
Crack is a highly addictive form of cocaine, sold in rock form rather than the more expensive powder. Because of its relative inexpensiveness it is available to a far wider section of the population than powder cocaine, which retains its reputation as ‘Y uppie sherbet’. In the USA crack is strongly associated with social deprivation and its use is particularly common in African-American communities. For these reasons the drug is loaded with moral and social symbolism, with its metaphors of welfare dependence, racial conflict, violent crime, crumbling social and institutional fabric, lawlessness, hopelessness and community breakdown. It is interesting that cocaine has come to symbolize two opposite ends of the social spectrum. During the 1980s cocaine was considered to be the ‘designer drug’. It represented the dominant, individualistic consumer ethic of the new rich. In its crack form it has come to represent the underbelly of the laissez faire 1980s: poverty, social exclusion, inequality, rampant crime and loss of community.

Studying drug use among women is important, as it is a phenomenon that is often denied. The roles of mother and junkie are seen to be especially incompatible, but there are many women who live both roles. Those who have to combine these apparently incongruous roles receive little sympathy and support. ‘Crack mothers’ – women who have children while they are addicts, and whose children are often born addicted – are not seen as real people trying to live their lives in trying circumstances but as symbols of all that is wrong with America. The crack mother becomes a cipher, encapsulating social and familial breakdown. As a result of this, individuals are stigmatized and have difficulty accessing support, either institutional or familial.

Sterk examines the lives of women who use crack cocaine, and has carried out an impressive amount of fieldwork in some very difficult and challenging situations. She used a variety of qualitative methods, including participant observation, focus groups, interviews and group discussions. Her investigation focuses on a number of important issues. These include how women crack users generate income; their relationships with partners and others; combining the role of mother with that of addict; the prevalence of AIDS and other risk factors; and their experience of violence.

The cliché is that female crack addicts will do anything for a hit, such as exchanging sex for a few dollars’ worth of rocks. In fact, the women Sterk worked with were involved in a wide variety of income-generating activities. Many were on welfare, some had jobs in the formal economy, and many were also engaged in illicit activities. These included prostitution, but several women had established themselves as ‘Queens of the Scene’, occupying significant positions in the drug hierarchy.

Sterk has gathered some very rich and valuable data. Here is one Black woman talking about racial differences: ‘Black women are different. We are strong, not like
those white ladies . . . Most of the white sisters don’t know how to make it on their own'.

It appears that addicts draw some of their identity from their ability to use the drug and cope with the milieu surrounding it. Black addicts, like this one, read into it a racial difference. For them, you have to be quick-witted and tough to survive in the situations they find themselves in. They can handle it, so they must be tough, and especially tougher than white women. Perhaps of a piece with this attitude, they also tend to view feminism and psychotherapy as an introspective, backward-looking practice of middle class white women.

Fast Lives is a well-written work about a hard-to-access group. Throughout, Sterk exhibits a deep empathy with her research subjects, who she has clearly worked hard to gain the trust of. Their opinions and accounts of their situations come through very strongly, which is a tribute not only to the effort the author put in to gain access, but also to her clear and focused writing style.

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This is the latest (11th) of a succession of volumes in the Biosocial Society Symposium Series. Typically for this series, it brings together biological and social views on specific issues; in this case, on differences between men and women in their experiences of health and disease.

The book is written by a multinational team of contributors that includes social and biological anthropologists from four English-speaking countries: Australia, Canada, UK and USA. It consists of eight chapters. The first entry (Pollard and Hyatt) serves as an extended introduction: it describes the aims of the volume, gives important definitions (such as ‘sex’ and ‘gender’), and reviews the essentials of the following chapters. The editors express their views on the importance and possibility of integrating biological and social perspectives (p. 1), emphasizing that instead of the debate of science against culture, the two should work in tandem (p. 16), facilitating our understanding and analysis of the problems in hand. Their book is a perfect example of this fruitful approach.

The next chapter (Hill and Ball) deals with human infanticide in different cultures, showing that the death of newborns and infants of a particular sex is highly dependent on gender roles as they are viewed in different societies. The third chapter (Rousham) gives detailed analysis of gender differences in growth patterns of boys and girls in South Asia. Using longitudinal data on child growth, nutrition and infection in one rural area of Bangladesh, the author shows that the differences in growth are gender biased. However, in her concluding remarks Rousham gives an important message that ‘factors found to have a significant influence on gender bias in one region, may have no effect in another’ (p. 50), which explains the necessity of different approaches and research strategies in various studies of different communities.
The relationships between sex, gender and cardiovascular disease form the basis of the fourth chapter (Pollard). Interactions of biological and social factors resulting in differences in health status between men and women are thoroughly reviewed and analysed with many important insights into the evolutionary significance of revealed differences.

