stalker and stalkee this represents just another chance to hone their surveillance and counter-surveillance techniques.

For three days I had to endure endless rounds of talking, chatting, laughing and joking. My sense of responsibilities towards getting the best story forced me to join with those other delegates who engaged in wanton acts of alcohol consumption. I fear I went way beyond the call of duty when I took part in the crescendo of this cult's practices - The Saturday Evening Disco. The evening started off well enough. A jazz band played and people casually stood around drinking wine. This veil of respectability was soon to be lost. Less than three hours later this space was transformed by a frenzied mass of writhing bodies. At one point I became terrified as a group of teenagers, bored of the company of their peers, gate-crashed the Disco, drawn by the subliminal and hypnotic messages that ran through all the music. Having witnessed this cult's power to attract new followers I feared for these innocent teenagers' future career choices. However, once confronted with the sight of the three-legged Professor's crazed dancing they soon fled. As did I.

After completing this assignment our reporter, Tim Rapley, had serious problems re-integrating with the papers staff. Every Wednesday, at the papers expense, he was sent on to a deprogramming away-day Release your Inner Child workshop in Welling Garden City. Unfortunately, this has had little effect. He was last seen walking the streets of Newcastle, with a well thumbed copy of Sociology as Applied Medicine (Sociopsychic Press).

BSA Medical Sociology Group 34th Annual Conference Plenary Address Abstracts

1. Breaking into silence: the rude incursions of the sociologist

Marina Barnard University of Glasgow

Empirical sociological inquiry is often undertaken on the basis of two key assumptions, one is that all knowledge and viewpoints are equally valid and two, that the research and the researcher will do no harm to the lives of those being studied. In this plenary I will use data drawn from recent research on the impact of problem drug use on parenting and child welfare to illustrate how both assumptions are problematic. The stigma of drug dependency and the fear that parents and particularly children have of separation in consequence of a parent's problem with drugs make this a highly charged area of enquiry. Not the least of this is the impulse to keep the problem hidden so that it often lies unacknowledged at the heart of the family dynamic. The inconsistencies between accounts provided by parents and by children, the obvious elisions and many silences were all testimony to the sensitivity and contested nature of this subject area. In such an arena the investigation of the problem could not assume that all viewpoints were equally valid and neither in consequence was it likely that its representation would be in everybody's equal interests.

2. Medical Sociology: where have we been and where are we going?

John McKinlay

New England Medical Institutes and Harvard Medical School

This paper offers some general reflections on the field of medical sociology – theoretical, methodological and the value of certain lines of enquiry. Attention is given to the appropriate levels of analysis and the need for the development of an epistemological imagination (which integrates a theoretically informed medical sociology with traditional epidemiology).

PhD Abstracts

Tim Stokes

(Department of General Practice and Primary Health Care, University of Leicester)



Ending the doctor-patient relationship:

An investigation of the removal of patients from general practitioners' lists

The removal of a patient from a general practitioner's (GP's) list offers unique insight into 'what happens' when a doctor decides to end his/her relationship with a patient.

The study aim was to obtain a detailed description of the process of removal as perceived by both practitioner and patient and to place removal in a wider framework of theory in relation to the 'difficult' doctor-patient relationship.

Semi-structured interviews were undertaken with twenty-five Leicestershire GPs and twenty-eight patients who had been recently removed from a GP's list. Analysis was conducted using the constant comparative method.

GPs account for why they remove patients using the narratives of removal as 'divorce', 'breaking the rules', and removal as 'sanction'. These narratives constitute a form of strategic interaction in which the GP presents him/herself as acting as any 'good' GP would when the boundary rule of 'affective neutrality' between GP and patient has been breached or when faced with a 'bad' patient who 'breaks the rules' of conduct of the doctor-patient encounter. The patients account for their removal using the narratives of the 'good' patient, 'bad' GPs and 'good' GPs and removal as a threatening event. The narrative of removal as a threatening event demonstrates that removal causes a high level of emotional distress and threatens a person's identity as a 'patient'. The patients use the narratives of the 'good' patient and the 'bad' GP and 'good' GP in a strategic manner to accomplish valid patienthood. The patients assert their identity as a 'patient' by showing that they have behaved according to the lay rules of conduct of the patient-doctor relationship even though the removing GP 'breaks the rules'.

