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The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders. By Peter Conrad. (Baltimore: Johns Hopkins University Press, 2007. xiv + 204 p., notes, bibl., index. ISBN 0-8018-8585-X \$22)

David Wright

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Book Reviews / Comptes rendus

Medicine / Médecine

The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders. By Peter Conrad. (Baltimore: Johns Hopkins University Press, 2007. xiv + 204 p., notes, bibl., index. ISBN 0-8018-8585-X \$22).

For historians and sociologists of medicine, Peter Conrad's name has long been associated with scholarship on the medicalization of what he terms 'human problems'. He began his career exploring the medicalization (or psychiatrization) of abnormal behaviour in children, charting the rise of hyperactivity as a clinical diagnosis. He has subsequently spent the last thirty years of his life analyzing different aspects of the medicalization of 'deviance'. His latest book is a retrospective of sorts. Much of the Preface and Introduction reflect on a career involved in the contentious field of medicalization theory over the last three decades. The book is less a comprehensive survey than a re-exploration of several key aspects of the theory with a useful introduction that serves to baptize lay readers into the subject. The chapters appear to have been based on a graduate seminar on the subject and collaborative papers that arose from it.

The author believes that his 'case study' approach permits him to explore key themes, such as the extension of medicalization (to baldness and sexual underperformance), the expansion of existing clinical categories (to children, from women to men), enhancement by biomedical means (such as breast implants or steroid use for boosting performance), and the continuity (or remedicalization) of homosexuality (arising, in part, from the AIDS pandemic). The main chapters involve familiar topics – from ADHD, to 'andropause', to the uses (and misuses) of Human Growth Hormone. There is also a predictable concentration on psychiatric conditions. Throughout, the author demonstrates the importance of understanding the multiple agents at play in the complex, multi-faceted process of medicalization. There are medical professionals eager to establish their own research agenda, the pharmaceutical industry pursuing returns for shareholders through off label usage, individuals seeking a diagnosis for social and cultural validation, as well as media preoccupations, political considerations, and the exigencies of insurance coverage. Conrad is sensitive to the fact that it is often the patients themselves (rather than medical professionals) who are the most strident in demanding an official diagnosis. Indeed, he concludes that "in the past thirty

years, the driving forces behind medicalization have shifted from the medical profession, social movements, and inter- or intraorganizational conflicts to biotechnology, consumers, and managed care.” (p.xi)

To its credit, the book reminds us of the strong analytic and conceptual categories that medicalization has given us which serve as useful frames for understanding one of the most dominant trends in modern medicine. Despite this strength, some caveats apply. Like other sociological concepts, medicalization tends towards unidirectionality (though demedicalization of homosexuality is a useful counter to this) and purports to be a neutral rendering of social processes (when in fact the process of medicalization is depicted uniformly as a bad thing). In addition, this reader at least is unconvinced that biomedical enhancement (such as steroid use for performance) is well captured under the medicalization rubric. The book is clearly intended for an American audience, and thus the rest of the world must wade through discussions of the impact of ‘managed care’. The writing is awkward, and the structure of the book leads to a great deal of repetition, particularly in the chapters in the Part 3 (such as ‘measuring medicalization’) which backtrack across terrain already covered well earlier in the case studies. More troubling, however, is the basic definition of the topic at hand. The book explores medicalization (a process by which ‘nonmedical problems’ become defined and treated as ‘medical problems’), yet the author contends, from the outset, that what is ‘medical’ is beyond the confines of the book (p.4). Surely what is ‘medical’ informs every sentence and chapter. By side-stepping the fundamental definition of what is ‘medical’, the book ultimately leaves the reader unsatisfied. Conrad concludes that this is a “subject of great sociological significance and an accelerating trend that has important implications for society.” He is most certainly correct in this assertion; but readers should be wary of some intellectual sleights of hand.

DAVID WRIGHT
McMaster University

Lyndhurst. Canada's First Rehabilitation Centre for People with Spinal Cord Injuries, 1945-1998. By Geoffrey Reaume. (Montreal / Kingston: McGill-Queen's University Press, 2007. xiii + 258 p., notes, bibl., index. ISBN 0-7735-3212-0 \$55).

In countries such as Britain, the United States and Australia, treatment for paraplegics and quadriplegics altered dramatically at the end of the Second World War. In this book, *Lyndhurst: Canada's First Rehabilitation*