The four remaining chapters discuss mainly social and cultural dimensions of gender and health. Manderson (Chapter 5) analyses the impact of social and cultural attitudes towards sex and sexuality in a variety of developing countries on women's and men's health status. She identifies the barriers preventing them from using health care systems, and concludes that it is mostly women who, due to social and cultural constraints, lack access to health services.

The next chapter (Hyatt) focuses on poor and working-class mothers (p. 95) in 19th and 20th century England who were medicalized because of their poverty. In discussing how low-social-class women have been treated like deviant subjects, with psychotropic drugs or even psychosurgery (the case of Margaret Chapman), the author addresses some important social issues. These include intentions 'to reconfigure individuals rather than society . . .', and 'brave-new-world'-like efforts 'to find the roots of social unrest . . . not within the structure of society but, rather, . . . amidst errant chromosome . . .' (p. 112).

The invisibility of women in population health studies and models is discussed by Kaufert (Chapter 7), who shows that health policy initiatives, while using the term 'population', mostly address only one group of people - middle-class men. Finally, there is 'a systemic approach to psychological illness . . .' (p. 137) by Littlewood (Chapter 8) with analysis of gender-based reasons for Western women being more frequently diagnosed and treated as suffering from psychological problems and illnesses.

Very briefly, these are the contents and the structure of this book. It is extremely interesting and useful, indeed 'informative and enlightening' reading as the editors have suggested. I highly recommend it for specialists and students in many different fields, biological and social anthropology being only the first of these.

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This is a very valuable book for any scholar or layperson interested in the process and control of childbirth. Dedicated to Brigitte Jordan, one of the first scholars to focus anthropological research from a biosocial perspective on the domain of childbirth, it extends themes and topics covered in earlier volumes such MacCormack (1994) and Kay (1982), not to mention Jordan's (1978) own seminal work. The overarching theme that governs the book is what Jordan refers to as 'Authoritative Knowledge' (A.K.): knowledge systems that gain ascendancy through better explanatory, social or political power. In her opening chapter (Authoritative Knowledge and its Construction) Jordan describes how the ascendancy of a particular kind of A.K. often involves
the devaluation and denigration of other kinds of AK. More specifically, the Western medical view of childbirth has typically led to the dismissal of the type of AK that resides in local midwives who frequently acquire their experience through hands-on practice rather than academic training. Repeated scenarios of this kind are described for several cultures in this book.

The book is divided into five parts: (1) The Social Construction of Authoritative Knowledge in Childbirth, (2) Intracultural Variations in Authoritative Knowledge about Birth: Biomedical Hegemony and Women’s Choices, (3) Intercultural Variations in Authoritative Knowledge about Birth: Hierarchy, Community and the Local Social Ground, (4) Fighting the System: Creating and Maintaining Alternative Models of Authoritative Knowledge, (5) Viable Indigenous Systems of Authoritative Knowledge: Continuity in the Face of Change. Except for Part I which has two chapters, the other sections each have four chapters making a total of eighteen for the entire book.

In brief, the various sections and chapters explore what AK is, how it is constructed, and in whom it is vested in different cultural contexts. The book is overwhelmingly critical of the Western system which gives clinically trained obstetricians a hegemony over AK. Comparative perspectives are provided by the experiences of women in cultures that are dominated by this clinical model, or are ignorant of it, or that refuse to accept it. The extremes of such contrasts are provided by, on the one hand, the passive acceptance of Western obstetrics by women in hospital settings in North America (e.g. Chapter 4 by Browner and Press), to the ideal and frequent practice of Ju/'hoansi women of the Kalahari in Botswana to give birth alone in the bush without assistance from even close relatives (Chapter 18 by Megan Biesele).

