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Joseph Dumit, *Drugs for Life: How Pharmaceutical Companies Define Our Health* (Durham, NC and London: Duke University Press, 2012), pp. xii, 262, \$23.95, paperback, ISBN: 978-0-8223-4871-9.

Joseph Dumit, an anthropologist and the Director of Science and Technology Studies at the University of California-Davis, has produced a clearly and cleverly written book which documents the stupendous growth of pharmaceutical medications from the latter half of the twentieth century until the present. The book draws on many of the most important scholarly contributions in recent studies on pharmaceuticals (in both medical history and anthropology) while also presenting several new threads of research.

Dumit's central argument is that the tremendous explosion of prescription medicines in recent decades has ultimately redefined how many people understand the concept of health. Ably demonstrating the multifaceted ways in which pharmaceuticals have become central pillars of everyday life, Dumit explores how the pharmaceuticalisation of society has pushed individuals to perceive their health primarily in terms of risks and threats. In this climate of paranoia, he argues, we have begun to view ill-health as the normal state of affairs; only an arsenal of medications (ranging from cholesterol-battling statins to antidepressants) can maintain us in a temporary and precarious state of healthiness. Dumit is hardly the first person to present this argument, for example, the book treads some similar territory to Jeremy A. Greene's *Prescribing by Numbers: Drugs and the Definitions of Disease* (Baltimore, MD: John Hopkins University Press, 2007), but the author's differential approach to methods, sources and insights more than make up for any similarities with other works.

The book opens with an analysis of the rise of the expert patient, those who are empowered, knowledgeable and concerned about their health. These people have also historically been the most receptive audience for pharmaceutical marketing, possessing a drive to seek out health-related information while also frequently being atypically fearful of ill-health. Over time, in Dumit's view, the method through which these people have assessed their health has changed from one based on bodily feeling to one defined primarily by numerical and statistical categories of risk. The book's second chapter, on the subject of direct-to-consumer marketing, demonstrates exactly how this transformation took place. Advertisements, one of the book's source bases, feature prominently in the recent historiography of pharmaceuticals and Dumit's methodological approach to the 'grammar' of medical advertising would likely be of interest to any historian incorporating marketing into their research.

Despite the book's title, Dumit also avoids taking a simplistic industry-bashing approach. Rather than describing pharmaceutical companies as nefarious organisations engaged in a conspiracy against the consumer, the book's midsection reinforces the notion that these are profit-driven corporations as responsible to their shareholders as any others, a fact that these companies themselves have always admitted. Dumit highlights this point not to excuse the industry of any misdeeds (in fact, he does an excellent job highlighting the practices that many have found questionable in this line of business), but to sensibly explain their role in the erosion of clear defining lines between health and illness.

The central component of this story, as he explains, has been the proliferation of the clinical trial. Piggybacking upon a broader statistification of medicine (which he traces back to the public health fight against tobacco from the 1940s to the 1960s), clinical

trials have consistently withered the dividing line between health and illness, meaning that the differences between disease-management and risk-prevention have become more difficult to ascertain. Although, as Dumit notes, physicians initially abhorred the practice of 'medicine by statistics', they gradually came to rely less on clinical experience in favour of the so-called 'hard numbers'.

This note, on physicians' involvement in this process, reflects a greater trend in the historiography on pharmaceuticals as a whole. One of the major contributions of Dumit (and others) is the demonstration of the fact that the pharmaceutical industry is only one actor in the wider processes that reshaped conceptions of health and medicine in the past fifty years. The recent scholarship, this book included, has done a marvellous job drawing out the complexities and acknowledging the other parties privy to this process, including physicians, patients, health insurance agencies, and many others.

Finally, the author presents the conclusion in the format of FAQs which succinctly respond to many of the follow-up questions that will have likely popped into the reader's mind. The answers serve to reinforce some of the book's central tenets, namely that the concept of 'health [has been] utterly decoupled from anything experiential' (p. 123) and that '[r]isk no longer has any sense of probability about it. . . rather, risk is a measurably bad condition that one has now' (p. 127).

It is difficult to find much reason to criticise the book, although some historians may be slightly put off by the chapters that draw upon anthropological theory. On the whole, however, this book should be welcomed as a useful contribution to the expanding scholarship on the history and sociology of pharmaceuticals in the post-war period, providing a good overview on the subject to new readers and some novel insights to those more familiar with the pharmaceutical story.

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L. Stephen Jacyna and **Stephen T. Casper** (eds), *The Neurological Patient in History* (Rochester, NY: University of Rochester Press, 2012), pp. 274, \$75.00, hardback, ISBN: 9781580464123.

This volume addresses what has become in recent years an important subject in the history of medicine: the patient. A quarter of a century after Roy Porter's plea for a medical 'history from below' focusing on patients, the editors tackle this 'curiously underwritten' (p. 6) history. The value of this volume for illuminating this topic is in part due to the fact that it takes as its subject the *neurological* patient. In their introduction, which offers a nuanced discussion of the scholarship on the patient in medical history and will be useful in graduate and advanced undergraduate courses on the history of medicine, Casper and Jacyna suggest that the neurological patient is not only 'highly representative of all medical patients' (p. 10), but also seems to magnify certain central aspects of patienthood. But while 'neurological', the emphasis is clearly on 'patient'; the volume is marked by the absence of brain talk which, as Max Stadler notes in his intelligent commentary, opens up the space to think about patients and the medical encounter in all their historical richness, to emphasise 'bodily expression and performance. . . of the theatrical and ritualistic in the lives of the neurological patient' (p. 228).