

appear to have been subjected to the same rigorous scrutiny that characterizes their scientific approach. Not every reader will be comfortable with this approach.

Conceiving Risk, Bearing Responsibility: Fetal Alcohol Syndrome and the Diagnosis of Moral Disorder. By Elizabeth M. Armstrong. Baltimore: Johns Hopkins University Press, 2003. Pp. xiii+277.

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In this well-written book, Elizabeth Armstrong provides an in-depth analysis of fetal alcohol syndrome as a social problem. This case study serves as a striking example of two theoretical propositions familiar to historians and sociologists of medicine: (1) that the production of medical knowledge is socially situated and can rarely, if ever, be reduced to the accumulation of empirical evidence, and (2) that the somatic body can function as a site for contestation, diagnosis, and treatment of disorder in the social body. The author charts a distinctively nonmonotonic path from 19th-century claims on the hereditary effects of parental alcohol use to the modern-day “discovery” of fetal alcohol syndrome in 1973. This course was punctuated mid-20th century by a period of virtual retreat, when the link between drinking and birth outcomes was not only denied, but alcohol was thought to offer therapeutic benefits during pregnancy.

A major strength of the book is Armstrong’s superb analysis of the social and historical context surrounding, and presumably contributing to, shifts in orthodox medical knowledge and clinical and policy prescriptions to pregnant women. Within the United States, early configurations of alcohol and heredity were subtended by the temperance and eugenics movements and a preoccupation with notions such as “race suicide.” As these movements waned and drinking returned to fashion as a socially acceptable activity in the 1930s, alcohol lost its pathological potential within the medical canon. The subsequent emergence or recognition of fetal alcohol syndrome as an object of knowledge is, most notably, embedded within a reproductive revolution that gave women unprecedented control over fertility with the dissemination of oral contraception in the 1960s and the legalization of abortion in 1973. At the same time, new medical technologies such as ultrasonography and fetal monitoring rendered pregnancy increasingly “transparent” to both doctors and the public at large. Most important, this newfound transparency bestowed enhanced personhood as well as patient status on the fetus and contributed to a new paradigm of maternal-fetal conflict.

As Armstrong effectively illustrates, both periods of social control and surveillance over drinking mothers-to-be were characterized by a con-

comitant rise in women's independence from men and widespread cultural anxiety over the status of gender and motherhood. In the 19th century, women struggled for rights such as suffrage and education, while in the 20th century, women increasingly moved into the paid workforce while traditional family structures started to erode. At each moment when women were achieving social and political gains, they were simultaneously charged with greater responsibility for ensuring successful societal reproduction, both socially and physically, through vigilance over individual behaviors. Success in the public sphere was countered with a state of renewed focus on maternal functions in the private sphere and an imperative to mother the social body. Reflecting both a tendency within medicine to attribute various disease states to lifestyle behaviors and a tendency within American political ideology to individualize social problems, the policing of female drinking and the emphasis on women's individual accountability for fetal alcohol syndrome obscures the structured reality of everyday lives where a lack of opportunity and resources contributes to alcohol dependency.

Another strength of Armstrong's book is the variation in methods and source material. A thorough review of the medical literature is complemented by 30 interviews with physicians representing three different specialties (chap. 4). Results from the physician interviews, however, would seem to challenge, or at least complicate, the author's broader claims on the medicalization of alcohol and pregnancy. Contrary to Armstrong's depiction of modern medicine (in other chapters) as a near-monolithic entity advancing the diagnosis of fetal alcohol syndrome under the authority of "science" and pathologizing women's drinking behaviors, many of the doctors she interviewed seemed well aware of substantial ambiguity surrounding the diagnosis, pathophysiology, and epidemiology of fetal alcohol syndrome. Many also seemed to understand that placing blame squarely on the shoulders of individual women would be a misguided and futile approach to the problem. Hence, the study would have benefited from a discussion of such inconsistency and a more nuanced representation of how specific agents in the domains of medicine and health policy advance specific claims and intentions. The project is also strengthened by the inclusion of quantitative data from the 1988 National Maternal and Infant Health Survey (chap. 5), allowing Armstrong to substantiate some of her claims (e.g., only a small percentage of women actually drink during pregnancy). The presentation of results, however, is somewhat atypical. For example, estimates are lacking confidence intervals (including those for levels of drinking), regression results (figs. 6 and 7) do not list covariates, and we do not know if estimates were adjusted for oversampling and other elements of the survey design.

Overall, this book is a splendid work, written with much clarity, grace, and precision. Though relying for the most part on existing theoretical work, overarching claims are powerfully argued and illustrated using fetal alcohol syndrome as a case example. This book should certainly interest

practicing physicians, as well as a diverse audience of scholars from fields such as gender studies, history of science, and sociology of medicine.

Hooked on Heroin: Drugs and Drifters in a Globalized World. By Philip Lalander. Oxford: Berg, 2003. Pp. xi+201. \$75.00 (cloth); \$25.00 (paper).

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Philip Lalander tells us that the initial publication of his book in Sweden spurred controversy in the press, basically because he had hung around a network of young, heavy heroin users in Norrköping (pop. 122,000) for more than a year and failed to intervene. His preface to the English translation professes unease at having done research where he felt a public duty to turn his informants in to the police (p. x). American readers will not be so scandalized. The research fits in the longstanding American tradition of fieldwork in legally and morally marginal subcultures. This book will be of interest to students of heroin use as a point of comparison with other samples, especially cross-national.

Lalander presents a broad-ranging, descriptive portrait of the culture of at least 40 young heroin users (the exact sample size is unclear; p. 173). Chapter 3 provides an innovative explanation of heroin consumption practices, an important subject usually overlooked. Social rituals both “dedramatize” heroin and create a “cozy” sense of ease. Vignettes throughout the book convey the emotional and physical feel of the world of heavy heroin use. Chapters 3–8 give a convincing explanation of the coherence among varied aspects of culture. Consumption practices, identity, respectability, and street economy niches are organized around the logic of insulating the group from outsiders while maintaining a respectability that both honors and resists antidrug ideology.

Close study of addiction sets this book up to be read alongside important American writing on heroin by Alfred Lindesmith, Norman Zinberg, Philippe Bourgois, and others (though many relevant publications are not engaged directly). The coverage of heroin life is compelling and broad. Yet the kind of careful causal explanation found in those authors’ works is missing, largely because Lalander did not compare different kinds of users.

In a field with so little firsthand observation, the data collection itself is an important contribution for two reasons. First, the respondents are white. Although more than 70% of Americans who report having used heroin are white (National Survey on Drug Use and Health, 2002 [Substance Abuse and Mental Health Services Administration, 2004]), they are almost never studied. Second, Lalander goes out and follows his in-