Given its length, however, I will not attempt here to summarize the contents of every chapter in the book but will instead focus on just a couple that had, for me, a particular impact. The first of these is Chapter 12, ‘Intuition as Authoritative Knowledge in Midwifery and Home Birth’ by Robbie Davis-Floyd and Elizabeth Davis. The purpose of this chapter is to call attention to the use of intuition as a salient source of AK among midwives. The chapter discusses the Code of Ethics of the Midwives’ Alliance of North America (MANA), which embodies a holistic and even spiritual approach to childbirth. Aside from intuition residing in the midwives, one of the statements in this Code affirms a ‘mother’s intuitive knowledge of herself and her baby before, during, and afterbirth’. Since ‘intuition’ cannot be scientifically analysed, per se, most scholars might tend to be dismissive of the chapter rather than find it intriguing and informative. Using interviews of childbirth experiences with 22 midwives, the authors tell a number of stories where the midwives’ intuition became a powerful force influencing the birth outcome. Perhaps the conclusion here is that pregnancy and birth simply cannot be reduced scientifically to a completely rational process.

The second chapter that I found of particular interest is Chapter 15, ‘Confessions of a Dissident’, by Marsden Wagner. In this fascinating paper, Wagner – a conventionally trained medical doctor from the USA – describes how he became disenchanted with the Western system of clinical medicine, and entered the field of public health instead. He eventually ended up working for the World Health Organization
in the field of reproduction and childbirth, advocating female empowerment, midwifery and challenging traditional clinical obstetrics. Along the way, he met with several attempts to discredit his reputation and challenge his position, but his powerful involvement with local groups, his evident public support and reputation acted as a shield against these attempts by those who wielded their own form of AK. The lesson to be learnt from this and many other chapters in the book is that there are powerful voices questioning Western obstetrics and gaining critical ground in the attempt to make childbirth a less clinical and more personal experience for women around the world.

In sum, this is a book that will be fascinating and instructive for anyone interested in childbirth and reproduction.

References


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The 39th Symposium of the Society for the Study of Human Biology drew people together to consider the different ways in which social inequality can affect health and human biology, and this edited volume is the published outcome of this meeting. Chapters by human biologists, anthropologists, epidemiologists, sociologists and nutritionists are brought together by the editors, giving a broad perspective to this interesting and important topic.

The first chapter is an overview of human biology and social inequality, given by the editors. This gives coherence to the volume by presenting definitions of inequality and inequity, by comparing the scientific and social domains as areas of study, by examining the influence of socioeconomic inequality on health, and by considering the implications of the study of social inequality for health policy. Authors of the next seven chapters consider different aspects of social inequality and health. The first of these is a comparative overview of social inequality and health by S. Macintyre, while the next one considers the accumulation of health risks across social groups in the United Kingdom (C. Power and S. Matthews). The third of these chapters involves the discussion of equity, social cohesion and health (R. G. Wilkinson), while the fourth looks at social inequality and physical growth and maturation in Central and Eastern Europe during economic liberalization (O. G. Eiben). The fifth of these chapters examines social inequality and the re-emergence
of infectious disease in the world, with particular emphasis on infections by tuberculosis and human immunodeficiency virus (J. D. H. Porter and J. A. Ogden), while the sixth considers social inequality and environmental health (L. M. Schell and S. A. Czerwinski). In the last of these seven chapters, S. Stinson considers the impact of childhood malnutrition (one consequence of social inequality) on educational potential and attainment.

The next five chapters consider the possible influences of social inequality on natural selection and reproduction in human populations. Topics covered include: affluence in developing countries and natural selection (K. O'Dea); physical activity, social status and Darwinian fitness (R. M. Malina); social and geographical mobility and their biological correlates (C. G. N. Mascie-Taylor); female reproductive decisions and social inequality in male reproductive fitness in eighteenth and nineteenth century Germany (E. Voland and A. Chasiotis); and social inequality and reproductive success in Morocco (E. Crognier).

The chapter that follows seems a little out of place, but is an excellent summary of health and social inequality in the archaeological record, by M. N. Cohen. The final three chapters consider policy aspects of social inequality and health. The first of these is on eugenics and population policies (A. H. Bittles and Y.-Y. Chew); this is followed a chapter on the policy implications of health inequalities in developing countries, by C. Stephens, and one on policy options for the management of health inequalities in industrial and post-industrial countries (Y. Ben-Shlomo and M. G. Marmot).

This book is very readable, and has a level of cohesion that is not always attained in edited volumes. While a good deal of this material has been published elsewhere, the excellent balance of theory and case-study material makes it very suitable for use in teaching at the graduate student level. The book should prove invaluable to students of the biology and sociology of human inequity and inequality, as well as those working in health policy.

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