

its rich illustrations may stimulate interest in the popular culture of public health messaging and encourage further reading in the history of vector-borne disease.

James L. A. Webb, Jr.
Colby College

Marcia C. Inhorn and Emily A. Wentzell, eds. *Medical Anthropology at the Intersections: Histories, Activisms, and Futures*. Durham, N.C.: Duke University Press, 2012. viii + 342 pp. Ill. \$25.95 (978-0-8223-5270-9).

Taking the passing of three pathbreaking medical anthropologists as a moment for reflection, in this volume prominent medical anthropologists take stock of their discipline and its relationships with others. The first section, "Histories," traces the intellectual genealogies of medical anthropology and its largely productive associations with the fields of feminist technoscience studies, medical history, and international and area studies. The second section, "Queries," explores medical anthropologists' engagements with global public health, mental health, genetics, and genomics. These encounters often meant turning an anthropological lens—at time critically—on these disciplines and their impact in broader social contexts. Finally in the third section, "Activisms," the long-standing concern of using anthropological research to improve living conditions is considered in tandem with the contributions of disability studies, public policy, and gender, LGBT, and sexuality studies.

Throughout, the contributors employ a productive reflexivity to reflect critically on the subjects of concern in medical anthropology. For example, in his chapter, "That Obscure Object of Global Health," Didier Fassin interrogates the concept of "global" to "unveil the dialectic of spatial expansion and moral normalization" and "health" to highlight the "tension between the worth of lives and the value of life" (p. 96). Carving out a critical space between scientific detachment and moral involvement is a central theoretical and political challenge rather unique to the subdiscipline of medical anthropology, Fassin claims. After all, political anthropologists, he suggests, would not aim to be "missionaries of democracy" (p. 114), but medical anthropologists often are concerned with improving medical care, biomedical and otherwise.

The contributors have seriously pondered the future of medical anthropology, and their prescriptions are a thread that runs throughout the volume. In particular, all have suggestions for how medical anthropology can have a larger influence on other fields and health concerns writ large. To synthesize many complex arguments and contexts, they argue that medical anthropology's most important contribution is its commitment to achieving a deep knowledge of how local conditions and concerns filter global processes shaping health.

Related to this, all are engaged with how to continue analyzing the tensions between the particular and the universal to avoid reductionist understandings of individuals and populations. In this respect, the importance of medical anthropologists' engagement with the biological and neurological sciences is another imperative throughout the book. For Margaret Lock, this could be done by tracking postgenomic thinking into the public domain and an attention to local social worlds of genetic testing. For his part, Arthur Kleinman, writes that in this new era of neuroscientific research, the anthropology of mental health needs to take a biosocial orientation.

The scholar most engaged with medical history, Lynn Morgan, reveals that she was drawn to interdisciplinary inquiry to adequately explain an empirical question in the present: how to contextualize a human embryo-collecting project now archived at Johns Hopkins dating from the early twentieth century (p. 41). Framing her questions anthropologically, as concerning the relationships between the embryo and fetal subjectivity, between embodiment and personhood, she follows American discourses and practices surrounding the consumption of Chinese embryos from the mid-nineteenth century to today. Nineteenth-century missionaries to China published derisive commentaries on the apparent lack of concern Chinese showed for dead newborns and which indicated the Chinese lack of civilization. In the early twentieth century, Western anthropologists were collecting Chinese embryos for the racial claims they might make about human difference and development. What unites these two characterizations of Chinese embryos, she argues, are processes of that production of knowledge of human difference through the consumption of embryos. Morgan then draws a continuity between these narratives and contemporary American discourses that express disgust with how Chinese populations supposedly deal with human embryos and abortions but not with the Westerners who travel to China in increasing numbers to take advantage of stem cells treatments that use fetal tissue. Thus, by combining historical and anthropological sensibilities, Morgan demonstrates various aspects of American beliefs about reproduction, subjectivity, and the production of human difference.

The reflexive analysis, such a strong aspect of this volume in most respects, stops somewhat short by overlooking the working conditions of medical anthropologists themselves and how these shape the production of knowledge. Given the book's worthy focus on the future of medical anthropology, the ways that research funding structures or affects collaboration with other disciplines are vital to the future of medical anthropology. Merrill Singer's chapter on public policy does gesture in this way by highlighting how anthropological knowledge much compete with well-funded lobbies (p. 196) when it comes to making U.S. health policy, as does Richard Parker by recounting the successful collaborations with international funding organizations and reproductive health (p. 217). But more could be made of how the changes to academic working conditions shape medical anthropology. How is collaboration viewed in tenure files? How is the enormous reduction in tenure-track positions affecting the discipline? If research monies

are funneled toward the life sciences in this particular economic climate, how will this shape the terms on which collaboration can happen?

While I think the intended audience of this book is primarily medical anthropologists, scholars and practitioners in other disciplines will be given a strong grounding in the theoretical and substantive contexts from which medical anthropologists ask their questions. If this book does not whet medical historians' appetite for serious engagement with medical anthropology, I am not sure what will.

Alexandra Widmer

Max Planck Institute for the History of Science

Matthew J. Wolf-Meyer. *The Slumbering Masses: Sleep, Medicine, and Modern American Life*. Minneapolis: University of Minnesota Press, 2012. xvi + 288 pp. Ill. \$24.95 (978-0-8166-7474-9).

Matthew Wolf-Meyer is interested in “the embodied limits of the elimination of sleep—the defiance of bodies to particular technoscientific futures—as they are produced in the discursive practices of medical practitioners and in scientific literature and as they are lived by individuals” (p. 244). Such writing style, with frequently confusing grammar and semantics, and the lack of chapter conclusions make it difficult to summarize what the book argues. But here is an attempt:

Wolf-Meyer points out that sleep behavior, although intimate and personal, is very similar for millions of American and an integral part of everyday life (p. 13). The book asks how sleep has been discussed and shaped, through American history, and during the past few years, when sleep has come to the center of medical attention. He has used primary sources of preachers and medical sleep specialists, and he has also conducted long-term participant observations and interviews with patients attending a sleep laboratory.

In the book, Wolf-Meyer contends that “[m]uch of sleep maintenance insomnia is not a sleep disorder at all but simply a social disorder” (p. 162). For instance, the main problem for someone who regularly wakes up during the night but instead has the “desire” to sleep in several phases is that American bosses hardly ever allow their employees to nap during the day and adjust their work time accordingly. If it weren't for the need to adjust to normative “spaciotemporal” regimes, irregular sleep would not be a disorder. He goes on to criticize that “[s]leeping at inappropriate times is often interpreted as a behavioral problem rather than a biological one” (p. 175). On first view this seems to contradict his earlier claim that many disorders are actually a social nonalignment, not a biological one. But then, we understand that a patient, diagnosed with a disorder, is also demanded to treat it, in order to adjust to the social order. In any case, Americans often rely on medicine and feel that they are responsible to sleep the normative pattern of consolidated nocturnal sleep and to stay awake (and alert) to adjust to social activities.