Ageing & Society **27**, 2007, 307–318.
Printed in the United Kingdom

Reviews

doi:10.1017/S0144686X06215721

Jan Baars, Dale Dannefer, Chris Phillipson and Alan Walker (eds), *Aging, Globalization and Inequality: The New Critical Gerontology*, Baywood, Amityville, New York, 2006, 300 pp., hbk $60, ISBN 0 89503 358 5.

The theory and practice of social gerontology has one very big handicap when compared with other areas of social science that focus on specific groups. So far knowledge and theory, particularly theory, are not being built up from within by the subjects themselves, so we have nothing to compare with feminist theory or black and ethnic studies. This may be inevitable given the social structures that support academic life, but it does mean that it is more difficult to combat ageist knowledge than sexist or racist knowledge. Any set of theories developed by the young and applied to the 'other' (the old) is bound to be partial. However, critical theory has a lot going for it, and this book is a much needed attempt to stake out the territory in the light of global developments. The editors aim 'to comprehend aging in terms that include power, ideology, and stratification, and the expanding global reach of such forces' (p. 5). The actual experiences of being old can however easily get lost in the heady analysis of power and oppressions, so a reminder from Dale Dannefer is very welcome: 'a critical theory of aging should aspire not only to an exposure of oppressive structures and ideological theories but to the articulation of an understanding of how to balance an assault on the "surplus suffering" produced by human ignorance and injustice with the recognition that physical and other personal suffering and loss are … ultimately unavoidable' (p. 115).

The book has three sections: Dimensions of Social Gerontology; Critical Dimensions of Medicalisation; and Age and Inequality. In the first, the editors update their contributions to critical gerontology theory in chapters that will be useful for teaching. They are joined by Caroll Estes, who writes a powerful call for feminist theoretical approaches, emphasising the huge stake that women have in maintaining state systems of redistribution in income and health. The medicalisation of old age can be seen as one of the major social changes of the last half century. It is a relatively easy target for critical theory and worth a book on its own. Here Stephen Katz questions the dominance of 'functional age' as a category and asks, 'how does one know oneself as functional?' (p. 132). Neil King and Toni Calasanti look at the anti-ageing industry and Kathryn Douthit analyses the power factors underlying the processes of medicalisation of Alzheimer's and the corresponding eclipse of emotional and social aspects of the disease.

In the final section, the authors consider the influence of major social structures and the way they produce inequalities. Larry Polivka and Charles Longino conclude that it is not the retiring baby-boomers, but growing wage inequality and tax policies favouring the rich, that are likely to endanger the future prosperity of American workers and their families. Stephen Crystal models a theory of

cumulative disadvantage, and Linda Burton and Keith Whitfield present heart-rending empirical examples from their study of poor families. Sandra Torres sees globalisation as changing the way migration in later life is theorised, and much of what she says applies to non-migrant elders as well. Finally, John Vincent applies critical theory to the global reach of pension funds. In summary this is a stimulating book and well worth reading by all who are not wholly opposed to critical theory.

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doi:10.1017/S0144686X06225728

Eric Matthews and Elizabeth Russell, *Rationing Medical Care on the Basis of Age: The Moral Dimensions*, Radcliffe Publishing for The Nuffield Trust, Oxford and Seattle, 2005, 159 pp., pbk £35.00, ISBN 1 84619 000 2.

The title of this book could mislead. This Scandinavian-Scottish collaboration reviews some attempts, mainly from the United States, to find ethical justification for age-based rationing in healthcare. Anyone wanting a comprehensive study that deals equally well with moral arguments against age-based rationing must look elsewhere. I once described the notion of a universal system of morality as a dangerous illusion. This really upset the authors of this book: 'not a shred of evidence' they shrill (p. 26). Not so, actually. If there were a universal system of morality, someone would surely have discovered it during the 2,390 years since the birth of Aristotle. But we still have our two-and-seventy jarring sects; we still argue about human rights, animal rights, abortion, usury, capital punishment, and ageism. Universal morality remains an illusion until someone proves otherwise – and in the 21st century I make no apology for resting my case with Popper rather than Plato. History also demonstrates the dangerousness of the illusion; people who think they have discovered the basis of universal morality soon find justification for destroying anyone who disagrees with them.

It is intriguing that the authors found my *obiter dictum* so threatening; I was merely avowing a Millian libertarian interpretation of British society. Ethics can only be logical deductions from ideology, and ideologies hang on skyhooks. They provide the rationale for ethics but are not self-evident and cannot themselves be rationalised except self-referentially. Ethicists who do not declare their premises can act as societal retroviruses; by ingesting the RNA of their ethics you risk infection with the DNA of their undeclared ideologies. Some ethicists lack insight into their ideological premises; some deliberately conceal them. Others acknowledge no ideology because they are using 'ethics' to justify ideas they find attractive for some other reason. Their game is rhetoric not dialectic.

The 'other reason' for age-based rationing of healthcare is bourgeois self-interest, without which the issue would not, in a supposedly egalitarian society, even be raised. In 1947, the British, individually and collectively, were virtually destitute. The middle classes of the day embraced the National Health Service (NHS) as insurance against the possibility of catastrophic health expenses. After