These findings are used to develop a model of ending the doctor-patient relationship in general practice and to make policy recommendations on removal.

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Geraldine Barrett

Developing a Measure of Unplanned Pregnancy

The incidence of unplanned pregnancy has long been used as an indicator of sexual and reproductive health. However, because of dramatic social and demographic changes, existing measures have become outdated and no satisfactory contemporary measure of this status exists.

The aim of this study was to develop a measure of unplanned pregnancy which is valid, reliable and appropriate in the context of contemporary demographic trends and social mores, and can be used to establish population estimates of unplanned pregnancy. To achieve this, a two-stage study design was employed: firstly, qualitative (inductive) methods in order to delineate the construct of pregnancy planning/intention, and secondly quantitative/psychometric methods to establish the means of measurement. At the qualitative stage, 67 depth interviews were carried out with pregnant (continuing pregnancy and abortion) and postnatal women. A conceptual model of pregnancy planning/intention was developed from these data and used as the basis for item development in the quantitative stage. Standard psychometric techniques were then employed to construct the measure and test its reliability and validity (the qualitative findings informing judgements about content and construct validity). Over 1000 women participated in the psychometric field testing.

The result of the study is a six-item measure of unplanned pregnancy - the first psychometric measure of this construct. Psychometric testing demonstrated the measure's high reliability (Cronbach's alpha >0.90; test-retest reliability >0.90) and high face, content, and construct validity. Women may occupy a range of positions in relation to pregnancy planning, and these are represented in the measure by the spectrum of scores (zero to 12). These scores provide a more sophisticated level of information about pregnancy planning than was previously available. The measure is suitable for use with any pregnancy regardless of outcome (i.e. birth, abortion, miscarriage) and is highly acceptable to women.

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Book Reviews

Ettorre E (Ed.) (2001) Before Birth: Understanding prenatal screening Aldershot: Ashgate (ISBN 0-7546-162105 Hbk £39.95)

Before Birth reports on a series of empirical studies that have come out of a research project funded by the European Commission from 1996-1999 entitled 'The development of prenatal screening in Europe: the past, the present and the future'. This research project included seven institutions from four countries: England, Finland, The Netherlands and Greece. The overall aim of the study was to identify the main ethical, legal and social issues related to the development of prenatal screening in Europe in order to inform public policies in the fields of public health and biomedicine. It is set within the context of multidisciplinary (i.e. bioethics, sociology, medicine and psychology), cross-cultural health service research and presents findings of both a quantitative and qualitative nature. The book will be of relevance to anyone interested in understanding prenatal screening in Europe, particularly in the aforementioned countries. However, there are inherent advantages and disadvantages for the reader given that the chapters in the book are mainly based on the presentation of findings from different aspects of the above study.

One main benefit is the range of different issues which have been addressed. Findings are presented in 10 different chapters about issues related to policy, the law and ethics; information in the lay and professional press; expert's and key players views; physician's views; midwives' views; views of women with experience of prenatal screening; lay people's surveys in Finland and views of people with genetic and other congenital conditions. However, an important point to note is that the findings do not present data from each country on every issue. Hence in some chapters it may be the case that only two countries are compared, for example, 'Physicians' opinions of genetic screening: Comparisons in Finland and Greece'. Undoubtedly these 'gaps' are related to the nature of undertaking such comparative research but it does mean that one is at times left wondering why such omissions have occurred. Chapter one is useful to the reader who wants to know more about a specific issue as it provides a summary of the contents of each chapter and an introduction to the background of the project. Perhaps one criticism is that it does not provide much contextual background about the four countries in relation to issues such as the different health care systems, status of motherhood, attitudes to pregnancy and so on. Although these issues become clearer throughout the course of the book more background information at the start would have helped when interpreting some of the later findings.

