

resources might be in opposition with clinical care (chap. 4). Finally, public health research and policy can be used to support the vested interests of various groups such as state organizations or businesses (chap. 5). All these issues are illustrated in relation to vaccination campaigns, their promotion, and the handling of critique or resistance to such programmes (chap. 6).

In conclusion (chap. 7), the book argues that public health has become, in Durkheim's term, 'the new religion', with its rituals and social practices, regulations and discipline, and ideals. Whilst public health as a 'cult of humanity' can mediate between science and the lived reality on the ground, the book argues that this mediation needs a place where critique can be received and where the population 'targeted' by health measures has a voice in policy design. The often challenging reception of medical anthropology findings among public health policy-makers illustrates this point.

The main interests of this compelling book are threefold. Firstly, its interest lies in the impressive range of debate and theory that it draws upon to build its argument about the nature of public health. Secondly, the argument presented in the book encourages us to think about public health in relation to society and its beliefs. More specifically, Dev's Durkheimian approach may encourage reflection on how public health is conceptualized and operationalized in settings where religion has not been replaced by a 'cult of humanity'. This might constitute a powerful lens to analyse the role of public health in such settings. Thirdly, whilst providing a critique of the functions of public health, the analysis in this book departs from a Foucauldian perspective. It conceptualizes public health not only as an instrument of power, but also as an instrument of morality, thus allowing for a more positive assessment of the function of public health whilst still highlighting its ambivalent nature.

GEORGINA PEARSON *London School of Economics and Political Science*

INHORN, MARCIA C. & EMILY A. WENTZELL (eds). *Medical anthropology at the intersections: histories, activism, and futures*. viii, 342 pp., illus., bibliogr. London, Durham, N.C.: Duke Univ. Press, 2012. £16.99 (paper)

This book is a by-product of a Society for Medical Anthropology conference at Yale University in September 2009 on 'Medical Anthropology at the Intersections: Celebrating

Fifty Years of Interdisciplinarity'. This anthology joins at least three earlier anthologies in providing overviews of medical anthropology as a subfield of the discipline. The others are *Medical anthropology and contemporary theory and method* (second edition, 1996), edited by Carolyn Sargent and Thomas M. Johnson; *Medical anthropology: regional perspectives and shared concerns* (2007), edited by Francine Saillant and Serge Genest; and *A companion to medical anthropology* (2011), edited by Merrill Singer and Pamela I. Erickson. All the contributors to the volume under review, needless to say, are world-renowned medical anthropologists and again demonstrate that medical anthropology is a variegated endeavour.

The first three chapters in part I focus on 'histories'. In chapter 1, Emily Martin reviews the many 'grafts' between medical anthropology, feminism, and science and technology studies. In chapter 2, Lynn M. Morgan seeks to demonstrate the 'benefits and challenges of combining anthropology and history, using an empirical case study that began as investigation of the historical emergence of embryo and fetal subjectivity in the United States' (p. 41). Lawrence Cohen in chapter 3 critiques the territorialization of anthropology, including medical anthropology, into area studies and calls upon medical anthropologists to 'produce a more effective form of deterritorialized knowledge' (p. 89).

The next three chapters in part II focus on 'queries'. In chapter 4, Didier Fassin provides an overview of the contested notion of 'global health', which has come to supplant 'international health' and to some extent 'public health', and insists 'that in spite of globalization, most health issues and policies remain national, even local' (p. 96). Arthur Kleinman in chapter 5 poses five questions for the anthropology of mental health over the course of the next fifty years: (1) 'What is the difference between social suffering and mental health problems?' (p. 118); (2) '[W]hat is the implication for medical anthropology research of going beyond stigma to redefine in cultural terms what is at stake in the most severe psychiatric conditions?' (p. 120); (3) 'How is the paradox of global pharmaceuticals for psychiatric disorder ... to be operationalized in theory and empirical studies?' (p. 121); (4) 'How do ethics, forensics, and caregiving fit into the medical anthropology of professional psychiatric and family-based mental health care?' (p. 124); and (5) '[H]ow are we to reframe science and society in the golden era of brain research?' (p. 126). He argues that medical

anthropology is now in the process of moving from the periphery to the centre of anthropology. Finally, in chapter 6, Margaret Lock explores the multiplicity of social implications of the rapidly expanding knowledge in molecular genetics and genomics and suggests that recognition of the social inequities characteristic of daily life in the global system holds the potential for 'moving the anthropology of genetics and genomics into some exciting new directions that will build on work already accomplished' (p. 158).

