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Book reviews

The Politics of Sickle Cell and Thalassaemia. By Elizabeth N. Anionwu & Karl Atkin. Pp. 176. (Open University Press, Buckingham/Philadelphia, 2000.) £18.99, ISBN 0-335-19607-1, paperback.
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This book has filled a gap, which has been apparent in the British literature, on living with a haemoglobinopathy (sickle cell and thalassaemia): that is, the social dimension. To date practitioners have had to refer mainly to the American literature and translate these findings to the UK – which has a very different ethnic make-up, history and health and social care provision – or the emphasis has been on the psychological. It is not that the latter is less important, but in order to understand the development of emotional and mental health problems, and develop strategies to prevent them, we require a day-to-day picture of the practicalities of living with these disorders. This book has managed to pull together much of the good work going on in the UK into one useful source of reference.

The book has achieved what it set out to achieve: to give insight into living with these disorders within the boundaries of current service provision, which necessitates considering local and national policies and the problem of culture. This is done particularly well in the chapters on screening services, the experience of sickle cell and thalassaemia, and health and social care provision, after the opening chapter, which explores the struggle to bring these disorders to the attention of policy-makers. Highlighted are the implicit and explicit philosophies of the service providers and the mismatch with those of service users. Despite the current rhetoric of holism, and services being created to meet the needs of the individual, clients are revealed to us as creating problems for the structures in place. The problem of the equal access approach, and the assumptions and stereotypes being carried about certain cultural groups' health beliefs, health-seeking activities and social support, are slowly unfolded. This naturally leads to the concluding chapter where there is a positive discussion on models of good practice, including true partnership with service users, their families and their community, and a systematic approach to planning that takes into account the local as well as national picture, moving away from the Londoncentric focus.

The one area of weakness is the chapter on the clinical features and management of haemoglobinopathies, which is necessary in order to understand the implications of living with these disorders. This chapter, particularly on the management of sickle cell disease, is poorly organized and it is unclear why some complications are over-emphasized and others downplayed, e.g. neuro-cognitive functioning has major implications for sufferers, their families and all of the statutory services. Also, for both groups of disorders, even at the time of the book's publication, a number of important treatment modalities are in place, e.g. Etilefrine for priapism and the use of balloon pumps and portacath needles for Desferal administration. Therefore, I would suggest that the practitioner would need to supplement this chapter with further reading to get a more accurate picture of current management practices.

Overall this book acts as an invaluable introduction, acting as a template for considering chronic and genetic disease, and with its comprehensive bibliography should be a natural springboard for any practitioner wanting to develop their knowledge in this subject area. At the same time it is essential reading for any policy-maker whose true goal is to serve the needs of their community. Practitioners already in the field should use it as a tool to advocate for their clients.

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Leveraging Longitudinal Data in Developing Countries. Edited by Valerie L. Durant & Jane Menken. Pp. 103. (National Research Council, National Academy Press, Washington, DC, 2002.) ISBN 0-309-08450-4, paperback.

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This book presents the materials of a workshop on managing longitudinal data in developing countries, which was organized by the Committee on Population (Chair: Jane Menken) of the National Research Council, USA, and was held in Washington, DC, on June 21st–22nd 2001. It consists of two parts: the first is the report itself, and the second comprises two papers commissioned to this volume out of the 20+ presented during the workshop. (The detailed workshop agenda and list of participants are given in the Appendixes at the end of the book.)

The main goals of the workshop were to compare different longitudinal approaches in studying demographic and health changes in developing countries, and also 'to consider ways to strengthen longitudinal data collection and analysis' (p. 6).

The workshop embraced eight sessions, each one presenting papers of different length and discussions on several topics, such as comparison between community, panel and cohort design models in longitudinal studies. Among the questions being considered at the workshop sessions were those dealing with data collection and management, as well as ethical issues, problems of co-operation with community and personnel, training personnel, funding projects, etc. As can be assumed, there were a lot of questions not discussed in the workshop and therefore not included in the report, and the editors give a list of these in the Introduction. However, those that were included have been considered in full and in great detail. Not only have the benefits of longitudinal studies for science and practical reasons been addressed, but also the challenges faced by longitudinal studies, such as funding, changes in samples, ethical issues, etc. (p. 23).