Another major strength of such a comparative study is that the findings allow for some key differences as well as similarities to emerge between the countries. For example, chapter seven uses responses to questionnaire surveys and interviews to compare women's decision-making and experiences of prenatal Down's syndrome screening in Finland, Greece and The Netherlands. The authors stress (p.123) that as different methods have been used in each country only very clear and consistent differences are considered as relevant. Nonetheless, these results highlight how different ways of offering serum screening tests structure the different experiences that women will have of this technology and reflect differing attitudes about women's autonomy and rights to make



decisions about prenatal care. Chapter seven also draws attention to one of the limits of the book in that some of the findings are based on studies which were carried out almost 10 years ago which gives the impression that some of the work may be outdated. Nonetheless, the findings in these studies also draw attention to some of the key social and ethical debates related to the 'new genetics' such as the nature of women's autonomy in light of social expectations, different constructions of disability and the 'culture of perfectionism', what is informed choice, professional conflicts and what are the 'objectives' of prenatal screening programmes. Ultimately, a key message is that technologies are socially and culturally shaped and that ethical principles are not the same when this particular technology is used in different countries.

The final chapter also discusses the issue of language in more depth given that this will be an important concern for any international collaborative project. In particular, by looking at the different cultural meanings attributed to the term eugenics the potential variability of perceptions is highlighted.

Overall, this book offers a good introduction to some of the social, ethical, cultural and policy issues related to the development of prenatal screening in Europe and will be of interest to academics, practitioners, students and policymakers who want or need to know more about this area.

Karen Forrest, University of Aberdeen.

Van Teijlingen E, Lewis G, McCaffery P, and Porter M. (Eds.) (2000) *Midwifery and the medicalisation of childbirth: Comparative perspectives* New York: Nova Science Publishers (ISBN: 1560726806 Hbk \$107/Australian \$286)

Intended as an introduction to the sociological study of midwifery, this book of readings is arranged around five themes, with each theme introduced by an original chapter. The themes are: the history of midwifery; the midwife in contemporary industrialised society; the traditional midwife and the medicalisation of maternity care; the politics of midwifery; and the future of midwifery. Comparative perspectives are provided, comparing the role and status of midwifery, the interplay between midwifery and medicine, and the medicalisation of childbirth, both historically and cross culturally.

The first section, on the history of midwifery, shows the historical struggle by midwifery as a discipline to maintain a legitimate place in the provision of maternity services, in particular to resist being dominated or, indeed, eliminated by the discipline of obstetrics.

The second section, on the midwife in contemporary industrialised society, addresses changes in the education, role and status of midwives in contemporary industrialised countries as a result of economic, political and ideological factors. This section provides an account of a number of service models presently in use which are consistent with the ideology of a midwifery model of care and highlights some of the strengths and difficulties of implementing such models. The paper by Maureen Porter highlights some important difficulties experienced in making radical organisational changes involving changes in

service provision and professional autonomy and role, even when that change is endorsed at the highest political level and based on consumer survey.

The third section, on the traditional midwife, focuses on the influence of culture on the role of traditional birth attendants and the impact of educational programs for birth attendants on maternal and infant health outcomes.

The fourth section, on the politics of midwifery, includes an introductory socio-political analysis of professionalism and the relationship between midwifery and medicine. The subsequent papers in this section were written by eminent, contemporary writers and focus on relevant issues. Ann Oakley's paper on caring is an important inclusion, as the dichotomy in the ideology of practitioner-client relationships that she discusses underpins much of the less tangible politics of maternity care. The inclusion of the 1912 address by Charles Edward Ziegler to the American Association for the Study and Prevention of Infant Mortality, originally published by the Journal of the American Medical Association in 1913, is a salutary reminder of the forces of inter-disciplinary rivalry, an issue that is timely to remember when reading Eugene Declerq's subsequent reminder of the importance of midwives remaining politically aware and active (p. 351).