The final three chapters in part III focus on 'activisms'. In chapter 7, Rayna Rapp and Faye Ginsburg examine the intimate connection between disability studies and the anthropology of disability and discuss how anthropologists such as themselves have become scholar-activists committed to the empowerment of people with disabilities. Merrill Singer explores the contributions that medical anthropologists can make to public policy by collaborating with community-based health organizations. At a more macro-level, he maintains that medical anthropology 'has something to offer the effort to create beneficial and research-informed health policy at local, regional, national and global levels (e.g., with reference to responding to the multiple and unequally distributed health challenges of global warming and other anthropogenic ecocrises)' (p. 204). In the final chapter of the book, Richard Parker examines how medical anthropology's 'engagement with social movements, political critiques, and activism – feminist activism, AIDS activism, reproductive health and rights activism, LGBT activism – has given work on these issues both intellectual power and political importance' (p. 236).

*Medical anthropology at the intersections* provides an excellent overview of many of the concerns of medical anthropologists both at the theoretical and applied levels fifty years into what has proven to be a dynamic subfield of the parent discipline. Conversely, numerous other topics of concern to medical anthropologists are left unexamined, such as the intricate connections between health and the environment (e.g. the impact of climate change on health), national health care systems, medical pluralism, and efforts to create a healthy world for humans and for the environment by supplementing global capitalism with an alternative world system committed to both social and health justice and environmental sustainability.

HANS A. BAER *University of Melbourne*

PATON, DIANA & MAARIT FORDE (eds). *Obeah and other powers: the politics of Caribbean religion and healing*. xii, 354 pp., illus., bibliogr. London, Durham, N.C.: Duke Univ. Press, 2012. £18.99 (paper)

The title points us immediately to the heart of the book. As elsewhere, misfortune and illness may, in the Caribbean, invoke ultra-human agency. But is obeah to be regarded as 'religion'? In the Anglophone West Indies, the term generally connotes sorcery, generally of a malevolent kind. The contributors to this volume, derived from a 2008 Newcastle conference, give us a detailed discussion of the use of such epithets by practitioners and outside authorities, but at times their 'obeah' seems to shade into Orisha (West African-derived) religion or the religious practice of the slave plantations. A chapter by Kenneth Bilby contests malevolence to argue that in the Maroon communities of Surinam and French Guiana, the word 'obeah' has positive connotations of spirituality.

The link with healing seems rather tenuous in the absence of earlier narrative evidence. Yet one proto-medical anthropologist of 1860s Cuba ventured an opinion on slave sickness which emphasized local conditions of work and recourse to plantation healers, in contradistinction to the usual nineteenth-century emphasis on race and rascality. Perhaps borrowing from the British Caribbean, 'obeah' was the term employed to describe an epidemic of mass poisoning in post-Napoleonic Martinique: a practice locally assumed to be an extension of the local *pharmacopée noire*; shops which sold arsenic to counter rat infestation were closed, and free non-whites were forbidden to practise pharmacy. The local whites were suspicious of the slaves' friendly societies based on tribal origin (particularly of the Igbo), whilst the less anxious metropolitan visitors wondered if the poisoning episodes could be attributed to the paranoia of the planter, anxious about approaching slave emancipation, with the deaths more sensibly attributed to cholera or yellow fever. Carnavalesque Afro-Cuban self-help and devotional societies were raided by the police in the early twentieth century for suspected subversion.

The chapters here are less discrete descriptions of different regional practices than accounts of how power and authority – the 'other powers' of the book's title – have intersected with, and at times have helped produce, different religious formations. The contributions encompass the plantation/colonial