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Leslie A. Morgan and Suzanne R. Kunkel, *Aging, Society and the Life Course*, third edition, Springer Publishing Company, New York, 2007, 408 pp., hbk £59.50, ISBN 13: 978 0 8261 0212 6.

This is the third edition of one of many hefty tomes that are aimed at the undergraduate students and academic staff learning and teaching about ageing on American campuses. At nearly 400-pages and 13 substantive chapters, it takes the reader step-by-step through both traditional and emergent issues with the ultimate goal of helping us understand how ageing 'is a complex social process that influences each of us' (Preface: xvii). Moreover, like many other textbooks around today, it guides students through easy-to-revise chapter summaries, definitions of key terms, website recommendations, and 'questions for thought and discussion'. So far, so standard, but what truly does this new, updated and extended edition offer today's budding gerontologists?

It offers in essence a shift towards a more coherent and integrated examination of the social and sociological aspects of ageing. The conventional separate chapters of the 2001 edition on the biology, psychology and sociology of ageing have gone and been replaced by new sections and more detailed discussions of key concerns such as employment and retirement, and health and health-care issues. There are two new chapters on 'Politics, government and the welfare state' and on 'The dynamics of aging in our future'. These open up important policy issues and areas for debate around voting patterns, generational equity, political participation and the implications of a globalised economy; all speculate on what life might be like for future cohorts. The terminology has changed, with 'life course' replacing 'lifecycle' in many instances and, of course, now featuring in the title (the earlier edition was rather differently *Aging: The Social Context*). Nonetheless, whilst the authors acknowledge that, 'The life course perspective is, in fact, one of the most important frameworks in social gerontology today' (p. 16), it is somewhat disappointing not to see a substantive chapter which examines this in detail and offers a critique of what a focus on the life course actually means. Indeed, whilst the socially-constructed nature of life and its connected social roles and age norms are described, this text concentrates primarily on the social worlds within which people age, as opposed to the ways in which individuals might actively create their life courses and challenge some of the norms inherent in the notion of the life course as a series of stages people are expected to move through.

That said, this book is a comprehensive, easy-to-use and engaging introduction for undergraduate students. The 13 chapters – designed as 'one chapter a week' reading assignments – cover, first, the context of ageing: four chapters examined 'ageing and society', 'studying ageing', 'demographic perspectives' and 'the ageing individual'. Chapters 5 and 6 then consider the 'family' and 'ageing people and their families'. Chapters 7, 8 and 9 explore 'work and the life course', 'retirement' and 'economics and societal ageing', and the next two chapters focus on the 'health of individuals' and the 'health-care system'. The two wholly new chapters noted above complete the book. Clearly, the discussions of the pensions system, the health system and of politics and government are

country-specific but they are useful reminders of how social structures and institutions shape attitudes towards ageing and how we may unwittingly reinforce the disadvantaged and stereotyped situations of many older people. They also flag important challenges for the United States, and indeed other countries, about poverty and disadvantage in the context of improving economic well-being, about older people as consumers, about the imbalances between a health system geared towards acute care when the greatest need is for long-term care for chronic health problems, and about the fragmented and underfinanced system of health care in general and of long-term care in particular. The perennial questions about what the future will be like for younger cohorts as they age – in health and in other arenas – are then picked up again in the final chapter.

The detailed discussions and descriptions in all the chapters are enlivened with photographs, diagrams, charts and, especially, cartoons. Finally, with 25 pages of closely printed references in very small font size, there should be no excuses from students about not being able to find relevant additional literature to supplement their ‘chapter-a-week’ reading. In many ways, this is an exemplary text of its kind: clear, well structured and with just the right mix of description and challenge to get undergraduates thinking beyond their immediate personal and family experiences.

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Ann Oakley, *Fracture: Adventures of a Broken Body*, Policy Press, Bristol, Avon, 2007, 192 pp., pbk £12.99, ISBN 13: 978 1 86134 937 8.

Writing a book that combines personal memoir with social science analysis is not easy. Several decades ago, I attempted this mixed genre and abandoned it in favour of writing the memoir and leaving the social science for later. Ann Oakley is older now than I was then, and she comes as close to making the combination work as anything I have read. *Fracture* is a highly polished essay on the body, medicine, ageing and gender. If the book attempts no startling new insights in any of these areas, it dramatically demonstrates their interdependence. Not least, *Fracture* is about writing as an act of reclaiming a damaged self.

The memoir begins on a cold night in Colorado, where Oakley and two colleagues are hoping to enjoy a brief holiday before a conference. Oakley slips on an icy pathway, causing an especially nasty compound fracture to her right arm. Medical assistance arrives as quickly as the rural setting allows, and surgery repairs the arm with multiple screws and a steel plate. Ominously, before the operation the surgeon tells Oakley that, ‘we rarely manage a good outcome in such cases’ (p. 4). Even more ominously, when she awakes from surgery a lawyer – ‘what they call an “ambulance chaser”’ – is there to offer his services (p. 7). The surgeon will prove to have been more competent in his work than the lawyer will be in his, but in neither case will there be a good outcome.

Oakley’s reflections early in the story on her X-rays set the reflective tone for what follows. ‘The X-ray films reorganize my body, the living flesh of my arm,