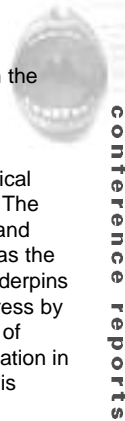
The book concludes with a brief original paper on the possible future of midwifery, followed by 3 brief papers, published between 1988 and 1992, and the vision statement of the Association for Radical Midwives.

With a broad intended readership (social science students and students of midwifery, medicine and allied health professions) the scope of the book is wide. The material on history and cultural comparisons, while highlighting important aspects of the medicalisation of childbirth, have been dealt with elsewhere and detract from the capacity of the book to develop and sustain a strong sociological analysis of midwifery. Perhaps these topics could have been dealt with more succinctly. The sections I enjoyed the most were those on the midwife in contemporary industrialised society and the politics of midwifery. These sections include recent readings brought together with introductions that provide a useful sociological analysis of the present status and role of midwifery.

A deeper analysis of the notion of risk and of the midwife-client relationship could have produced a more complete sociological account of contemporary midwifery, as the notion of risk underpins much of the intervention that has medicalised childbirth and the practitioner-client relationship is of interest to both midwives and sociologists at present. The final section, on the possible future of midwifery, could have made more of the implications drawn from previous sections, especially the sections on politics and the midwife in contemporary industrialised society, in highlighting issues the discipline continues to face.

Some editorial aspects of the book fail to meet academic standards. An overview of the layout of the book is not provided until the third chapter and is incomplete in that it includes only three of the five themes. An introductory overview of how the book is set out and a clearer table of contents would help readers quickly access material of interest to them and would appeal to an academic audience. The early original chapters contain frequent, distracting, typographical errors.

This book is expensive, in Australia at least, and likely to be beyond the reach of most for



personal libraries, but would make a useful addition to university and hospital libraries as a reference text.

Christine Brook, University of Queensland

Ginn J, Street D, Arber S. (Eds.) (2001) Women, Work and Pensions: international issues and prospects Buckingham: Open University Press (ISBN 0335205941 Pbk £19.99)

The issue of income maintenance in later life is one of considerable interest to the individual and the wider society. When the 'post work' phase of life can last as long, if not longer, than the period of participation in the labour market issues of maintaining incomes for this period become paramount. Indeed the whole issue of pension provision is assuming increasing prominence in the policy area and is one where the interface and controversy concerning the respective roles of public and private provision is seen clearly. These debates are of particular relevance to women who, because of the nature of their employment patterns and their involvement in a variety of caring activities, are especially vulnerable to the experience of poverty and low income in old age.

This edited collection of 13 chapters, contributed by leading scholars examines the position of women and their pension arrangements in six 'liberal' welfare states. Through these 'case studies' and several overview chapters the authors demonstrate a consistent pattern of the 'feminisation' of poverty in later life. However the contributors also look behind this broad generalisation to demonstrate the differential impact of factors such as class and ethnicity upon women's income levels in later life. It is clearly inadequate to deal with 'older' women as a single, homogeneous group. Rather we must develop a more sophisticated analysis to incorporate issues such as class, age and ethnicity. Several authors also consider the influence of 'cohorts' by considering the likely pension situation for future generations of elders. Whilst future cohorts may be less handicapped by 'caring' responsibilities changes in pension legislation is likely to have a differential impact upon those who are employed part time or have interrupted working careers. Overall this is an excellent book that is both extremely timely and highly relevant. It should be of interest to many colleagues; especially those concerned with issues of social policy, feminist studies and gerontology.

Christina Victor, St George's Hospital Medical School, London

Kerr A, and Shakespeare T (2002) Genetic Politics: From Eugenics to Genome Cheltenham: New Clarion Press (ISBN 1 873797 25 7 Pbk £12.95)

If you are interested in the Human Genome, and want to separate the hype about new genetics from what is actually being delivered, this book will go a long way towards giving you an informed opinion. It looks at some of the assumptions that underpin genetic

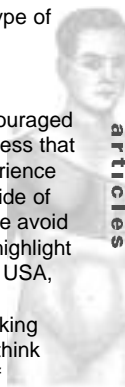
technologies (such as those about eliminating “deformities”) and asks is this the type of society we want to have - where human difference is devalued and eradicated?

