Medical sociologists have long criticized health professionals for not having a social contextual understanding for their work, for treating symptoms and diseases without reference to the social situations of patients. But those same sociologists have frequently failed to honor the other side of the coin—to understand the biological contexts of the phenomena they themselves examine. Quite simply put, a proper medical sociological study cannot be carried out without a firm understanding of the biological processes involved. But why should it have taken so long for this sensible perspective to take root? The editors’ insightful introduction notes the fear of biologism, such as eugenics, racial science, legitimation of inequalities, and genetic determinism. Williams et al. pursue a non-reductionist approach that integrates the social and the biological. Many scholars have done this, and indeed, they are among the many valuable contributors to this volume. Recent emphasis on embodiment has helped lay the ground for this new turn. While social constructionism has sought to reclaim personal experience from positivism, its over-socialized view may have unintentionally ignored experiential understanding. In the debates over social constructionism, this book takes us more to the realist side, employing a very contextual constructionism.

The first section, “Theorizing biology,” makes the case for bringing biology back in, though apart from Birke’s article, “Shaping biology: feminism and the idea of ‘the biological,’” some of these articles are either dense or unfocused. In the “Structuring biology” section, articles examine how the intersection of biological and social factors patterns health inequalities, with fine pieces on class (Blaxter), gender (Annandale), and ageing (Bury and Wadsworth). The “Embodying biology” section provides some of the better theoretical formulations for the book’s project, especially those by Fausto-Sterling; Williams; and Williams and Bendelow. Yet some pieces in this section make dense or wandering theoretical formulations. In the “Technologizing/medicalizing biology” section excellent empirical analyses deal with such topics as genomics (Shakespeare), hormone replacement therapy (Grittiths and Green), breast augmentation (Conrad and Jacobson), organ replacement (Fox), and psychotropic drugs (Crossley). A final section on “Reclaiming biology” points to bioethics, political, and epistemological implications for future thought in this area, including interesting essays on ecological health (Benton) and alternative medicine (Scott).

Despite a little unevenness across essays, Debating Biology is an important collection that can move us in exciting new directions.

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Rethinking AIDS Prevention argues that existing evidence supports the so-called ABC (Abstain, Be faithful, use Condoms) approach in international AIDS prevention. Written by a medical anthropologist and member of the US President’s Advisory Committee on HIV/AIDS, it proposes an agenda close to the heart of the current US administration, and an approach that is partially reasonable to many experts. Green examines trajectories of the AIDS epidemic in Uganda, Senegal and Jamaica, with a contrasting chapter on Thailand to make his points. The author insists his positions derive from autochthonous responses that have yielded results, rather than reflecting an overdetermined moral agenda. However, the book has and will bring strong response from both old hands and critical readers alike.

Green outlines a program based on primary behavior change (PBC), which he differentiates...