Practitioners, practices and patients: new approaches to medical archaeology and anthropology
Patricia Anne Baker and Gillian Carr (Eds.); Oxbow Books, Oxford, 2002, 259 pp, price $55.00 paper

This book contains 15 contributions to the Theoretical Archaeology Group Meeting that took place in 1999 in Cardiff. The aim of the meeting was to promote interdisciplinary discussion between archaeologists interested in the medical practices of past societies and medical anthropologists working in contemporary cultures. The benefits of such a discussion are obvious—at least in theory: the ethnographic insights produced by anthropologists could provide important clues to understand the use and meaning of objects found by archaeologists. In actual practice, however, such cross-fertilisation does not often take place. Even in this book, explicitly designed for the purpose of learning from one another, the boundaries are rarely crossed.

Most authors tell their own story, either archaeological or anthropological. Some refer to the objective of the meeting by adding a few interdisciplinary remarks, which do not really address the issue and only two attempt to do so.

Charlotte Hardman, in writing about healers in Nepal, asks how ideas about symptoms and cure in the Eastern hills of the Nepalese Himalayas could be of interest to those “digging in the Amazon, Africa or Siberia” (p. 81). Her data do not produce much reason for optimism. She shows that the “medical cleverness” of objects and places depends on the presence of priests and shamans who re-enact the past and thus add power to the tools and location. The objects have no medical capacity in themselves. Translated for archaeologists: the physical traces left for posterity are meaningless or, at best, highly ambiguous.

Françoise Freedman makes a similar observation in her fascinating article on shamanism in the Western Amazon. Medical substances used by the healers are believed to derive their medical power from activation by the healers. In their view, the efficacy of snake medicine, for example, is not based on an active ingredient of the plant but on the ritual performance of the healer: “There is no conceivable separation between empirical and metaphorical medicine” (p. 156). The problem of metaphors, however, is that they cannot be excavated.

The editors of this volume, both archaeologists, do little to convince the reader of the benefits of the proposed dialogue. Their very brief introduction is merely a plea for collaboration. Assuming that they wrote the introduction after completing their editorial task, one wonders why they did not engage in a more serious discussion on the meagre result of their cross-fertilisation experiment. Ironically, their own papers in the book demonstrate the absence of dialogue. Baker, writing about Roman medicine, does not even try to link her topic to contemporary medical anthropology; and Carr, in an article on shamanism and divination, only pays lip service to the objective of her book by interlacing her text with a few anthropological references.

Having said this, I hasten to record that—if we forget the book’s purpose—this is a valuable collection of articles in the field of medical archaeology and anthropology. Hsu’s contribution, which was ‘commissioned’, outlines themes in medical anthropology that may be relevant to archaeologists. I disagree with her statement that “material culture, as used in medical practice, has not been a theme much discussed in medical anthropology” (p. 1). Anthropologists have been very productive, for example, in describing and analysing social and cultural meanings of medicines.

Other topics include (in order of appearance): the past and present meanings of tuberculosis; the contents of the famous archaeological site of the “Doctor’s Grave” in Colchester, UK; a computer simulation of spider divination in Cameroon; material medical culture in Nepal (beer, pigs and chickens); transcultural shamanism (the account of a Nepali shaman who moved to England); the Xaghra shaman of Gozo Malta (focusing on mortuary ritual); hallucinogenic plants in the Amazon; Icelandic shamanism according to sagas and archaeological records; pre-Christian female shamans (and the crystal ball!); stones and minerals in traditional Chinese therapeutic practice; the use of ‘curse tablets’ in the Athenian legal system; and, finally, gold dental appliances among Etruscan women. Some of the contributions are exciting, original and of high quality. Examples are Freedman on Amazonian plant medicines, Pettigrew and Tamu on a Nepali shaman in Britain, and Lo on the life-maintaining quality of minerals in Chinese medicine.

Returning to the original intention of this volume, we may conclude that the contributors have unwittingly
underscored the main obstacle to a fruitful exchange between medical archaeology and anthropology: the symbolic ‘liability’ of *materia medica*, or: the archaeological ‘unfindability’ of metaphors and metonyms. The conclusion of this book should be a warning against archaeological optimism. Their excavations are bound to remain speculative unless they have supporting historical texts at their disposal as Lo’s article demonstrates. This book is a precious collection of papers on material medical culture highlighting the ungraspable and ephemeral nature of material matter.

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**Productive aging: concepts and challenges**


The fascinating concept of ‘productive aging’ is examined from almost every angle in this work, the result of a Symposium organised by the editors, at the Centre for Social Development in the School of Social Work at Washington University, and attended by prominent gerontologists, who contributed to the chapters. The symposium must have been a lively occasion because huge tensions were evident even though the editors themselves are firmly committed to promoting ‘productive aging’, and believe that their symposium revealed “more fundamental agreement on what we are aiming at than discussions of productive aging sometimes indicate” (p 267).

The first key tension is the extent to which the notion of ‘productive aging’ is ideological. Trenchant chapters by Moody, Taylor, & Bengtson, and Estes & Mahakian highlight the value-laden nature of the concept and question whether we should be studying the reasons for the infiltration of the concept into our culture rather than how productive ageing can be promoted.

Second, there is ambiguity over what constitutes a ‘productive’ role or a ‘contribution’ to society. Further attention to some of the key changes of the advanced modern era might have led to more endorsement of, for example, the value of older people as consumers, or their role in maintaining the housing stock or their symbolic value in helping to define youth. Ambiguity over the concept of age is also a tension; for example the possible decline of age as an organising construct for society is mentioned but not brought to bear in the editors’ final proposals.

Third, there is a tension between a present-orientation and both future and historical perspectives (with an excellent chapter on the latter by Achenbaum). How useful might it be to ask in what past circumstances older people have been drawn on as the reserve army of labour, or what might be the unintended consequences of promoting productive aging, e.g. the effect on younger people of foreseeing paid employment lasting until the age of eighty.

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**Engendering international health: the challenge of equity**

Gita Sen, Asha George and Piroska Ostin (Eds.); MIT Press; Cambridge, MA, 2002, 453 pp, price $24.95

This book is immensely resourceful in many ways. By focusing on a variety of international health problem areas, this work illuminates the many ways gender inequalities surface in health and disease, health policy, research and delivery. In addition, this work has examples of how gender power inequalities intersect with class, caste and race. While presenting a wealth of information on the complexity of gender inequalities, the various contributors also attempt to unravel paradoxes and biological myths. While some contributors

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