The book covers a wide range of areas, from the eugenics associated with Nazi Germany, to the “public health” programs in democratic countries which have encouraged pregnant women to be screened for (and abort) a disabled foetus. The authors stress that genetics and eugenics cannot be easily disentangled. In Nazi Germany, the experience of eugenics involved the large-scale sterilisation, euthanasia and ultimately genocide of approximately 75,000 people, via the T-4 program. Although Kerr and Shakespeare avoid simplistic parallels between Nazi Germany and contemporary democracies, they highlight the eugenic underpinnings of the sterilisation programs which occurred in the UK, USA, and the Scandinavian democracies. Changes in medical practice have led to the “privatisation” of eugenics. Rather than working at a population-level, eugenic thinking now has its place in a “private” sphere, where pregnant women are counseled to think about the desirability of having babies with hereditary impairments and abortion of disabled fetuses is presented as a “solution” to this issue. Such counseling is not “non-directive”, the authors argue. Instead, it is skewed towards abortion. Powerful social and cultural forces, as well as economic interests, undermine the autonomy and reduce the “free choice” of pregnant women who are carrying babies with hereditary genetic diseases. The modus operandi of eugenics has changed, but there are still significant links with the horrid practices of the past which led to the deaths of thousands of disabled people.

Kerr and Shakespeare emphasise that the idea of separating “good genes” from “bad genes” is deeply problematic. Yet such an assumption is the basis of a great deal of current scientific endeavor, from the Human Genome Project to the research being funded by the pharmaceutical industry. The authors therefore cast a critical eye on the science industry, and its sometimes-spurious claims of a biological basis to all human activity. For instance, they criticise scientific arguments about a “gay gene” because of its biological determinism and problematic use of twin studies. The authors acknowledge that genes are important, but they stress that both genes and the environment interact in shaping human behaviour. In this context, the social dimensions of health are emphasized.

Genetic Politics: From Eugenics to Genome is complex and fascinating. The authors are not anti-science. They argue that science can and has made an important contribution to human welfare. For instance, they stress that the Human Genome Project has significantly contributed to gene identification in diseases. However, they argue that a social and ethical perspective is vitally important in debates around genetic politics. Scientific progress can advance so quickly that all the ethical dimensions of genetics need to be considered sooner, rather than later. They also stress that it is impossible to have a balanced debate about aborting a disabled foetus without including disabled people in the discussions. Likewise, although certain genetic conditions may have symptoms which are treated well with drugs, Kerr and Shakespeare also argue for social solutions to social problems (such as alcoholism). They stress that we must not engage in biological reductionism, and reduce all social experiences to the level of the gene.

New genetics raise an array of important questions about access to genetic knowledge and information, the value of such knowledge when the genetic condition cannot be treated, confidentiality of data and the possibility of discrimination, and the difficulty



understanding genetic risk. This important new book makes a significant contribution to raising awareness of these issues. I would thoroughly recommend it for use in a wide range of educational settings, including the sociology of science and technology, medical sociology and disability studies.

Mark Sherry, Oregon Health and Sciences University

Peat J, Mellis C, Williams K and Xuan W. (2002) Health Science Research: A Handbook of Quantitative Methods. London: Sage (ISBN: 0 7619 7403 2. Pbk £17.99)

This informative textbook takes the 'would be' health researcher clearly through the process of planning, carrying out and evaluating a quantitative research project. The book is organised into eight chapters: reviewing the literature, planning the study (with a comprehensive section on study design), choosing the measurements, calculating sample size, conducting the study, analysing the data, reporting the results and appraising research protocols.