Among the two commissioned papers (Part II) the one by A. Foster deals with methodological issues in demographic analysis of data from low-income countries. Advantages and disadvantages of community-, panel- and cohort-study designs are discussed with some examples of their applications. The second paper (Cash and Rabin) discusses the ethical issues in collecting longitudinal data. It gives the major principles of ethical research, defines community-based ethics, and addresses issues of informed consent, confidentiality, etc. It also deals with factors that will influence future research, such as the rapid development of genomics and biotechnology, changing attitudes of governments and institutions in developing countries towards more equal partnership, and some others.

The book contains an important appeal for broader usage of longitudinal data in countries going through drastic economic and political change. It is a valuable source of information on methodological issues concerning different structural and operational approaches in longitudinal studies. It is a useful tool for researchers dealing with such goals.

Two short comments: though there are many important definitions in the materials of this workshop, one definition, in my opinion, is lacking: what exactly is the meaning of the term 'developing country'? As Russia is included in the list of 'examples of lessons learned from longitudinal data presented at the workshop' (p. 10), the issue of this definition is of some importance and should not be forgotten. As a leader in global politics, it seems somewhat inappropriate to place Russia in this category, in this volume. My second comment concerns the use of the term 'longitudinal' in its auxological meaning: as studies monitoring growth and development parameters in the described populations. These can also be a very powerful source of information about economy and health.

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Interpreting Quantitative Data. By David Byrne. Pp. 192. (Sage, London, 2002.) £16.99, ISBN 0-7619-6262-X, paperback.

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What is the relationship between quantitative methods and the real world? How can we *use* quantitative methods to provide answers to social science questions? These questions represent the two main themes of Byrne's book, the first centring around a philosophical discussion of the nature of the social world, the second asking how such philosophical issues can be brought to bear on the practical aspects of social science research.

Byrne sees his book as a guide for students who are embarking on social science training, although some of the more philosophical discussions could be seen as directed at those who have already had experience of the research process. Indeed, instead of fitting the traditional textbook mould, the book takes the form of a polemic focusing on the current practice of quantitative research. The author, in the concluding chapter, summarizes his argument as 'down' with variables, causal analysis and the quest to discover universal rules of human behaviour and 'up' with an appreciation that the world is complex and non-linear and should be studied using exploratory methods.

While the book undoubtedly has its strengths, I would like to confine my comments to three areas where I felt there were weaknesses: the issue of complexity and non-linearity, the role of theory, and Byrne's conception of the day-to-day practice of social research.

First, I was puzzled by the philosophical discussion of the nature of the social world and its relationship to methods of inquiry. In particular, Byrne argues that the social world is complex and non-linear, suggesting that the preponderance of linear models in the social sciences is unjustified. I have no doubt that the social world is indeed complex, but this in itself does not seem to entail that it is non-linear. I suspect that the professed audience of the book, that is, students, have seen more than enough linear functions which they would describe as complex! More seriously, non-linear terms and interaction effects can be included in linear models to take account of non-linearity. Given that the non-linearity claims are such an important feature of the book, a wider discussion of such issues would have been prudent.

Second, the book lacks any real description of the role of social science theory in interpreting the social world. This may sound like an odd comment for a book about quantitative *data*, but theory is central to many of the issues Byrne wishes to raise. Social scientists do not, in general, 'trust' data or statistical analysis blindly and unthinkingly in the way that Byrne claims. In best practice, results of analysis are always subject to interpretation in the light of a theory, and 'unexpected' results in particular are treated with care.

Theory does occasionally enter into Byrne's discussion, but it is either treated as being entirely separate from the empirical research enterprise or as being synonymous with particular research methods. One particularly bad example of the latter is the equating of rational choice theory with quantitative research methods. This is a dangerous message to send out to students: theories are used to derive hypotheses, not research methods. Many rational choice theorists also use quantitative methods, but the methodology is not logically dependent on the choice of theory.

As much as Byrne seems to harbour a dislike for rational choice theorists, one feels that his desire to uncover complexity and to understand how individuals construct their own reality draws him into a (to him uncomfortable) alliance with them. The recent emphasis on mechanisms in such literature (see for example, Hedström & Swedberg, 1998) would seem to be very close to what he wants social scientists to do. In addition to simply measuring empirical regularities (which Byrne sees as naïve social science), rational choice theorists try to 'unpack' how these regularities are created by the individuals making up the society. Apart from differences in expression ('interpreting the impact on individuals' or 'understanding the mechanisms creating regularities'), the intellectual problem appears to be the same.

My final criticism hinges on Byrne's portrayal of the everyday research endeavour of social scientists. He paints most quantitative social scientists as unthinking individuals, who prefer to give 'power' to variables and describe statistical relationships in these terms than to stand back from their results and place them in a wider philosophical context. While there are doubtless *some* individuals who can be described in this way, most quantitative social scientists cannot be. They appreciate that the world is a complex place, which can only be understood through a considered combination of theory and appropriate methodology.

