est incontestablement redevenue d'actualité, et inspire un nombre croissant de travaux. Ce volume permet de faire un premier bilan de cette effervescence. Il rassemble dix-sept contributions de haut niveau, et quelques grands noms des sciences sociales internationales, comme Ulrich Beck, Stuart Hall ou Richard Sennett. Il mêle histoire, philosophie, géographie, sociologie et sciences politiques, fournissant ainsi un stimulant passage en revue des débats intellectuels contemporains. Pour le néophyte, la clarté et la concision de plusieurs contributions en offrent une excellente introduction. Pour les autres, la recherche de points communs à des recherches aussi éparses permet de jeter des éclairages nouveaux sur de nombreux thèmes.

Les sceptiques – et ils seront sans doute nombreux – parleront de supercherie intellectuelle. Il est certes légitime de douter de la pertinence d'une notion qui englobe un aussi vaste ensemble de questions. Mais si la polyvalence d'un concept peut l'affaiblir, elle peut aussi constituer sa force. C'est bien une des ambitions des sciences sociales, et de l'anthropologie en particulier, que d'etablir des liens entre des faits qui semblent ne rien avoir en commun. A cet égard, le concept de cosmopolitisme invite à la réflexion et est donc incontestablement utile.

ANTOINE PÉCOUD MIGRINTER – Université de Poitiers, France

Whyte, Susan Reynolds, Sjaak van der Geest and Anita Hardon. 2002. Social Lives of medicines. Cambridge: Cambridge University Press. viii + 200 pp. Pb.: £15.99. ISBN 0 521 80469 8.

This book, co-authored by three medical anthropologists, is divided into five parts. The introduction discusses theoretical and ethnographic approaches, the second part is concerned with consumers, the third with providers, the fourth with strategists and the last part with implications of the book's findings for anthropologists and the sociality of medicines.

The introduction focuses on a theoretical approach based on Appadurai's elaborations on the social lives of things. The authors do not look at the chemical structures or biological effects of *materia medica*, but are rather concerned with the sociality of medicines. These include 'commodity careers' and the impact of globalisation on pharmaceuticals.

However, medicines are also personal: they are, for example, swallowed, inserted into or rubbed on bodies. The chemical nature of medicines gives them the power to transform bodies. But medicines are exchanged and it is commonly believed that they have the same effect on 'every body'. Ethnographic research questions this assumption. The effects of medicines are culturally shaped because medicines move between people and thus shape relationships. The authors locate their approach within the history of medical anthropology and traditional approaches such as those of Malinowski, Turner and Hannerz. A renewed interest in material objects, as initiated by Miller and others, bridges the gap between cultural and economic approaches.

Part two is concerned with consumers. One of the four chapters deals with the relationship between mothers and children and the efficacy of drugs in Manila. Another looks at 'villagers and local remedies' in Burkina Faso, and offers an analysis of metaphors in healing. The last two chapters in this section deal with the use of medicines in western settings. The way medicines are used to control 'female' distress is examined in one chapter, and resistance to, and rejection of, drugs in Britain forms the ethnographic material for the section's last chapter.

Section three deals with the other side of the relationship, the providers. The authors are only too aware that materia medica are commodities subject to market forces. One of the chapters deals with a Cameroonian marketplace and the commodification of health. The issue of pharmacists as doctors is discussed in another chapter, thus focusing on how different sectors of health care are bridged. A fascinating chapter on the social significance of injections in Uganda uses an analytical framework resembling that of Actor Network Theory, showing how much the 'techne' injections shape relationships but also how they are shaped by the artefact (i.e. the syringe) in itself. A fourth chapter in this section deals with prescribing medicines, which is seen as an act of communicating without words but through medicines.

The last section deals with manufacturers, looking at the discrepancy between scientific claims, medical concerns and commercial interests. One of the chapters focuses on the production of Ayurvedic and Unani medicines in India, while the second chapter in this section deals with public health planners concerned with controlling what manufacturers produce.

The conclusion picks up an interesting question. Anthropologists tend to analyse the actions of

persons who deal with *materia medica*, be it mothers, doctors, pharmacists or manufacturers; for us, *materia medica* are cultural objects. Yet it has to be acknowledged that medicine has the power to alleviate suffering – so when medical anthropologists look at *materia medica* as things, they also have to take into account the fact that medicines are powerful tools. The question is how we can use anthropological knowledge about *materia medica* to minimise the misuse or misunderstanding of medicines. The anthropologist has different possible positions, but taking a stance is necessary. The authors thus conclude the book with another debate on agency in anthropological practice.

It is difficult to do justice to a book that is full of so many different ethnographic studies and details. The plethora of ethnographic material is the book's big strength. The new analytical angle applied to ethnographic material provides us with a deeper understanding not only of *materia medica*, but also of the relationships that they produce. The use of these new theoretical approaches contributes to bridging the gap between medical and social anthropology, a development that this reviewer very much welcomes.

ANDREA STOCKL Goldsmiths College, University of London, UK