Each chapter and section begins with a clear statement of objectives, and the book as a whole is well indexed, enabling the reader to navigate selectively through in order to find required information. The book is liberally scattered with tables which summarise and illustrate main points in the body of the text, and glossary boxes which provide definitions of key word and terms. Multiple checklists, such as the list of questions for critical appraisal in chapter 1, provide the reader with useful means of ensuring that all aspects of the research process are adequately covered. Although written by Australian authors, many of the examples and references are from British or American sources, ensuring that the book has international appeal. Contemporary developments in health research have been addressed, for example, there are details about the Cochrane collaboration, and information about how to participate in a Cochrane review. Similarly, the principles of research ethics have been addressed in broad terms, so that current changes to the system of awarding ethical approval in the UK will not impact on the currency of this text.

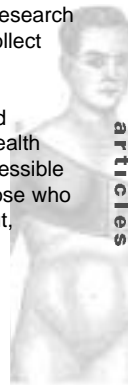
The comparatively short section on statistical analysis is welcome in a handbook of this nature because, as the authors highlight, there are many specialist statistical textbooks already available. Rather, one of the book's real strengths is the attention given to explaining difficult and frequently misunderstood concepts in quantitative research such as 'power', 'error', 'bias' and so on. The authors have largely avoided labouring statistical calculations, opting instead for clear explanations of the principles behind such statistical tests. In addition, the reader will find useful summary tables of how and when to use specific tests wisely and how to interpret what they mean.

A possible limitation of the book is that it tends to focus on concerns of the disciplines in which it is located (ie epidemiology and clinical medicine). For example, phase I, II, III and IV studies are discussed fairly early on in the chapter concerned with planning a study. The majority of the examples used are also from these disciplines, and some people may find this an obstacle in understanding some sections of the text. A further minor criticism (although the book does make clear its purpose as being to explore

quantitative research methods) is the rather crude characterisation of qualitative research (for example on page 54, as 'descriptive studies that use in-depth interviews to collect information').

In summary, this textbook provides an in-depth and useful guide to the design and implementation of quantitative research projects. It will be particularly useful to health professionals with some experience of quantitative methods but possibly less accessible to undergraduates from nursing or the allied health professions. Nevertheless, those who take on the challenge will learn much that should help develop their thinking about, reading of and doing...research.

Claire Ballinger and Kathryn McPherson, University of Southampton



Porter R. (2002) Madness: A Brief History Oxford: Oxford University Press (ISBN 0-19-280266-6 Hbk £11.99)

Following Roy Porter's untimely death last year, this is his last and perhaps best book. It is pocket-sized, succinct and yet wide-ranging and detailed. He discusses the history of madness in a delightfully witty fashion. The text is accompanied by twenty-eight illustrations of madness and those engaged in its treatment (including Hogarth's Rake's Progress, before and after Tom's admission to Bethlam). In the introduction Porter explains his deliberate intention to not engage with questions about what causes people to go mad. Rather his history considers: 'who has been identified as mad? What has been thought to cause their condition? And, what action has been taken to cure or secure them?' In the next chapter, Porter outlines religious models of madness and explains how they gave way to a secular and medical understanding of madness. In chapter 3, changing ideas about madness are considered in relation to the development of western philosophy. The next chapter, 'Fools and folly', opens with a quote from Goffman that is used to illustrate how the stigmatisation of madness involves the projection of inferiority, disgrace and otherness on to the mad. This leads into a consideration of the once ambiguous nature of folly, with its riddling truth, which was increasingly incarcerated from the eighteenth century until the mid-twentieth century. In chapter 5, Porter considers the story of asylums. He tells us how they became the seedbed for the development of psychiatry (which is dealt with in more detail in the next chapter) and how the optimism of moral treatment gave way to pessimism in the nineteenth century as cure rates dipped and: 'asylums silted up with long-stay zombie-like patients'.