So what might we take from *Interpreting Quantitative Data*? For the reasons discussed above, I would argue that Byrne's stronger message, that quantitative research as it is practised at the moment is ultimately flawed, is unjustified. However, a weaker conclusion might also be drawn: practitioners of quantitative research must be careful to know what they are measuring, how they are measuring it, and what their results mean in the context of a complex social reality.

Reference

Hedström, P. & Swedberg, R. (1998) *Social Mechanisms. An Analytical Approach to Social Theory*. Cambridge University Press, Cambridge.

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Meaning, Medicine and the ‘Placebo Effect’. By Daniel Moerman. Pp. 186. (Cambridge University Press, Cambridge, 2002.) £40.00, ISBN 0-521-80630-5, hardback; £14.95, ISBN 0-521-00087-4, paperback.

Social Lives of Medicines. By Susan Reynolds Whyte, Sjaak van der Geest & Anita Hardon. Pp. 208. (Cambridge University Press, Cambridge, 2002.) £42.50, ISBN 0-521-80025-0, hardback; £15.95, ISBN 0-521-80469-8, paperback.

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Medicines, in the sense of pharmacological substances, are widely recognized in diverse cultural settings to be powerful substances, bringing about healing and, potentially, harmful consequences for the body. Enormous sectors of medical research are devoted to measuring these effects on the body, and understanding their mechanisms. But persistent difficulties point to the need to go beyond the study of biochemical pathways to understand how medicines work, and to examine social aspects of medicine use and efficacy. The meanings that medicines have for people, as well as the social interactions surrounding the production, distribution and use of medicines, have vitally important consequences for the way that medicines are used and even for the physiological effects that they will have on the person using them. Thus, these two recent volumes in the Cambridge Studies in Medical Anthropology series are important contributions to the study of medicines, not only for medical anthropologists, but for anybody who wants to understand what medicines do and how they do what they do.

In *Meaning, Medicine and the ‘Placebo Effect’* Moerman describes what he terms the ‘meaning response’ to medicine. This concept is far broader than, but inclusive of, the widely recognized ‘placebo effect’. ‘Meaning response’ also encompasses negative effects, and the different effects that the same drug can have in different meaning contexts: the colour and name of a pill can markedly alter its effectiveness, as can the form (pill vs injection) in which a medicine is given or a doctor’s attitude. The book begins with chapters on the body’s healing processes and the research methods conventionally used to evaluate the effectiveness of medical treatments. Three chapters discuss the various factors by which meaning affects health responses: relationships, formal factors (like the colour of a medicine, or the performance of a surgical procedure), and what we ‘know’ about illness and healing. Chapters on psychotherapy and the biology of pain suggest how, biologically, these responses might be mobilized. A chapter on ethics is also included, although it does not do much more than point out that, while many have criticized randomized controlled studies involving placebos as unethical, meaning is always present in any medical treatment, whether a placebo is used or not, and cannot be ignored. The concluding chapters summarize the meaning response in human biological processes and suggest a model for understanding when they do and do not occur, based on which systems of the body are open to external stimuli. This model I found somewhat difficult to understand, but it does seem to represent a good start at grappling with some perplexing, and very interesting, issues. In fact, I think that it is a testament to the book’s quality that it raised many unanswered questions. I would like, for instance, to see more discussion of meaning responses mobilized against infectious diseases, of drug addiction, and of why some people get sick more than others in the first place.

Social Lives of Medicines is concerned with the social interactions surrounding the use of pharmaceutical medicines, and the consequences, both social and medical, of those interactions. The introduction centres around a rather cumbersome history of the use and study of medicinal substances, but the subsequent chapters make very engaging reading. The book presents a number of ethnographic studies ‘following the social lives of medicines in the hands of different actors’ (p. 163), ranging from consumers and providers to strategists (pharmaceutical manufacturers and WHO policymakers) and anthropologists studying medicines. The analysis of these accounts begins with Moerman’s meaning response and the importance of symbolic, as well as physiologic, efficacy of medicines. But the social meanings of medicines go beyond this. Medicines take on meaning through social relations, but their use also has social consequences, affecting critical relationship factors like trust, authority, respect and concern. These consequences may be desirable or not, and demand, the authors argue, careful empirical research. This book does a good job of presenting some of the research that has been done, and makes a persuasive plea for more anthropological and public health attention to this area.

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