Chapter 7, entitled 'The mad: A dialogue with the deaf' was my favourite. Through examples of John Clare (of: 'I am! Yet what I am who cares, or knows? My friends forsake me like a memory lost' fame) and others, Porter illustrates the sterile nature of discussion between madness and sanity. 'The rich may not understand the poor, nor atheists the God-fearing....so can the utterances of the insane make sense?' The book concludes with a chapter that outlines the development of psychoanalysis, and questions whether it or psycho-pharmaceutical developments dominated mental health care in the last century. In the concluding chapter, Porter acknowledges psychiatrists' claims that they are able to function better as a result of the latter and then proposes that: 'pacifying patients with drugs hardly seems the pinnacle of achievement.' With little public



confidence in psychiatry today, Porter finally asks: 'Is Folly jingling its bells once again?' I loved reading the book and ring a few bells for it.

Paul Godin, City University

Shildrick M. (2002) *Embodying the Monster: Encounters with the Vulnerable Self* London: Sage (ISBN 0761970142 Pbk £16.99)

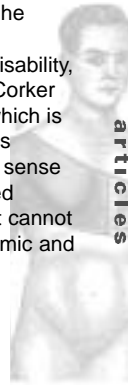
The purpose of this book is to deconstruct the concepts of "monstrosity" and "vulnerability" and to situate these concepts within contemporary poststructuralist debates about difference. Monsters are anomalous because they evoke both disgust and sympathy. Those monsters that seem particularly "close" to humanity evoke vulnerability while still challenging normative form and identity. Monstrosity can therefore be a useful category to discuss the 'natural' and the 'non-natural', but it can equally be used to destabilize categories of otherness by pointing to similarities. The monster is always disruptive of both familiarity and difference – it defies boundaries. For that reason, there have been many attempts to establish "scientifically" the epistemology and ontology of monstrosity. Margrit Shildrick suggests that monsters are not the "absolute other", they are a "mirror of humanity" which reflect non-normative interpretations associated with human experience. The threat implicit in the monstrous is not the threat of difference, but the threat to categories of "same" and "other". A "violent policing of boundaries" has been a common reaction to such corporeal difference. *Embodying the Monster* therefore examines the ontological, epistemological and ethical consequences of realizing that all bodies resist categorization as "normal" and that the binary self/other category is fundamentally problematic. In discussing the form and interpretation of monstrous bodies, Shildrick includes an analysis of monstrous bodies of the past as well as the postmodern bodies of the future such as cyborgs, clones, genetically engineered bodies, and so on.

Monstrosity is usually defined by a form of embodiment. In "Monsterring the Mother" and in "The Self's Clean and Proper Body", Shildrick examines the overlaps between the threat posed by monsters and the threat posed by the bodies of women and disabled people respectively. "Contagious Encounters and the Ethics of Risk" examines the notion of contagion and disability to examine discourses of bodily integrity. Shildrick examines the historical construction of a discourse around monstrosity to highlight its epistemological, ontological and ethical dimensions, and its role in the construction of racism, sexism, disablism and other oppressions. The monstrous provokes ontological unease, grounded in simultaneous horror and fascination. Monstrous bodies pose the threat of contamination, so monstrosity and vulnerability are inevitably linked. By examining the phenomenology of touch, it is suggested that it is more useful to focus on relationality than corporeal detachment in coming to terms with embodied difference. A new ethics emerges from this interpretation, involving a recognition of vulnerability to the other and vulnerability of the self. Conjoined twins, for example, offer the viewing public both the chance to objectify the monster and to identify with them. The normative regime of individuality is at the heart of efforts to separate conjoined twins and speaks volumes about the power of notions of containment.

This book will be popular among scholars sympathetic to postmodernism. It draws upon and extends the work of Lacan, Butler, Levinas, Derrida, Haraway and Irigaray. However,

I had one major concern about the position on disability developed by Shildrick. She argues that the experience of “physical disability” is marked by an “irreducible strangeness” (p.74). This stance on disability seems to conflate impairment and disability, and it is not consistent with the work of British disability theorists such as Oliver, Corker and Shakespeare. Unfortunately, Shildrick relied on American work on disability which is less theoretically rigorous in terms of such concepts. As a result, one is sometimes uncertain as to whether Shildrick believes that disability (understood in the British sense to mean the experiences of discrimination and oppression experienced by disabled people) is formed as a basic human reaction to bodily difference (in which case, it cannot easily be changed) or whether it is the result of certain forms of discursive, economic and ideological power (which are far more amenable to political action).

Mark Sherry, Oregon Health Sciences University



Solowij N. (1998) Cannabis and Cognitive Functioning Cambridge: Cambridge University Press (ISBN 0521591147 Hbk £55)

In this book the author presents an excellent, comprehensive, and critical review of the research into whether long term exposure to cannabis use results in long term cognitive impairment. Solowij, a Senior Research Fellow, states the primary aim of her book is to provide clinicians with a better understanding of long term cannabis users. She hopes firstly to inform of the type of behaviour patients may present with, and secondly hopes that this further knowledge may be incorporated into individual therapy, behaviour modification strategies, and rehabilitation programmes. Solowij also hopes to be of influence on work carried out by other researchers, by way of promoting debate and further research interest into this valid area.

The book is split into two sections. Section One, comprising five chapters, details a literature review dating back to the early 1970s. Chapter 2 provides an excellent breakdown of the pharmacology and neuropsychology of cannabis the drug, including the forms it is used in, routes of administration, patterns of use and even issues concerning “passive” inhalation. This is all presented in an incredibly accessible format where terms are clearly defined and referenced. I believe that even a novice to this area would be able to successfully grasp the points laid out in this section. In Chapter 5 we are treated to considerations that were given to studies of users in countries with a long history of cannabis use in their culture: Jamaica, Egypt, Costa Rica, India and Greece. American and Canadian studies are also included but heavily criticised methodologically with ample reason.

The other chapters in Section 1 (Acute effects of cannabis on cognitive functioning; Evidence for brain damage associated with long term cannabis use; and Selective attention and event related potentials) are equally well presented and defined culminating in a first section that is highly informative, well argued and substantiated, and brings together a wealth of empirical evidence.

The second section of the book includes a more detailed look at recent studies, mostly carried out by the author herself. She has used one of the newest and most sensitive

tools for research into cognitive functioning, brain event related potentials (ERPs). Again these concepts are clearly explained to any reader that may be unfamiliar with these tools. There are 4 main experiments discussed: attentional processes in long term cannabis users; frequency and duration of cannabis use; and the reversibility of cognitive impairment in ex users. Each paper is followed by a list of the key findings, and points are further illustrated with the use of tables, diagrams and graphs. Chapter 10 details a single case study of a 35-year-old male, with an 18 year history of daily cannabis use who approached the team for help in quitting. He believed he was not psychically dependent, but experienced urges to smoke, and felt that he was using cannabis to deal with life's problems. He himself had noticed differences in his memory, concentration, and motivation. The team studied him in an acute state and then for a further 6 weeks using ERP and selective attention tasks. Their interesting results are fully discussed bringing the reader face to face with reasons why further research into the area of recovery from long-term drug use should be of interest to social theorists and the research community as a whole.

So does cannabis use produce long term impairment? Solowij's final two chapters attempt to bring the research into sharper focus by considering issues such as anxiety, psychopathology, and the qualitative experience of long term users. Solowij concludes that the available evidence suggests that long-term use of cannabis produces subtle and enduring impairment to memory, attention, and higher cognitive functions necessary to perform everyday activities. This is exacerbated by frequency and duration of usage. In summary, this is indeed a timely piece of literature given the increasing prevalence of cannabis use, and proposals to reduce its legal restrictions. I found this a useful text, providing a comprehensive overview of the research into cannabis from it's inception to present day. It provides a through starting point to those interested in the wider reaching sociological aspects of cannabis use

Adria L Degia, University of Surrey

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About Medical Sociology News....

MSN is published three times a year by the Medical Sociology Group of the British Sociological Association.

Copy Deadlines

	Issue date	Copy deadline
Volume 29 Number 1	2003	20032

Subscription rates for three issues:

Overseas	£15
Institutions (Total and otherwise)	£15
UK (waged)	£10
UK (unwaged)	£ 5

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